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Phone (07) 3553 6344

FIRST SESSION OF THE FIFTY-SEVENTH PARLIAMENT

Wednesday, 15 September 2021

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WEDNESDAY, 15 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.

SPEAKER'S STATEMENTS

Prostate Cancer Awareness Month



Mr SPEAKER: Honourable members, September is Prostate Cancer Awareness Month. Prostate cancer impacts one in six men in their lifetime, around 4,000 men in Queensland alone are diagnosed annually and around 600 die from the disease every year. Prostate cancer is the second most common cause of male cancer deaths after lung cancer. Many of us will know someone who has been impacted by it.

For men, this month is an important time to get to know the associated risks and have a chat with your doctor about testing options. Having a family history of prostate cancer more than doubles your risk so it is important that we all take action. The Prostate Cancer Foundation of Australia is doing important work in this space, supporting men and their families through the challenges they face. If members would like to support the PCFA this month, they can head to www.thelongrun.org.au.

School Group Tours



Mr SPEAKER: Honourable members, I advise that we will be visited in the gallery this morning by students and teachers from Craigslea State School in the electorate of Aspley and Carinity Education Southside in the electorate of Toohey.

MINISTERIAL STATEMENTS

Coronavirus, Update; Coronavirus, Vaccination



Hon. A PALASZCZUK (Inala—ALP) (Premier and Minister for Trade) (9.32 am): Today I have great news. We have no community acquired cases of COVID in Queensland. We have one case acquired overseas and detected in hotel quarantine. In more good news, we did 15,812 tests in the past 24 hours. Once again we are encouraging Queenslanders with any symptoms to come forward and get tested. We delivered 24,947 vaccines in our Queensland Health vaccination hubs, which I am advised is a new record, and as of yesterday Queensland delivered a total of more than four million vaccines, which is another milestone. 57.12 per cent of eligible Queenslanders have now had one dose of the vaccine and 38.78 per cent are fully vaccinated.

However, once again the people of this state have been threatened by a COVID outbreak and once again they are fighting back. Everyone who wears a mask, everyone who uses the check-in app and everyone who gets tested and vaccinated deserves credit for keeping delta out and our economy open. On this occasion we can single out one Queenslanders to whom we owe a tremendous debt. It is the mother whose daughter came to her with a headache last week and that mother got her daughter tested. I have no doubt that that swift action and the sacrifice of 1,000 St Thomas More College families currently in home isolation have saved millions of others from the real prospect of a lockdown.

We are frequently told that nowhere in the world has stopped the spread of delta, except at this stage Queensland. We are always ready because we know that there are many cases in New South Wales and that the threat is real. These are the battles that Queenslanders are fighting and Queenslanders are winning. However, there is only one way that we can win this war: we need to get as many Queenslanders as possible vaccinated.

Today I have even more good news for Queensland. This weekend we are launching a super weekend for vaccinations. Every one of our community hubs across Queensland will be open and walk-ins are welcome. I want to see Queenslanders come out in droves and get vaccinated this weekend. However, wait: there is more. Starting this weekend—

Mrs D'Ath interjected.

Ms Bates interjected.

Mr SPEAKER: Leader of the House and I believe the member for Nanango—

Honourable members: Mudgeeraba.

Mr SPEAKER: Honourable members, this is a great parliament when people give up people to the Speaker! Member for Mudgeeraba and Leader of the House, you will cease your interjections.

Ms PALASZCZUK: Starting this weekend any Queenslanders over 60 can get a Pfizer vaccine, especially at any of our vaccination hubs. They told me loud and clear that they want to have a choice of vaccines. I say, let us give it to them.

Ms Simpson interjected.

Mr SPEAKER: Member for Maroochydore, you will direct your comments through the chair or you will be warned under the standing orders.

Dr Miles interjected.

Mrs D'Ath interjected.

Ms PALASZCZUK: I take the Deputy Premier's interjection and also that of the health minister: we are able to do this because the supply is coming in. Finally, we are getting some supply. We have 80 vaccination hubs across our state. I am told that there is even one on Hayman Island. Now that everyone from the age of 12 is eligible, I want to see generations of families turning up to get vaccinated. Families can come out together. Mum, dad, the kids and their grandparents can all get vaccinated at once.

Last week we put 146,182 doses into the strong arms of Queenslanders. On Monday, 189,450 Pfizer doses arrived. Let us use the lot. In coming days we will have more details on walk-in venues and increased capacity on weekends. People with bookings will still have their appointments honoured. Walk-ins might need some patience but the important thing is to turn up. We will be advertising the locations over the next couple of days.

Like they say at the Ekka, roll up, roll up. Roll up to the vaccination clinic, roll up to your GP, roll up to your pharmacy, roll up your sleeve and take your best shot. Other states have to fight just to get back a taste of freedom; we are going to fight to hold onto ours.

Gregory Crinum Coalmine, Incident; Saint Elmo Vanadium Project



Hon. A PALASZCZUK (Inala—ALP) (Premier and Minister for Trade) (9.38 am): I take this opportunity to pay my respects to a coalminer who died in tragic circumstances in Emerald overnight. I offer my condolences to the family. I can assure Queenslanders that this matter will be the subject of a thorough investigation by Resources Safety & Health Queensland.

Last year I said that critical minerals, including vanadium, would be a key part of our economic recovery plan. Back then some people might have reasonably asked, 'What is vanadium?' Vanadium is an important ingredient in the manufacture of specialty steel and will be used in large-scale renewable batteries around the world as it can be charged thousands of times without degrading. North-West Queensland is Australia's Pilbara of vanadium.

Today I am pleased to announce an exciting milestone signalling a new era for Queensland's resources sector. We have just approved the state's first vanadium mine in the north-west. The \$250 million Saint Elmo Vanadium Project near Julia Creek will create 250 jobs during construction, which is set to start next year, and 150 more during operation as output grows. It is great to have Shaun McCarthy, the CEO of Multicom and chair Ralph Craven in the gallery today for this announcement. Welcome!

This mine will produce around 5,000 tonnes per annum, expanding to 20,000 tonnes over time. Three-quarters of the workforce will either live in Julia Creek and the rest of the McKinlay shire or travel from the surrounding communities like Cloncurry, Richmond and Mount Isa. This is jobs for the north-west. This is about support for the north-west. The whole supply chain along the Townsville to Mount Isa corridor will benefit. The product will also be shipped globally from the Port of Townsville, supporting jobs there as well.


This is not just another job-generating resources project; this is a pioneering new economy minerals project. The International Energy Agency expects global demand for vanadium to rise to between 139,000 and 219,000 tonnes over the next two decades. New economy minerals like vanadium from the Saint Elmo mine will fuel Queensland's future as a global resources supplier for decades to come. That means jobs for regional Queensland and business for regional communities for decades to come.

This mine now allows for the manufacturing of renewable batteries in Queensland from the minerals mined right here in Queensland, and that is the next step I want to see. Global demand for minerals for battery storage are expected to rise by at least ninefold over the next two decades. We are capitalising on this potential.

In the three months to July 2021, Queensland exported \$2.8 billion worth of minerals, \$640 million higher than the same period last year during the height of the pandemic. The increase was driven by rises in exports of copper, up \$331 million; lead, up \$183 million; and zinc, up \$69 million. This is a \$10-billion-a-year export industry and we are proud to support it to become much larger.

This is the beginning of an exciting new era for Queensland's resources sector. The best days for jobs and growth of our regional economies remain ahead of us.


Renewable Hydrogen Project

 **Hon. A PALASZCZUK** (Inala—ALP) (Premier and Minister for Trade) (9.41 am): In more good news for Queensland, today marks more progress towards becoming a renewable hydrogen superpower. In November last year I announced the partnership between our publicly owned generator, Stanwell, and Japan's largest hydrogen supplier, Iwatani. I recently met with Iwatani representatives in Tokyo to further highlight Queensland's advantages in producing renewable hydrogen.

In June, the Deputy Premier announced that land had been secured for a three-gigawatt renewable hydrogen facility near Gladstone. Today I can announce two further significant steps. Four new members—three Japanese companies and an Australian business—will join the Stanwell-Iwatani consortium. The consortium will commence a \$10.4 million feasibility study into the development of that large-scale renewable hydrogen facility. Our minister for hydrogen will give more details about the MOU to be signed today with the new partners. This is absolutely a sign of infinite international confidence in Queensland's growing reputation as an ideal location for renewable hydrogen projects.

Hydrogen will allow us to export the energy from Queensland's sunshine and wind to the world. Queensland has renewable resources above the ground and natural resources below to be a world leader in this vital new energy direction.

Natural Disaster Preparedness

 **Hon. SJ MILES** (Murrumba—ALP) (Deputy Premier and Minister for State Development, Infrastructure, Local Government and Planning) (9.43 am): When it comes to extreme weather events here in Queensland, it is not a matter of if but when. That is why the Palaszczuk government invests in an annual \$2 million year-round, all-hazards, resilience building initiative that helps Queensland communities prepare for natural disasters. Queensland has been impacted by close to 90 disasters in the past decade and, while Queenslanders are rightly renowned for our ability to respond, experience shows the better prepared a community is, the more quickly it recovers.

From emergency expos and community clean-ups to emergency plans in traditional First Nations languages, this year's \$2 million Get Ready Queensland fund is supporting local communities to better prepare for future disasters and severe weather.

Get Ready Queensland funding supports all 77 local governments as well as the Weipa Town Authority with the development and delivery of their own locally-led initiatives to target disaster preparedness and awareness in their region.


In 2021-22, the Get Ready Queensland program is administered by the Queensland Reconstruction Authority as part of its mission to help communities be better prepared for disaster as well as reducing their risk and building resilience.

Over the years we have seen terrific council initiatives that have made a significant impact in their local communities, including disaster dashboards, bedding for evacuation centres, school visits and emergency evacuation planning for aged-care residents. This year is no different and I am particularly pleased to see many activities across the state focused on working with culturally and linguistically diverse and disability groups to ensure disaster messaging and awareness is appropriate for all Queenslanders.

I am pleased to advise the House that once again Rugby League legend Johnathan Thurston is championing the Get Ready Queensland message as ambassador for the program. As JT recently said, Queenslanders always work as a team, but when an emergency hits, it is vital that we have also prepared as a team.

I am always inspired to see the way Queenslanders step up in the aftermath of a disaster to support each other and their community. We obviously cannot control the weather, but we can always be better prepared. The \$2 million Get Ready Queensland grants funding will help our communities to do just that.

Coronavirus, Economy

 **Hon. CR DICK** (Woodridge—ALP) (Treasurer and Minister for Investment) (9.45 am): Queensland's economy continues to outperform our interstate peers in holding back the economic destruction wrought by the delta strain. We know the delta virus will come to Queensland. It is not a matter of if but when.

Every day that our borders keep the virus out is another day of economic activity for Queensland businesses. It is another day of vaccinating to protect our population. Our approach to the pandemic shows one thing quite clearly: a strong health response drives a stronger economic recovery.

To date, Queensland's strong health response has allowed us to avoid the extended lockdowns we have seen in New South Wales and Victoria. Short, sharp lockdowns have an impact on economic activity, but mobility and household spending data reveal that the impact is temporary with sharp rebounds soon after lockdowns are lifted.

Queensland Treasury has analysed the latest available spending data from major banks. After a lockdown-driven fall of 9.9 per cent in the week ending 6 August, consumer spending in Queensland has rebounded 9.5 per cent over the subsequent three weeks.

The short, sharp lockdowns in South-East Queensland and the Far North mean we have avoided billions of dollars in additional burden being imposed on the Queensland economy. By keeping Queenslanders safe, we will continue to maintain the consumer and business confidence needed to support the state's ongoing strong economic recovery and minimise the costs of COVID-19.

We want to lift all pandemic restrictions as soon as we can, and we would be lifting them already if Scott Morrison had not botched the vaccine rollout. As was revealed last week, the federal health minister Greg Hunt could not be bothered showing up for a meeting with Pfizer way back in June 2020. The Morrison government had one job: to secure as many vaccines as possible for our nation as quickly as humanly possible, and they failed. So for all those Queenslanders who are impacted by the border or southern state lockdowns, remember this: this is Scott Morrison's fault because he botched the vaccine rollout.

This month we are finally starting to see the vaccine supply that Queensland needed showing up from the Morrison government. I urge all Queenslanders, now that we are finally starting to receive the supply we need, to take the opportunity to get vaccinated. Do not let the Morrison government's delay and excuses become a personal delay or excuse because delta is coming to your door. The only way to be safe and to be ready is to get vaccinated and, no matter your age, this weekend is the perfect time to walk in and do that.


Mr Nicholls interjected.

Mr SPEAKER: Member for Clayfield!

Government members interjected.

Mr SPEAKER: Order! If members to my right would cease interjecting, I am about to warn the member for Clayfield under the standing orders.

Cairns Amateurs Racing Carnival; Country Racing Program

 **Hon. G GRACE** (McConnel—ALP) (Minister for Education, Minister for Industrial Relations and Minister for Racing) (9.48 am): We know racing plays a critical role in regional Queensland—

Mr Dick interjected.

Mr SPEAKER: Pause the clock. Treasurer, you are warned under the standing orders. I have just called the House to order. Direct your comments through the chair. That will be my final warning to members today.

Ms GRACE: We know racing plays a critical role in regional Queensland, contributing to economic and social wellbeing, as well as providing an important meeting place. Cairns certainly knows how to put on a successful race day. I was track side on the weekend at the Cairns Amateurs Racing Carnival—Mr Speaker, I know you were present—with local Cairns MP, Michael Healy. It was the first time since 2019 that the amateurs had been held. I can report that the atmosphere at Cannon Park was absolutely fantastic during the two days of racing. Why did it proceed? It proceeded because we have kept Queensland safe.

Congratulations to Cairns Amateurs Carnival Committee President, David Goodman, and committee members on a job well done. Thousands of locals and visitors turned out in safe Queensland for the carnival, pumping money into the Far North Queensland economy. A big shout-out to Bullion Wolf and connections for taking out the Amateurs Cup on Saturday. The member for Cairns and I can certainly attest that they celebrated well.

In a state the size of Queensland, it is not just about the big events. As many in this House know firsthand, racing at our small rural and regional tracks is a big part of the social and economic fabric of regional Queensland, and that is why the Palaszczuk government continues to support country racing. The Country Racing Program has a focus on assisting regional and rural racing clubs that, without this funding, would struggle to maintain their clubs and facilities. That is why we have committed more than \$105 million since 2017 to support country racing, including \$2.6 million per year in infrastructure grants to assist with repairs and maintenance and construction of new facilities right throughout Queensland.

I am pleased to advise that expressions of interest for the next and fourth round of the Country Racing Program infrastructure grants open today. These grants continue to pay dividends, with more than 220 infrastructure projects having been awarded to 85 of our smallest thoroughbred racing clubs in regional and remote Queensland. Importantly, other benefits of this program include improved safety measures and creating much needed local jobs for apprentices and tradies right across our wonderful country areas of Queensland. These very successful grants are another example of the Palaszczuk government supporting our regional communities and Queensland's exciting country racing program. If people have an opportunity they should get out and support our country racing clubs.

Mr SPEAKER: Minister, I extend to you an invitation to Gordonvale races to be held on 2 October. They are a beneficiary of the Country Racing Program.

Public Hospitals, Emergency Departments



Hon. YM D'ATH (Redcliffe—ALP) (Minister for Health and Ambulance Services) (9.52 am): Every day our ambulance services and hospitals are working hard to deliver services to Queenslanders. Yesterday, the Queensland Audit Office tabled a report that demonstrated the size and scale of the pressures on our emergency departments. In the last seven years there has been a 45.8 per cent increase in ambulance presentations to emergency departments and a 20.5 per cent increase in walk-ins. This is despite population growth of 9.5 per cent over the same period. In addition, the arrival and impacts of COVID have exacerbated the pressures on the health system.

Between 1 July 2020 and 30 June 2021 there were over 2.4 million presentations to Queensland's emergency departments, an increase of 15.4 per cent. Not only that, the report indicated that the people attending are sicker, meaning more complex cases, with category 1 increasing by 41 per cent and category 2 by 50 per cent. This all comes at a time when our emergency departments are under additional pressure with staff also being used for hotel quarantine, fever clinics and vaccination centres across the entire state.

The report contains five recommendations to improve the accuracy of emergency data and quality, continue and implement measures and guidelines to measure performance and success, and monitor and report on the use of short-term treatment areas. All recommendations are accepted and Queensland Health is already working towards addressing and improving these matters, as detailed in Queensland Health's letter to the Auditor-General on 3 September.

Measures include: continuing the statewide rollout of the patient access coordination hub model to improve data exchange, along with improvements to manuals and training programs to support data entry and a dashboard to detect data entry errors; resuming the statewide rollout of the digital ambulance report application; updating HHS service agreements to include KPIs to better manage performance and accountability; greater utilisation of the Patient Access Advisory Committee by Queensland Health to analyse the effectiveness of initiatives; and finalising the completion of the ED Air project to standardise ED data definitions, develop clear clinical principles for patient care and review short stay unit and admission guidelines.

In addition, last month I announced an additional \$163.7 million to open an additional 351 beds across the public and private sector. When added to the additional 65 beds we are providing through our \$100 million investment in Care4QLD phase 1, we are adding beds roughly equivalent to opening a new hospital the size of the Queensland Children's Hospital. This is in addition to expanding initiatives such as: \$10 million to permanently expand residential aged-care support services; \$5 million to pilot targeted expansions of post-acute services to support faster and safe discharge from hospital; \$4 million to support appropriate discharge of long-stay patients; \$4 million to expand our mental health co-responder model; and \$5 million for a targeted expansion of the Transfer Initiative Nurse model.

Health systems across Australia are currently under extreme pressure, but it is only the Palaszczuk Labor government in Queensland that will continue to invest and build our healthcare system to ensure it delivers for Queenslanders.

Gregory Crinum Coalmine, Incident



Hon. SJ STEWART (Townsville—ALP) (Minister for Resources) (9.55 am): Firstly, I acknowledge the guests from Multicom who are in the gallery today. It has been a long road. It is great news today. I am looking forward to seeing what that will bring for the North West Minerals Province. Well done.

Earlier this morning I was advised by Resources Safety & Health Queensland of a serious incident that occurred last night at the Mastermyne operated Crinum undermine coalmine near Emerald. I have been advised that, following a rock fall from the roof of the mine, one worker was fatally injured. His co-worker was seriously injured and is now receiving treatment in hospital.

While information is still being confirmed, I would like to recognise the professionalism of our first responders, including those from the Queensland Mines Rescue Service and our emergency services. I am advised that the Queensland Mines Inspectorate is on site this morning and will commence their investigation into the nature and cause of this incident. Any loss of life on our mine sites is unacceptable, and it is my expectation that the Queensland Mines Inspectorate and Resources Safety & Health Queensland will investigate this incident thoroughly and with diligence. Operations at the Crinum mine have been suspended while the investigation is underway.

I extend my heartfelt condolences—and I am sure I speak on behalf of everyone in this House today—to the family, friends and co-workers of the man who has passed away. I also hope for a full and speedy recovery for the man who has been injured.

Renewable Hydrogen Project



Hon. MC de BRENNI (Springwood—ALP) (Minister for Energy, Renewables and Hydrogen and Minister for Public Works and Procurement) (9.57 am): It is the culmination of 10 months work in which Queensland's publicly owned energy generator, Stanwell, has been working with Japan's largest hydrogen supplier, Iwatani, on a landmark partnership to progress the production and export of renewable hydrogen in Central Queensland. In June, as the Premier indicated, we secured a 236-hectare site west of Gladstone for Stanwell and Iwatani to develop an export-scale facility. Today, Queensland takes yet another step towards becoming a renewable hydrogen superpower.

As the Premier announced, later today Minister Butcher and I will join representatives from Stanwell and Iwatani to formalise the consortium that will bring this project to fruition. In doing so, we welcome four new members. Importantly, the partners will bring expertise from across the hydrogen supply chain from production through to offtake. The four new members putting pen to paper later today are: Australian energy infrastructure business APA Group; and Japanese companies Kawasaki Heavy Industries, Kansai Electric Power Co. and Marubeni. The calibre of these consortium partners is a show of international confidence in Queensland—once again confirming the status of our nation-leading renewable energy credentials. The signing of a memorandum of understanding today will enable Stanwell and Iwatani to lead a \$10.4 million project to develop detailed preliminary investigative work for the proposed large-scale facility in Central Queensland.

On top of this work, I can also announce that Stanwell will undertake an investigation into local workforce and manufacturing capability and development. We want regional Queenslanders to secure decent jobs supplying renewable hydrogen to the world—and our procurement arrangements will make sure of it.

Assuming the final project proceeds, the Stanwell-Iwatani initiative will underpin the future of both hydrogen export and Queensland's domestic supply chain. I can advise that we are working towards a financial investment decision in 2022. We are moving ahead as rapidly as possible. Scaling up to 3,000 megawatts by the early 2030s, it would be the largest renewable hydrogen project in Queensland and will deliver more than 5,000 new jobs at its peak.

Our goal is to position Queensland as a global powerhouse for clean energy exports, and the opportunity to support Japan's decarbonisation agenda is a truly exciting one. I acknowledge the support nationally from the Australian Renewable Energy Agency and internationally from the Japanese Ministry of Economy, Trade and Industry.

Most importantly, I acknowledge this Premier and Minister for Trade. There were not any other state leaders talking about hydrogen in 2018 like our Premier was. That is when this Premier and Minister for Trade was on a trade mission in Japan establishing Queensland's strong hydrogen credentials. Queenslanders are already seeing the fruits of our Premier's diplomacy, and we are only just getting started.

Business Support Grants



Hon. DE FARMER (Bulimba—ALP) (Minister for Employment and Small Business and Minister for Training and Skills Development) (10.00 am): We know that, while many businesses in Queensland are thriving, many are doing it tough. Although thanks to the Premier's tough stance on border restrictions and the determination of every single Queenslanders to do the right thing we are safe in Queensland, we know there are businesses that are doing it extra tough because of the lockdowns in other states.

For many border businesses in particular, the impacts have been not just economic but personal as well, with owners, staff and family members often on the other side of the border. That is why I was so pleased at the Premier's announcement yesterday of our \$54 million border business support package, the details of which have been absolutely influenced by the input of border businesses and leaders from those communities, including extending our existing Business Support Grants, providing additional hardship grants, contributing to local marketing campaigns like the brilliant Essentially Cooly, allocating dollars for targeted vouchers and ensuring there is appropriate mental health support.

I want to particularly thank the staff of my department, the department of communities, and of the Small Business Commissioner who have put in a magnificent effort in the last few weeks to support the border businesses through our community hub and going door to door. Some of the business owners, on top of addressing their own business challenges, have stepped up to take leadership on the challenges facing their communities—Hilary Jacobs, President of the Greater Southern Gold Coast Chamber of Commerce; Steve Edgar, CEO of the Coolangatta Surf Club; and Sam Patrick, who runs her own business consultancy. In the last few weeks I have been down to Coolangatta several times to meet with small business owners, but Sam, Hilary and Steve in particular have been in constant contact with my office and their input has been invaluable.

I also want to thank the member for Southern Downs and Lawrence Springborg, the Mayor of Goondiwindi, for the very good conversations I had with them about the needs of their communities. Above all, businesses need us to be bipartisan and I so appreciated the genuineness of our interactions. It is unfortunate that other members chose to play the politics of the issue rather than getting in touch with me directly to genuinely find solutions for their communities.

The feedback on our package has been fantastic. Steve told me he was 'ecstatic' and that the package was 'magnificent'. Hilary said she was amazed and delighted at the range of the support. One stakeholder said she loved me! And I love her back. We received the following feedback: from Essentially Cooly, 'Great news! We thank you'; from Patricia O'Callaghan of Destination Gold Coast, 'Welcomed and appreciated'; and from Daniel Gschwind of QTIC, 'The package will make a difference to many businesses.' Lawrence Springborg thanked me for listening. Most of all, people have said thank you to the government for listening.

The Palaszczuk government puts small business at the heart of our \$14.2 billion COVID-19 economic recovery plan for a reason. It is because this government backs small business and we always will.

Coronavirus, Tourism and Hospitality Industries



Hon. SJ HINCHLIFFE (Sandgate—ALP) (Minister for Tourism Industry Development and Innovation and Minister for Sport) (10.04 am): The new \$40 million Tourism and Hospitality Sector Hardship Program has been welcomed by many in Queensland's tourism industry. Jointly funded by the Palaszczuk government and the Australian government, the program offers grants of up to \$50,000 for tourism and hospitality businesses hardest hit by a major loss of trade because of COVID-19 lockdowns.

This \$40 million program is part of the recently announced \$600 million jointly funded COVID-19 business support package. I have witnessed the heartbreak of tourism operators who are seeing businesses that they have built up over decades at risk through no fault of their own. Although Queensland is largely COVID free, interstate lockdowns have led to significant losses of trade for many local operators in tourism and hospitality. Up to 85 per cent of Queensland's interstate visitors come from New South Wales and Victoria. That gives people some idea of the level of impact and loss of trade with both southern states locked down in their appropriate and desperate attempts to try to beat delta.

The hardship program is supported by Patricia O'Callaghan from Destination Gold Coast. She has said—

As the crisis continues to unfold, it's initiatives like this that make all the difference.

Mr Speaker, as you would appreciate, in the Far North, interstate lockdowns are costing the industry \$8 million every day. TTNQ's Chair, Ken Chapman, has said—

This collaboration between the State and Federal Government is to be applauded as the industry faces its darkest hour.

He adds—

Without travellers from New South Wales and Victoria, and with consumer confidence at an all-time low, this will give employers and employees a much-needed temporary reprieve from a dire financial situation.

Daniel Gschwind from the Queensland Tourism and Industry Council is correct when he says tourism and hospitality are critical to the recovery of the Queensland economy. Mr Gschwind says—

This urgently needed support will help us to keep vital businesses and their staff going through the current uncertainty.

This initiative is designed to help heavily impacted tourism and hospitality operators retain skills and stay in business for the moment and once vaccinations are in arms and interstate lockdowns end.

Regional Queensland, Road and Transport Infrastructure



Hon. MC BAILEY (Miller—ALP) (Minister for Transport and Main Roads) (10.06 am): Queensland is a big state. It is home to big opportunities, the Big Pineapple, the Big Gumboot, the Big Mango, the Big Cane Toad—

Opposition members interjected.

Mr BAILEY: Exactly right. Hear, hear! Mr Speaker, I do not think I have ever had such endorsement from the opposition in six years here. Thank you for that.

Mr SPEAKER: Yes, members. We all want to support the tropical fruit industry!

Mr BAILEY: Queensland has the biggest road network in the nation. The Palaszczuk Labor government looks after more than 33,000 kilometres of roads from Coolangatta to Cape York. It is a big job, but one we are delivering through a record Transport and Roads Investment Program. That investment supports 24,000 Queensland jobs—most of them in regional communities.

The member for Maryborough, the Assistant Minister for Regional Roads, knows Queensland incredibly well and he has been out on the roads. From Barcaldine to Blackall and Eidsvold to Emerald, the Assistant Minister for Regional Roads has been out there talking to the community and seeing our record investment in regional roads firsthand being delivered by hardworking Queenslanders.


In Blackall he met Ozzie, who said she has never seen so much work in the local area. Ozzie is extremely grateful for our \$5 million sealing project of the Blackall-Jericho Road as she uses it to travel between regional towns. This road is important not only to Ozzie but also to the Blackall saleyards, and it is an important connection between Blackall, Emerald and Longreach.

The assistant minister also stopped in at Longreach, meeting dozens of council workers like George and Billy. Because the Palaszczuk Labor government is investing in regional roads, the Longreach Regional Council now has 17 graders on the ground improving western roads when it usually has three. Because of this investment George and Billy said to our assistant minister that they wake up each day confident that they have enough work to keep them going until retirement.

The assistant minister also met Longreach Mayor Tony Rayner, as I did recently as well, who said many locals could not believe that the Muttaborra-Crumsie Road is finally being sealed. The Palaszczuk Labor government is fully funding and delivering the \$5 million third stage of this project, and you can go and see the Muttaborrasaurus as your reward.

Despite having the largest road network in the country we were short-changed by the federal Morrison government in the recent federal budget. Compared to Queensland's \$1.6 billion, Victoria and New South Wales got \$3 billion each and South Australia, a smaller state, got \$3.2 billion. Over the next four years we are delivering \$17.5 billion for regional road and transport projects, supporting more than 15,000 jobs and driving our economic recovery in the regions. It is a big job across a big state, but the Palaszczuk Labor government and our assistant minister are cracking on with it and delivering for regional Queensland with our record road infrastructure program which is—big!.

Agriculture Industry


 **Hon. ML FURNER** (Ferny Grove—ALP) (Minister for Agricultural Industry Development and Fisheries and Minister for Rural Communities) (10.10 am): Throughout this COVID-19 pandemic the Palaszczuk government has backed our farmers to the hilt to do what they do best. Through our Agricultural Coordination Group, our #pickqld campaign and our Queensland Agriculture Workforce Network, we have helped our farmers access the labour they need and addressed a whole range of other COVID related issues. Our strong border measures have helped keep delta out of Queensland, keeping Queenslanders safe and protecting our economy. Our economy is strong because the Premier has kept us safe and protected our way of life.

Since 2015 we have supported farmers through three rounds of Regional Economic Development grants that created around 1,800 regional jobs and put \$10 million into regional economies. We provided businesses with grants, matched by co-contributions from the applicants, for projects that created employment and generated projects in the regions. Kialla Pure Foods near Toowoomba, one of Australia's leading organic grain processors, was given a grant to install a new mixer and mixing system. During the early part of the pandemic Kialla experienced a 300 per cent increase in demand for their products. They met this demand because of the new equipment they installed with the RED grant and they hired an additional six people. More than 1,800 jobs were created through our Regional Economic Development grants in the last term of the parliament.

I am proud to say that, thanks to the state budget delivered by the Treasurer this year, we will be investing another \$3.3 million in a further round of Rural Economic Development grants. We will once again back our producers by opening doors to new markets in Asia, Europe and other parts of the globe. Because of our support, producers have the confidence to invest and grow their businesses. I have travelled this great state listening to our farmers and other businesses in the food supply chain, and none of them have a bad word to say about Rural Economic Development grants. This is an important program for Queensland agriculture, and I expect to make announcements on opening applications soon.

PARLIAMENTARY CRIME AND CORRUPTION COMMITTEE

Crime and Corruption Commission, Reports

 **Mr KRAUSE** (Scenic Rim—LNP) (10.12 am): I lay upon the table of the House the following Crime and Corruption Commission reports pursuant to section 314 of the Police Powers and Responsibilities Act 2000 and section 146ZQ of the Crime and Corruption Act 2001. The first is the annual report to the Parliamentary Crime and Corruption Committee for the period 1 July 2020 to 30 June 2021, compliance requirements under the Police Powers and Responsibilities Act for assumed identities.

Tabled paper: Crime and Corruption Commission: 2020-21 Annual Report to the Parliamentary Crime and Corruption Committee on authorities for assumed identities relating to criminal activity pursuant to section 314 of the Police Powers and Responsibilities Act 2000 [[1385](#)].

Nine authorities were granted for assumed identities in this period. None were refused. The Parliamentary Crime and Corruption Commissioner conducted two audits in the same period. No fraud or unlawful activity was identified.

The second is the annual report to the Parliamentary Crime and Corruption Committee for the period 1 July 2020 to 30 June 2021, compliance requirements under the Crime and Corruption Act 2001 for assumed identities in relation to corruption offences.

Tabled paper: Crime and Corruption Commission: 2020-21 Annual Report to the Parliamentary Crime and Corruption Committee on authorities for assumed identities for corruption offences pursuant to section 146ZQ of the Crime and Corruption Act 2001 [[1386](#)].

Eighteen authorities were granted for assumed identities in relation to corruption offences. None were refused. The Parliamentary Crime and Corruption Commissioner conducted two audits in the same period. No fraud or unlawful activity was identified.

The committee is required to table the reports within 14 sitting days of receipt, and the committee received the reports on 16 July 2021.

NOTICE OF MOTION

Queensland Border Restrictions



Mr BLEIJIE (Kawana—LNP) (10.13 am): I give notice that I shall move—

That this House notes that, with two hours notice, the Premier closed hotel quarantine for returning Queenslanders but allowed sporting entourages to enter Queensland, and calls on the government to immediately provide quarantine opportunities to stranded Queenslanders so that they can return home to Queensland and to their families now.

QUESTIONS WITHOUT NOTICE

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

Office of the Integrity Commissioner, Public Service Commission



Mr CRISAFULLI (10.14 am): My question is to the Premier. I refer to concerning reports today with respect to the independent Integrity Commissioner. Will the Premier guarantee that the Office of the Integrity Commissioner has not been compromised by the actions of her Public Service Commissioner which reports to, and is appointed by, her?

Ms PALASZCZUK: I think all Queenslanders know how important the Office of the Integrity Commissioner is in this state. We thoroughly support that office. The Integrity Commissioner does a great job providing advice to ministers as needed by them. The opposition leader would be well aware that in March 2021 the Governor in Council approved the appointment of Kevin Yearbury. At the moment Kevin Yearbury is completing his legislatively required strategic review of the Integrity Commissioner's function. This report is due at the end of the month.

In accordance with the Integrity Act 2009, I consulted with the Integrity Commissioner and the parliamentary committee about the terms of reference and the proposed reviewer prior to the Governor in Council's consideration. This review examines all structural and operational aspects of the Integrity Commissioner as well as its relationship with public sector entities, relevant ministers, assistant ministers, the parliamentary committee and the Legislative Assembly. As I said, the review is due at the end of the month, but the reviewer also invited submissions on the terms of reference and I understand they closed in July.

The Integrity Commissioner also had the opportunity to make a submission to the reviewer, and Mr Yearbury will give due consideration to anything else she raised in preparing this report. I say to members that that report will be coming at—

Mr BLEIJIE: Mr Speaker, I rise to a point of order under 118(b), relevance. The question was not about the Yearbury statutory report. The question was about reports about the Public Service Commission, which is a completely separate entity from what the Premier is talking about. I ask that the Premier be drawn to the actual question asked about the Public Service Commission, not the statutory review Mr Yearbury is doing.

Mr SPEAKER: Premier, if you could come back to the question directly.

Ms PALASZCZUK: Yes, I can. Perhaps the member for Kawana was not listening, because I said public sector entities, which does include the Public Service Commission. So there we go, the member just needs to listen. One would think that a former attorney-general would have an understanding of those terms. As I said, that report will be finalised at the end of the month. It will be considered. I look forward to making sure the report is public.

Office of the Integrity Commissioner, Public Service Commission

Mr CRISAFULLI: My question is to the Premier. Why did the Public Service Commission confiscate laptops and mobile phones from the independent Integrity Commissioner's office?

Ms PALASZCZUK: In relation to those matters, they are a matter for the Public Service Commission. I would say to the Leader of the Opposition to wait until the report comes down in relation to this.

Opposition members interjected.

Ms PALASZCZUK: No, it is right to wait for a report to come down. They only have to wait a couple of weeks. We are getting close to the end of September—

Opposition members interjected.

Mr SPEAKER: Members to my left, the Premier is being responsive to the question as it was asked.

Ms PALASZCZUK: As I said, that report will be released publicly.

Coronavirus, Vaccination

Ms PEASE: Mr Speaker—

Mr SPEAKER: Happy birthday, member!

Ms PEASE: Thank you! It is a great way to spend my birthday. I cannot think of a better way!

My question is of the Premier and Minister for Trade. Will the Premier please update the House on the government's commitment to ensuring vulnerable Queenslanders are prioritised in the vaccination rollout?

Ms PALASZCZUK: Can I say to the member for Lytton happy birthday. I am quite sure all the House will pass on their best wishes today. It is a significant birthday, I hear. It might not be 21 but it is a significant milestone and we wish her all the very best.

I know that the member for Lytton has many vulnerable Queenslanders in her electorate, as we do right across the state. What people have been saying to me—and our members have heard this loud and clear as well—is that many of our elderly residents who have not yet had a vaccine are wanting a choice. Having said that, we do have some very good statistics. To date, 681,064 Queenslanders over 60 have already been vaccinated; 79.26 per cent have had their first dose and 51.5 per cent have had both doses. In relation to Queenslanders aged over 70, 399,454 have been vaccinated.

There is the ability now for our elderly residents and we want to get a higher percentage vaccinated. By allowing them to have that choice and getting Pfizer out there as well—now that we have the supplies finally in from the Commonwealth government—we will see an even higher take-up in percentage terms of our most vulnerable. We want to protect as many Queenslanders as possible. We know the impacts that delta does have on our elderly, so getting as many elderly residents vaccinated as possible will be fantastic.

Among the 70- to 79-year-olds in Queensland, I can advise that 89 per cent have had their first dose and 69 per cent have had both doses. Once again, I would like to see every single elderly resident in Queensland vaccinated. I urge all members to get on board and encourage those who have not yet been vaccinated to get the vaccination, especially with the opening of the vaccination hubs. As I said today, Pfizer will be available and the vaccination hubs will be open for walk-ins on the weekends. I can also add that on 27 September we will be doing a vaccination blitz in the cape and outreach centres as well—Cooktown, Bamaga and New Mapoon. A whole lot of areas up there will also get vaccinated. We are also continuing to ramp-up our vaccination program in priority—

(Time expired)

Office of the Integrity Commissioner, Public Service Commission

Mr JANETZKI: My question is to the Premier. Why did the Public Service Commission remove information from devices confiscated from the independent Integrity Commissioner?

Mrs D'ATH: Mr Speaker, I rise to a point of order. In relation to the last question and this question, I ask that you rule that these are questions seeking an opinion from the Premier as to why another body has taken action. It is not for the Premier to say why the Public Service Commission took action.

Opposition members interjected.

Mr SPEAKER: Order! I would like to hear the point of order, members. Can you repeat the last section? I could not hear.

Mrs D'ATH: I was just saying that it is not for the Premier to explain why another body has taken action. That would be seeking an opinion.

Mr SPEAKER: There is no point of order. In my listening to both questions, it is not an opinion being sought. A question has been asked and it is up to the Premier as to how she wishes to respond to that question.

Ms PALASZCZUK: I understand from my department that certain matters have been referred to the CCC and it would not be appropriate for me to comment any further on those matters.

Young Queenslanders, Education and Health

Mr HUNT: My question is to the Premier and Minister for Trade. Will the Premier update the House on how the Palaszczuk government is supporting the education and health of young Queenslanders?

Ms PALASZCZUK: I will talk a bit faster now so I can get through this question. I thank the member for Caloundra very much for the question. We know how important education and schools are, and that is why there are so many schools being opened up in the member for Caloundra's electorate. Caloundra South is for prep to year 6, with \$74.8 million. I can advise that the Minister for Education has written to me and we are today very happy to announce that the name of the new primary school will be Nirimba State Primary School. That is wonderful. Congratulations to the school's foundation principal, Steven Moore. He is getting on with the enrolments and choosing uniforms and logos. Tradies are getting on with building the school to the west of Central Avenue, Bells Creek. I know how much the member is engaged with that school community.

Talking about the importance of education and how important young people are, we might go back to a couple of weeks ago when I raised some issues about the importance of research that was happening for young people. As we said, we have got the pandemic of the unvaccinated, and I raised a very legitimate, sensible question about what we are going to do with that cohort under 12. It may have come as a surprise to those opposite—it certainly came as a surprise to me—that, suddenly, a big article appeared in the *Herald Sun* and it revealed, 'Children aged five to 11 could receive Pfizer vaccine within months in rollout expansion: jabs for preps'.

Mr Dick: Who said that?

Ms PALASZCZUK: Who said that? It was the federal health minister. It was not in the *Courier-Mail*; it was in the *Herald Sun*—as far away from Queensland as you can get. What did he say? He said—

We always presumed that if trials produced evidence to safely open to children of all ages, that we would have first and second doses for them.

I say shame on him—shame on him for coming out and attacking us for raising a legitimate, fundamental issue that parents were raising. This government was attacked and attacked and attacked, and now we have the backflip from the federal government, releasing it down in Victoria.

I can also advise today that there are reports that Pfizer are very close to releasing data for children between the ages of five and 12; that will be at the end of this month. They also said that they are currently conducting trials on children between three months and five. When they said there was nothing happening overseas, it is clear the research is happening. You should be ashamed of yourselves—absolutely ashamed of yourselves.

(Time expired)

Mr SPEAKER: Premier, I caution you. Comments will be directed through the chair and gestures towards members in the chamber are not orderly.

Office of the Integrity Commissioner, Information Holdings

Ms SIMPSON: My question is to the Premier. Can the Premier guarantee the private records of the opposition and crossbench members, mayors, councillors and public servant whistleblowers held by the Integrity Commissioner will not be passed on to any of her 30-plus spin doctors?

Ms PALASZCZUK: Mr Speaker, that question from the member is offensive and shameful, and I ask her to withdraw.

Opposition members interjected.

Mr SPEAKER: Order!

Mr Mander interjected.

Mr SPEAKER: Member for Everton, I am seeking advice from the table. You are warned under the standing orders. Member for Maroochydore, the Premier has found the question offensive and she has asked that it be withdrawn. If you choose to withdraw the question as it was asked, I offer you an opportunity to re-ask the question in another manner.

Ms SIMPSON: I withdraw and I will rephrase the question. My question is to the Premier. Can the Premier guarantee the private records of the opposition and crossbench members, mayors, councillors and public servant whistleblowers held by the Integrity Commissioner will not be passed on to any of her staff?

Ms PALASZCZUK: The answer is yes.

Opposition members interjected.

Ms Palaszczuk: You were never a minister.

Opposition members interjected.

Mr SPEAKER: Order! Premier, I warn you under the standing orders for directing comments at another member after I have given pretty clear instructions this morning not to do so.

Infrastructure Projects

Mr BROWN: My question is of the Deputy Premier and the Minister for State Development, Infrastructure, Local Government and Planning. Can the Deputy Premier update the House on how the Palaszczuk government is using infrastructure projects to boost our economic recovery from the pandemic, and is he aware of any alternative approaches?

Dr MILES: I thank the member for Capalaba for his question. I know he appreciates just how important our infrastructure spend is for supporting jobs right around the state, including in the beautiful Redlands region, as well as for supporting productivity and liveability in our communities into the future. Last week I was pleased to be able to detail the Palaszczuk government's \$52.2 billion program, our pipeline over the next four years—well above our \$50 billion infrastructure guarantee that the Treasurer outlined in our economic recovery plan—as well as our draft vision for the infrastructure needs of our state for the next two decades.

I addressed the Infrastructure Association of Queensland's Infrastructure Assembly where the Palaszczuk government released the Queensland Government Infrastructure Pipeline as well as a draft of the new State Infrastructure Strategy. I would urge all members and all Queenslanders to have their say on the new State Infrastructure Strategy. It is a 20-year vision of how we can build back better from the pandemic and achieve so much. If people think about what will happen in our state over the next 20 years, we have already joined the ranks of Olympic and Paralympic cities and through the life of the State Infrastructure Strategy we will deliver those games.

We anticipate our population boom will continue and we will become a renewables and hydrogen superpower not just generating that energy, but storing it and manufacturing the supply chain needed for that growing industry right around the world. To harness those opportunities, we need to make sure we build the right infrastructure in the right places at the right time. If we get it right, we can lock in decades of prosperity to our state.

In the \$52.8 billion pipeline there is more than a thousand projects including \$14.7 billion this year alone, 60 per cent of it outside of Brisbane in the regions. We are only able to continue with this level of infrastructure investment supporting jobs across the state because of our strong health response. If we were in New South Wales or Victoria, where they have been unable to keep the virus out for so long, we would be unable to leverage this incredible platform to plan for the future to create jobs right across the state and to build the infrastructure that our state will need for decades to come.

Office of the Integrity Commissioner, Information Holdings

Mrs FRECKLINGTON: I have a question to the Premier. Can the Premier confirm if any of the independent Integrity Commissioner's public records that have reportedly been removed during a recent raid by the Public Service Commission concerned any ongoing investigation or legal matter and, if so, what do these matters relate to?

Ms PALASZCZUK: I thank the member for the question. Some of her points are purely speculation. As I said, some of these matters have been referred to the CCC and I am not at liberty to comment on those matters.

Business, Support

Mr KING: My question is of the Treasurer and Minister for Investment. Will the Treasurer please update the House on how the government's business support measures are helping Queenslanders, and is the Premier aware of any other approaches?

Mr DICK: I thank the member for Kurwongbah for his question. Does he not do a great job for Kurwongbah, representing his community in this parliament? For months now we have seen Queenslanders reaping the economic dividend of our strong health response to COVID-19. Retail trade in July 2021 was up 11.5 per cent compared to its pre-COVID level. Employment in July was up 95,000 compared to March 2020. Queensland's unemployment rate in July was 5.2 per cent, having fallen in recent months to its lowest level since 2009.

We have watched the prolonged lockdowns in New South Wales and Victoria with caution and concern because we know delta is coming for Queensland. Every day that we keep the borders strong and we keep delta out, it improves our position. Of course, it leaves another \$100 million in the pockets of Queenslanders because that would be the damage it would cause to every Queenslanders each and every day.

We upgraded our support for businesses yesterday, as we have heard the Premier, the small business minister and the tourism minister announce. We do know what the LNP and Scott Morrison would do if they had their chance, including the Leader of the Opposition. They want to open Queensland borders to let delta in and, of course, ruin Queensland's current way of life. The LNP in this state always put the interests of Canberra first and the interests of Queenslanders last. This is a reckless message and it is a message that Queenslanders do not want to hear. We know that from what happened yesterday.

Yesterday there was the Leader of the Opposition with his big speech being broadcast live on Twitter to try to get his message to more Queenslanders. I say 'Queenslanders'—plural—because there were two of them watching on Twitter. Sadly, the reason I know there was an audience of two is because one of them was a member of my staff. I can assure the Premier that that member of staff is being counselled as I speak!

It is no wonder that Queenslanders are not listening to the Leader of the Opposition. He promised new politics. Remember that? It was all going to be new under his leadership; it was going to be different, but it is the same old LNP playbook. That is exactly what we have from the member for Broadwater. Every single step of the way it is the same old LNP. He would not even stand up to Scott Morrison and Greg Hunt when they ripped off Queensland, took our vaccines and sent them south to New South Wales and Victoria. The Leader of the Opposition said absolutely nothing. This is not leadership. It is not leadership of the LNP. It certainly is not leadership for Queensland, and Queenslanders know this. Every day this government works to keep them safe. We will continue to do that all the way through the pandemic.

(Time expired)

Office of the Integrity Commissioner, Investigation

Mr BLEIJIE: I have a question to the Premier. Can the Premier assure the House that any investigation into the independent Integrity Commissioner was not related to concerns the commissioner has raised about government links to Labor lobbyists?

Ms PALASZCZUK: If the member for Kawana had listened, he would know that I said that the Integrity Commissioner was provided with an opportunity to also provide a report to the Kevin Yearbury review. As I said, that review report will be received by the government at the end of this month.

I find it quite ironic that the member for Kawana would stand in this House and raise anything to do with accountability and integrity when he attacked the very foundations of democracy in this state. When the member for Kawana was attorney-general he hand-picked the chair of the CCC. They sacked the PCCC in this House because they did not like what they were doing. That is right and then, against the advice of the legal profession, they appointed someone else.

The member opposite wants to talk about Integrity Commissioners. The Integrity Commissioner that was around under the Newman government was abused by the chief of staff of the Newman government at the time. That is how they treated the Integrity Commissioner in this state. So I will not be lectured on integrity and accountability by the member for Kawana in this House.

Ms Grace interjected.

Ms PALASZCZUK: That is right. I should have been quicker on my feet earlier when the Deputy Premier reminded me that the person who is under investigation in this House is the member for Nanango about the ECQ and the donations. So the member should not come in here on his high horse.

Honourable members interjected.

Ms PALASZCZUK: They can stand up and tell us about that when it comes to donations.

Ms Grace interjected.

Mr SPEAKER: Member for McConnel.

Queensland Border Restrictions

Mr SMITH: My question is of the Minister for Transport and Main Roads. Can the minister update the House on how Queensland's road borders are protected and how this keeps Queenslanders safe from COVID?

Mr BAILEY: Thanks to the member for Bundaberg, who is doing a sterling job up there. He is enthusiastic, delivers and understands that his constituents want our state protected from the virus, and I thank him for his support in that regard. Keeping Queenslanders safe and protecting our way of life is our top priority. Our strong border controls have kept delta out of Queensland, and that is what Queenslanders want. In New South Wales we are seeing not a lot happening. We are seeing lockdowns. We are seeing work sites shut down. We are seeing events gone, tourism gone, business and trade down significantly, so how we manage our borders is critical. Our transport and main roads teams, including our transport inspectors on the borders, are doing a fantastic job working with our police to ensure that we keep delta out of Queensland.

We are making the right decisions—the tough decisions—for our state, and that is something that those opposite simply do not understand and simply do not support. We have seen their record of calling for the borders to be opened 64 times. On Sky the Leader of the Opposition was asked on five separate occasions whether he supported our border measures and he refused to answer on every single occasion. He looked like Manny Pacquiao dodging and weaving at Lang Park. We know his record. When he was asked about our world-leading response to COVID, he compared it to putting a doona over your head and sucking your thumb. We know the record of the Leader of the Opposition. He is more a lapdog for Canberra than he is a defender for Queensland. That is his record, even recently. Wouldn't any decent Leader of the Opposition say, 'I support the current border measures to keep delta out of Queensland'—someone with integrity, someone with leadership, someone with strength like our Premier or our Deputy Premier? It is a no-brainer, yet he was dodging and weaving on his favourite network, the Sky Channel.

What we need to see is some backbone from the LNP instead of backing in Canberra, which wanted the borders open. The federal member for Dawson's record is very clear. He said that lockdowns and masks do not work. He said that deaths will be inevitable in his calls to open up. There has been not a single word of condemnation from the Prime Minister or anybody in the LNP—not one word of condemnation.

Without the strong measures of this Premier and this government, this state would be in a much different position than where it is today. It is not something to be complacent about. We need to see more vaccines come from the Commonwealth so that we can get Queenslanders vaccinated and ready, because delta is difficult. We have been successful to this stage and we will do everything we can to keep it out of this state, but what we do not need is those opposite undermining Queensland's world-beating response to keeping the virus out of the Sunshine State.

Integrity Commissioner

Mr NICHOLLS: My question is to the Premier. Will the Premier guarantee the independent Integrity Commissioner can properly perform her statutory functions and obligations when there appears to be interference by other government agencies?

Mrs D'ATH: Mr Speaker, I rise to a point of order. I ask if you would rule that there are inferences in that question.

Mr SPEAKER: I will need to have a closer look at the question. As I heard it, I did not think it contained an inference, but I will seek some advice. Leader of the House, in response, I would suggest that any inference in the question does not relate to a member of the House. It does potentially talk to agencies and officers involved with those agencies. I will allow the question, but I will also give the Premier latitude in terms of how she will answer.

Ms Palaszcuk: Can you just repeat the question, please?

Mr SPEAKER: Sure. I am happy to ask for the question to be repeated.

Mr NICHOLLS: Thank you, Mr Speaker. My question is to the Premier. Will the Premier guarantee the independent Integrity Commissioner can properly perform her statutory functions and obligations when there appears to be interference by other government agencies?

Ms PALASZCZUK: I reject the premise of that question. As I stated very clearly, the Integrity Commissioner is a very important officer who has very important duties to do. She takes that position very seriously and she carries out her job to the best of her abilities. As I said, there are some other matters that have been referred to the CCC which I cannot comment on, and nor should I, but—

Mr Bleijie interjected.

Mr SPEAKER: Member for Kawana, you are warned under the standing orders. Comments will be directed through the chair.

Ms PALASZCZUK: I have a firm belief that she can carry out her job as required under the act.

State Schools, Homework Centres

Ms PUGH: My question is of the Minister for Education, Minister for Industrial Relations and Minister for Racing. Can the minister provide an update on the Palaszcuk government's \$8 million homework centres program and advise of any alternative approaches?

Ms GRACE: I thank the member for the question, and what a great afternoon we had when we visited Darra State School's homework centre. The kids were provided with a healthy snack, and the member for Mount Ommaney and I happily helped to hand that out. Those children were attending the homework centre and loving every single minute of it.

Our \$8 million program has been a great success. Out of the 120 schools, 117 centres are now up and running across the state. Each week it has 4,000 students across the state attending these free after-school homework centres. Why are they attending? Because our schools are open here in Queensland. Why are our schools open here in Queensland? Because this Premier has kept this state safe. This Premier has not allowed people to cross our border with COVID. We have seen some of the implications of what happens when people infected with COVID come in with regard to how quickly it spreads, how families have to quarantine and how quickly we have to close down schools because of it. The Premier has stood very steadfast in ensuring that we keep Queensland safe.

The feedback from the school community is overwhelmingly positive, summed up beautifully by the students at Yarwun State School homework centre when they said, 'It is wonderful to go home and have nothing to think about other than being a kid.' The centres are staffed by our wonderful teacher aides, and I take this opportunity during School Support Staff Recognition Week to acknowledge and thank our teacher aides, cleaners, administration and support staff for all they do in supporting our students. Our schools simply could not function without them. They do an extraordinary job, and the Palaszcuk government has also recognised their contribution. We were the first state to put the entire school workforce in the 1b category for vaccination. I am happy to say that, since 8 August, almost 38,000 staff have received a vaccination, including 10,000 who are fully vaccinated, and that is after a short four-week period.

The decisions of this government in keeping this state open have been excellent. We are continuing on and building new schools. Congratulations to Caloundra South on Nirimba State Primary School. I can also advise the House of two other schools opening in 2022, and there are not many new schools opening down south if they cannot open their existing schools: Coomera state special school and Everleigh state school in Greenbank in the electorate of Jordan, side by side with Logan, will also be opening with their new names. Congratulations! The alternative is not what we want in this state. We want our schools fully open, we want our state safe, and this Premier will deliver it.

Public Hospitals, Emergency Departments

Dr MacMAHON: My question is to the Minister for Health. This week the Auditor-General's report showed that emergency department wait times have steadily increased over the last seven years under this government, with no transparent reporting about available beds or staffing. Beyond the government's commitment for more transfer nurses, what is the government's plan to ensure that emergency departments are equipped with the staffing they need to meet their own targets?

Mrs D'ATH: I thank the member for her question. I am not sure if she was listening to my ministerial statement, but I went through in detail what we were doing in response to the QAO report in relation to emergency departments.

Ms Palaszczuk: Say it again.

Mrs D'ATH: I will take that interjection. I will say it again for the benefit of the member. There is incredible pressure on our health system. As I outlined this morning, and is spelt out very clearly in the report, between 1 July 2020 and 30 June 2021 there were 2.4 million presentations to Queensland's emergency departments, an increase of 15.4 per cent. That is a huge increase that we are seeing.

Some of the measures that we are taking are continuing the statewide rollout of the patient coordination hub model to improve data exchange, along with improvements to manuals and training programs to support data entry and a dashboard to detect data entry errors; resuming the statewide rollout of the digital ambulance report application; updating the HHS service agreements to include KPIs to better manage performance and accountability; greater utilisation of the Patient Access Advisory Committee by Queensland Health to analyse the effectiveness of initiatives; and finalising the completion of the ED Air project to standardise ED data definitions, develop clear clinical principles for patient care and review short stay unit and admission guidelines. This is in addition to the \$100 million that was committed to and the 65 beds as part of Care4QLD phase 1 and then the \$163.7 million on top of that to open up another additional 351 beds across the public and private sector.

These are the things that we have been talking about for a number of weeks now. We also have other initiatives such as the \$10 million to permanently expand residential aged-care support services, \$5 million to pilot targeted expansion of post-acute services to support faster and safe discharge from hospital; \$4 million to support appropriate discharge of long-stay patients; \$4 million to expand our mental health co-responder model and \$5 million for a targeted expansion of the Transfer Initiative Nurse model.

I note the member asked what are we doing in addition to our TIN model. Let us not underestimate what that model means. These are people who train nurses who are specifically there to get patients out of ambulances and off stretchers and into EDs far quicker and to ensure that we have that smooth flow happening. These are really important roles. We know they work. We know that they can improve the flow in EDs and that is why we are expanding that across hospitals where there is the most demand.

Public Hospitals, Long-Stay Rapid Response

Mr POWER: My question is to the Minister for Health and Ambulance Services. Can the minister update the House on how the Palaszczuk government has stepped in to support our most vulnerable Queenslanders, the aged and the disabled, through the long-stay rapid response?

Mrs D'ATH: I thank the member for Logan for his question. Building on the answer to the previous question, we need to create bed capacity. If we want to alleviate ramping and take pressure out of the emergency departments we have to have bed capacity in our major hospitals that allows for patients to be transferred from ED. We know about one in three who come into our ED, because they have higher acuity illnesses and conditions, need a bed. We need to create greater bed capacity. We are doing this through our long-stay rapid response model. The great news is that we have been able to support 83 long-stay NDIS and aged-care patients to transition out of hospital and into the community, and a further 89 patients are currently in the process of returning home.

However, as of last month there are approximately 238 long-term NDIS patients and an additional 325 patients currently in Queensland hospitals waiting for aged-care places. That is 563 beds—the size of two Redcliffe Hospitals—that could be freed up for emergency care. These are people who do not need clinical medical care. What they need is proper care in the community or in facilities that are purpose built to support them.

In terms of the ones we have already supported, what does that collectively mean in the number of days they have been in beds in a public hospital? These patients combined—just the 83 and 89, not the 563—have spent 36 years waiting in hospital. These patients average \$21,500 per patient to transition them back into the community. Those bed costs are \$26.5 million just for those individuals. Those 563 individuals that I talked about means 71,400 occupied bed days and \$143.5 million per annum. The Commonwealth is doing absolutely nothing. It got the royal commission report into aged care. It has come nowhere near putting the funding in or, in fact, reforming the system.

Let us put aside the dollars and statistics. How would you feel if your loved one with a disability or who is elderly was sitting in a hospital bed for nine months? On average it is four months up to nine months and we have had longer than a year. Imagine what it is like to be them. It is disgusting. You never hear those on the other side calling on the Commonwealth to step up and do their job.

(Time expired)

North Queensland, Youth Crime

Mr DAMETTO: My question is to the Minister for Children and Youth Justice and Minister for Multicultural Affairs. North Queensland's youth crime crisis has escalated to offenders hunting down police vehicles, ramming them and throwing house bricks at officers and a recent unprovoked stabbing of a woman. Troubled youth are running lawless in our streets. Will the minister acknowledge the fundamental problems within her portfolio and make the House aware of any new plans to address North Queensland's youth crime crisis?

Mr SPEAKER: The question may have covered a series of matters which could potentially deal with sub judice. Minister, I will allow you to answer that question as you see fit.

Ms LINARD: I thank the member for the question. What I will acknowledge, member, is that all Queenslanders deserve to be safe in their homes and their communities. What I and every member of our government will acknowledge is that young people need to be law-abiding and when they are not they need to be accountable and we will hold them to account.

Since coming to government we have invested over half a billion dollars in youth justice. That is about having facilities to detain and it is about having programs to divert. All of that investment is about community safety because community safety is paramount and community confidence essential.

In addition to all the investment in the youth justice system, we have more police on the ground. We know there is no quick fix. There is no silver bullet to fix youth crime. No-one has come up with one because there is not one. It is a complex issue, but we have a very clear plan.

Opposition members interjected.

Mr SPEAKER: Pause the clock. Members to my left, you may not like the answer that the minister is providing, but the minister is responding to the question as it has been asked and I urge you to listen to the answer being provided by the minister.

Ms LINARD: We have a clear plan. I also want to clarify, as I do each time, that we know that the majority of young people do not involve themselves in the youth justice system. We know it is a small cohort, one or two per cent, and we know that of that one or two per cent we do have 10 per cent who commit the majority of offences.

We heard from the community very clearly earlier this year in response to some tragic events that they want to see more action targeted at that 10 per cent. What we saw from this government in response to that was clear: we were going to toughen our bail laws and toughen our Youth Justice Act. What we have seen, and the member for Hinchinbrook acknowledged this yesterday, are positive outcomes from that. Since our February reforms took effect in April we are seeing 70 per cent of young offenders being held in custody or pleading guilty. There are more than 100 young people in custody now than there were this time last year. More are in custody and they are being held for longer. We have the toughest youth bail laws in the country. That is not just me saying it, my department is saying it.

Opposition members interjected.

Mr SPEAKER: Members to my left, the interjections will cease. Those kinds of interjections are disorderly.

Ms LINARD: Those opposite would have read it in the *Courier-Mail*, which is where they get most of their material from. We are investing equally in programs to divert young people from offending. We will continue to invest in those programs and stay the course, because there is no silver bullet. There is no easy solution. However, we have the investment, we have the will, we have the plan, we have the policy and we will continue to ensure that young people are held to account as and when they should be.

Political Donations

Ms BUSH: My question is to the Attorney-General and Minister for Justice, Minister for Women and Minister for the Prevention of Domestic and Family Violence. Will the Attorney-General update the House on the importance of transparent political donations and is she aware of any alternative approaches?

Ms FENTIMAN: I thank the member for Cooper for her question. I am so proud of the reforms that our government has made to make sure that our elections are transparent and accountable. We have banned donations from property developers, introduced real-time donation disclosure and changed the donation reporting threshold from \$12,000 under the LNP to \$1,000. This government has taken real action to increase the transparency of our elections. However, time and time again the LNP has fought us every step of the way. In 2018 they took us to the High Court because they did not want us to know who their donors were and they did not want us to know where the donations came from.

Previously in this House I have spoken about the ongoing investigations into the fundraising activities of state members of parliament and developer donations—investigations that were sparked by the party's own headquarters. Now we see it is not only the state LNP that raises money in the dark and hopes that no-one finds out where the money comes from. Yesterday, former federal attorney-general Christian Porter revealed that a blind trust has been set up to contribute to the legal fees for his defamation case against the ABC and Louise Mulligan for the reporting of rape allegations.

Mr Ryan: How much?

Ms FENTIMAN: Those legal fees are estimated to add up to \$1 million. It seems that Christian Porter, who has recently been promoted by Scott Morrison, has no idea who has donated to fund his personal legal lawsuit. How is it possible that a cabinet minister, who has to disclose all of their relevant interests and political donations, does not have to disclose who is funding their legal fees for a defamation case? As Mark Dreyfus said yesterday, if Mr Porter genuinely does not know who his donors are then he should not accept the money. Did the money come from criminals? Did it come from a foreign power? Apparently, Mr Porter does not care!

Scott Morrison must immediately demand that Christian Porter release information about who set up the trust, who the trustees are, who the donors are, how much they donated and, more importantly, what are they hoping to get out of those donations. So far the only one on the other side of politics to condemn Mr Porter has been Malcolm Turnbull. Malcolm Turnbull said—

It's like saying 'My legal fees were paid by a guy in a mask who dropped off a chaff bag full of cash.'

The LNP, at the state level and the federal level, have no accountability, no transparency and no integrity.

Mr SPEAKER: Deputy Leader of the Opposition, you are warned under the standing orders for your interjections.

Office of the Integrity Commissioner, Investigation

Mr POWELL: My question is to the Premier. The Premier has just revealed that there is a CCC investigation underway. What involvement did the Premier or her staff have in respect to media reports today that the independence of the Integrity Commissioner is under threat?

Ms PALASZCZUK: It is such a ridiculous—

A government member interjected.

Ms PALASZCZUK: That is right. I am sorry, Mr Speaker, but it is just an unbelievable question. Let me state categorically, as I have said in this House, currently a strategic review is being undertaken by Kevin Yearbury. That report will come to me at the end of the month. My understanding is that I will then table that report in parliament, it will be referred to the committee for its consideration and then referred back to the government. That is the process that will be followed. It is the process that Kevin Yearbury has undertaken. The Integrity Commissioner has been offered an opportunity to contribute to that report and other people have had the opportunity to contribute to the report as well. Those opposite do not have long to wait. At the end of the month the report will be tabled publicly in the Legislative Assembly.

Energy Assets

Mr MARTIN: My question is to the Minister for Energy, Renewables and Hydrogen and Minister for Public Works and Procurement. Will the minister please update the House on how Queensland households are benefitting from publicly owned energy assets?

Mr de BRENNI: I thank the member for Stretton for the question because he, like all of us on this side of the House, is a proud advocate for publicly owned energy assets. Since the Palaszczuk government stopped the sell-off of Queensland's electricity assets, we have continued to put downward

pressure on household electricity prices. In fact, our continued investment in renewables and public ownership has reduced electricity costs year on year. Over the last four years, there has been a 22 per cent reduction.

Because Queenslanders own their energy assets—the generators, the transmission and the distribution—I can inform the member for Stretton and, in fact, all members of this House that more than two million Queensland households will soon get a further \$50 back in their pockets through their electricity bills this month. The asset ownership dividend has already put \$500 million back into the pockets of Queenslanders. Every single household in Queensland will get the dividend so Queenslanders can just sit back and enjoy those savings.

In fact, Mr Speaker, in your region, in Barron River, Cook and the electorate of Cairns, 116,700 households will receive the \$50 asset ownership dividend. In the Mackay, Rockhampton and Keppel region, 15,200 account holders will receive \$50 off their next power bill. In Bundaberg, Hervey Bay and Maryborough, 119,000 households will benefit. Here in the south-east, 1.45 million families will pick up \$50 from Queensland's publicly owned energy assets. In the member's own electorate of Stretton, I can confirm that 20,000 households will get \$50 back this quarter. When families on the Gold Coast, in electorates like Currumbin, Mudgeeraba and Southport, open their letterboxes to find their \$50 they will have only the member for Gaven to thank because it would not have been possible if the LNP had sold off our energy assets.

Despite their policy, every single member opposite will get their \$50 asset ownership dividend. That is right: \$50 is coming the way of members of the opposition. I wonder what they will spend their \$50 on. They might buy a couple of books. The member for Callide might put his \$50 towards *A Practical Guide to Renewable Energy*. It is no fantasy novel; it is nonfiction. I wonder what book the member for Broadwater might buy. In good news, I reckon he can pick up a copy of *Can do: Campbell Newman and the Challenge of Reform*. That is a book that the member for Broadwater knows very well and it is going for a steal. It is just \$28 online right now, which is \$28 more than I would pay for it. I am glad that Queensland's publicly owned assets are keeping even those opposite happy.

(Time expired)

Coronavirus, Vaccination

Ms BATES: My question is to the Premier. Queensland is now running last in the national vaccination race and even—

Government members: Oh!

Mr SPEAKER: I am sorry, member. Members to my right, questions will be heard in silence. Member for Mudgeeraba, please start your question again.

Ms BATES: Queensland is now running last in the national vaccination race and even older residents are avoiding getting AstraZeneca. Has the Premier sought advice as to what damage her refusal to get AstraZeneca had on the rollout and strategies to reduce vaccine hesitancy?

Ms PALASZCZUK: Let me say this very clearly to the member for Mudgeeraba—

Mr Crisafulli interjected.

Ms PALASZCZUK: Are you right?

Mr SPEAKER: Premier.

Ms PALASZCZUK: Sorry, Mr Speaker, but the Leader of the Opposition is obviously—

Mr SPEAKER: Premier, you have the call.

Mr Dick: Wound up.

Ms PALASZCZUK: Yes, wound up. Let me say very clearly, we could get more people vaccinated if we had more supply. It is very simple. The federal government had two jobs. The first job was the supply of the vaccine. We found out that Greg Hunt could have got more, but chose not to pick up the phone. Then a whole lot went to New South Wales, and then some more went to Victoria, and finally now the supply is coming in from the federal government.

Let me also tell the member for Mudgeeraba that the federal government is responsible for 70 per cent of the rollout of the vaccine and the state government is responsible for 30 per cent. But we decided to step up and do more, so now it is roughly 40 per cent for Queensland and 60 per cent for the federal government. You might want to ask your federal colleagues—

Mr SPEAKER: Through the chair, Premier.

Ms PALASZCZUK:—why the federal government has not expanded its GP network to do more. We have put very clearly the opportunity of our pharmacies to do more. Moderna is coming in, so there is going to be a lot of choice for people.

Ms Bates interjected.

Mr Mickelberg: Because she knows she has caused the problem.

Mr SPEAKER: Member for Buderim, you are warned under the standing orders.

Ms PALASZCZUK: The members opposite might have a good, long, hard look in their own backyard to see that Queensland is open because of our strong health response. Now I am asking Queenslanders to step up and get vaccinated. I want to see as many Queenslanders as possible vaccinated because that is what is going to keep delta at bay. I acknowledge the schoolkids who are here today in the chamber as well because it is about protecting all of Queensland. That is what our government is doing; we are protecting all of Queensland.

I find it absolutely ironic. Perhaps the member for Mudgeeraba should ring up the Prime Minister's office and ask why we have not been given extra supply.

We heard the other day that apparently Queensland had not put in an order for 60,000. Not true! Another false claim made up. When the health minister went to check with the lieutenant general, there was no additional vaccine for Queensland. The best thing this whole parliament can do is to encourage every Queenslanders to get vaccinated as quickly and safely as possible.

(Time expired)

Ignite Ideas Fund, Applications

Mr MELLISH: My question is of the Minister for Tourism, Industry Development, Innovation and Minister for Sport. Will the minister update the House on the number of applications received from Queensland innovators for the latest round of the Ignite Ideas program?

Mr SPEAKER: Minister, you have two minutes to respond.

Mr HINCHLIFFE: It is timely that the member for Aspley asks a question in this House with Craigslea State School students in the chamber—my old primary school.

The Palaszczuk government Advance Queensland Ignite Ideas program is lighting up the state's innovators. Ignite Ideas provides grants of up to \$200,000 to help commercialise highly innovative and new products or services.

We are supporting Queensland based small to medium sized businesses to take their ideas to the world and deliver jobs for the Palaszczuk government's economic recovery plan. 5,600 jobs have been supported since Ignite Ideas was launched in 2016 and we have invested more than \$44.7 million in over 360 innovative businesses throughout the state.


Round 8 of Ignite Ideas closed recently and received some 506 applications. The independent assessment panel has shortlisted 110 bright ideas from Queensland innovators for further investigation. I wish those applicants well.

Distinguished Ignite Ideas alumni include medtech company Ellume; agtech company Swarm Farm; online training company Go1, known as the Netflix of the workplace; and sport tech company VALD Performance. VALD sport technology received a \$100,000 Ignite Ideas grant which helped accelerate the commercialisation of its strength and training program, ForceFrame, and they will stand at the forefront of the sport tech boom that will be part of our legacy from winning and securing the 2032 Olympic and Paralympic Games; a great opportunity to not only deliver back for sport but also to encourage business and opportunity and innovators here in this state. I know VALD's chief executive, Laurie Malone, is confident that Queensland has the know-how to emerge as a national hub for sport innovation strategy for technology and data.

Mr SPEAKER: The period for question time has expired.

APPROPRIATION (PARLIAMENT) BILL (NO. 2)

Message from Governor

 **Hon. CR DICK** (Woodridge—ALP) (Treasurer and Minister for Investment) (11.15 am): I present a message from His Excellency the Governor.

Mr SPEAKER: Honourable members, the message from His Excellency the Governor recommends the Appropriation (Parliament) Bill (No. 2). The contents of the message will be incorporated in the *Record of Proceedings*. I table the message for the information of members.

MESSAGE

APPROPRIATION (PARLIAMENT) BILL (No. 2) 2021

Constitution of Queensland 2001, section 68

I, PAUL de JERSEY AC CVO, Governor, recommend to the Legislative Assembly a Bill intituled—


A Bill for an Act authorising the Treasurer to pay an amount from the consolidated fund for the Legislative Assembly and parliamentary service for the financial year starting 1 July 2020

GOVERNOR

Date: 14 September 2021

Tabled paper: Message, dated 14 September 2021, from His Excellency the Governor, recommending the Appropriation (Parliament) Bill (No. 2) 2021 [\[1387\]](#).

Introduction

 **Hon. CR DICK** (Woodridge—ALP) (Treasurer and Minister for Investment) (11.15 am): I present a bill for an act authorising the Treasurer to pay an amount from the consolidated fund for the Legislative Assembly and Parliamentary Service for the financial year starting 1 July 2020. I table the bill, the explanatory notes and a statement of compatibility with human rights. I nominate the Economics and Governance Committee to consider the bill.

Tabled paper: Appropriation (Parliament) Bill (No. 2) 2021 [\[1388\]](#).

Tabled paper: Appropriation (Parliament) Bill (No. 2) 2021, explanatory notes [\[1389\]](#).

Tabled paper: Appropriation (Parliament) Bill (No. 2) 2021, statement of compatibility with human rights [\[1390\]](#).

I am pleased to introduce the Appropriation (Parliament) Bill (No. 2) 2021. The objective of the bill is to seek supplementary appropriation for the 2020-21 financial year for unforeseen expenditure for the Legislative Assembly and Parliamentary Service. Unforeseen expenditure is the portion of expenditure from the Consolidated Fund made by individual departments that exceeds the amount approved in previous appropriation acts. For the Legislative Assembly and Parliamentary Service—unforeseen expenditure of \$1.795 million in the 2020-21 financial year. That is related in part to the costs of running the 2020 state election during the pandemic.

Pursuant to section 35 of the Financial Accountability Act 2009, unforeseen expenditure is to be approved by the Governor in Council within four weeks of the end of the financial year. On 15 July 2021, the Governor in Council authorised unforeseen expenditure incurred during the 2020-21 financial year of \$449.251 million, including \$1.795 million for the Legislative Assembly and Parliamentary Service.

This bill fulfils a formal statutory requirement that all payments from the Consolidated Fund be authorised by parliament and does so in a timely manner. I commend the bill to the House.

First Reading

Hon. CR DICK (Woodridge—ALP) (Treasurer and Minister for Investment) (11.17 am): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Referral to Economics and Governance Committee

Mr DEPUTY SPEAKER (Mr Krause): In accordance with standing order 131, the bill is now referred to the Economics and Governance Committee.

APPROPRIATION BILL (NO. 2)

Message from Governor



Hon. CR DICK (Woodridge—ALP) (Treasurer and Minister for Investment) (11.17 am): I present a message from His Excellency the Governor.

Mr DEPUTY SPEAKER (Mr Krause): The message from His Excellency the Governor recommends the Appropriation Bill (No. 2). The contents of the message will be incorporated in the *Record of Proceedings*. I table the message for the information of members.

MESSAGE

APPROPRIATION BILL (No. 2) 2021

Constitution of Queensland 2001, section 68

I, PAUL de JERSEY AC CVO, Governor, recommend to the Legislative Assembly a Bill intituled-

A Bill for an Act authorising the Treasurer to pay amounts from the consolidated fund for particular departments for the financial year starting 1 July 2020

GOVERNOR

Date: 14 September 2021

Tabled paper: Message, dated 14 September 2021, from His Excellency the Governor, recommending the Appropriation Bill (No. 2) 2021 [\[1391\]](#).

Introduction



Hon. CR DICK (Woodridge—ALP) (Treasurer and Minister for Investment) (11.18 am): I present a bill for an act authorising the Treasurer to pay amounts from the consolidated fund for particular departments for the financial year starting 1 July 2020. I table the bill, the explanatory notes and a statement of compatibility with human rights. I nominate the Economics and Governance Committee to consider the bill.

Tabled paper: Appropriation Bill (No. 2) 2021 [\[1392\]](#).

Tabled paper: Appropriation Bill (No. 2) 2021, explanatory notes [\[1393\]](#).

Tabled paper: Appropriation Bill (No. 2) 2021, statement of compatibility with human rights [\[1394\]](#).

I am pleased to introduce the Appropriation Bill (No. 2) 2021. Queensland has led the nation's recovery out of COVID-19. Our strong economic recovery has been built on a strong health response. Last week's national accounts put Queensland's economic growth at two per cent for the June quarter, faster than the national average of 1.7 per cent. Queensland posted the fastest growth in private investment among all states at 5.7 per cent, almost three times the national growth rate. Household consumption is now further above its pre-COVID level in Queensland than in any other state or territory.

Since March 2020, Queensland has added not only more jobs than any other state, but more jobs than every state combined. There are now 95,000 more Queenslanders in work today than there were before COVID-19 first struck. Our government has now helped to put 347,500 Queenslanders in work since we were first elected in 2015.

Our first COVID-19 budget, handed down in December last year, delivered the key elements of our government's economic recovery plan. The then \$8.6 billion budget deficit reflected the enormous support our government was providing to Queensland households, businesses and communities. Our second COVID-19 budget, handed down in June this year, continues to deliver on our economic recovery plan. The budget year deficit has narrowed to \$3.5 billion as our timely and targeted support has helped to hoist Queensland's economy out of recession and keep our economy strong.

Other states are facing a profound fiscal reckoning from the incursion of the delta variant of COVID-19. The latest estimates from AMP Capital suggest the restrictions in New South Wales will cost that state's economy more than \$16 billion by the end of this month. In conjunction with restrictions in Victoria and other states, the total cost of lockdowns is expected to breach \$25 billion. The fact that other Australian states are extending their lockdowns while overseas economies are roaring back to life is a failure created and exacerbated by the Morrison government.

The Morrison government failed in its duty of care to Australians to build quarantine facilities and secure the supply of vaccines our nation needed. The Morrison government failed to reinstate the JobKeeper payment, much less appropriately target it to the businesses and workers who need it most.

The Morrison government failed to reinstate the COVID-19 supplement to JobSeeker, which last year lifted more than one million Australians above the poverty line. On all of these fronts, the Morrison government has failed Queensland and failed Australia.

This year in Queensland we have so far avoided the prolonged lockdowns that other states are enduring. After each of our sharp lockdowns, consumer spending in Queensland has rebounded to a higher level than it was previously. Our decisive health response has meant that our economic response can be delivered with surgical precision.

This is what these supplementary appropriation bills address. The objective of the Appropriation Bill (No. 2) 2021 is to seek parliamentary approval for unforeseen expenditure of \$447.456 million in the 2020-21 financial year. Together with the Appropriation (Parliament) Bill (No. 2) 2021, total supplementary appropriations for the 2020-21 financial year is \$449.251 million. I am pleased to report to the House that this year's unforeseen expenditure is: less than half the amount of unforeseen expenditure incurred in the 2019-20 financial year; is just 0.74 per cent of total appropriations, which is less than half the average of the past decade; and is less than the peak of unforeseen expenditure under the LNP of 0.94 per cent of appropriations, reached in 2013-14. Unforeseen expenditure arose from just six departments and the Legislative Assembly and Parliamentary Service last financial year, down from 14 departments in 2019. The Governor in Council has authorised the unforeseen expenditure for departments and for the Legislative Assembly and Parliamentary Service. I commend the bill to the House.

First Reading

Hon. CR DICK (Woodridge—ALP) (Treasurer and Minister for Investment) (11.22 am): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.


Bill read a first time.

Referral to Economics and Governance Committee

Mr DEPUTY SPEAKER (Mr Krause): In accordance with standing order 131, the bill is now referred to the Economics and Governance Committee.

CHILD PROTECTION REFORM AND OTHER LEGISLATION AMENDMENT BILL

Introduction

 **Hon. LM LINARD** (Nudgee—ALP) (Minister for Children and Youth Justice and Minister for Multicultural Affairs) (11.23 am): I present a bill for an act to amend the Adoption Act 2009, the Child Protection Act 1999, the Child Protection Regulation 2011, the Disability Services Act 2006, the Working with Children (Risk Management and Screening) Act 2000 and the legislation mentioned in schedule 1 for particular purposes. I table the bill, the explanatory notes and a statement of compatibility with human rights. I nominate the Community Support and Services Committee to consider the bill.

Tabled paper: Child Protection Reform and Other Legislation Amendment Bill 2021 [[1395](#)].

Tabled paper: Child Protection Reform and Other Legislation Amendment Bill 2021, explanatory notes [[1396](#)].

Tabled paper: Child Protection Reform and Other Legislation Amendment Bill 2021, statement of compatibility with human rights [[1397](#)].

The Queensland government is committed to making the child protection and family support system as strong as it can possibly be, to support children and families now and into the future. We are over halfway through the 10-year Supporting Families Changing Futures reform program. The Queensland government has already delivered significant and meaningful reforms through this program, but the journey of improving our child safety system continues for our vulnerable children, young people and families. Indeed, it will never truly end.

We have listened and delivered on the recommendations from the Queensland Family and Child Commission's report titled *Keeping Queensland's children more than safe: review of the foster care system*, the 2013 Queensland Child Protection Commission of Inquiry and the Royal Commission into

Institutional Responses to Child Sexual Abuse. Indeed, these recommendations shaped the options in the 2019 *Rethinking rights and regulation: towards a stronger framework for protecting children and supporting families* discussion paper. The discussion paper informed this bill.

The former department of child safety, youth and women held 10 targeted face-to-face consultation sessions to discuss the options in the paper. These sessions took place right across Queensland, including in the Torres Strait. Over 150 people attended these sessions, including children, young people, parents and families, carers, peak bodies, service providers and legal professionals. In total, the department received 54 written submissions and 391 online responses to the discussion paper. The outcome was clear. There was strong support from stakeholders for further legislative reform, particularly in relation to ensuring that children's rights are protected and promoted, and that children can participate in decisions that will impact their lives.

This bill responds to the feedback provided by our stakeholders. Combined with practical initiatives already underway within the Department of Children, Youth Justice and Multicultural Affairs, the bill will amend the Child Protection Act 1999 to: reinforce children's rights in the legislative framework; strengthen children's voices in decisions that affect them; and streamline, clarify and improve the regulation of care. The main principle for administering the Child Protection Act is that the safety, wellbeing and best interests of a child, both through childhood and for the rest of the child's life, are paramount. During consultation, stakeholders strongly supported introducing specific matters in the act to be considered when determining what is in a child's best interests when making decisions under the act. We heard that, despite the current provisions in the act, it is not clear what is considered when determining a child's best interests. This highlighted a need to clarify how the other general principles in the act should be considered when thinking about a child's best interests.

The bill amends the act to clarify that the general principles in section 5B—for example, that the preferred way of ensuring a child's safety and wellbeing is through supporting the child's family, and that a child should be able to maintain relationships with the child's parents and kin, if appropriate for the child—are relevant to making decisions about what is in the best interests of the child. This bill also provides dignity and autonomy to children and young people by amending the general principles to provide that a child has the right to express a view about what is and is not in the child's best interests. This aligns closely with the bill's focus on ensuring that children are supported to have a voice and be listened to, which I will discuss shortly.

During consultation, children and young people told us the importance of knowing their rights and wanting to be heard when they speak up about their needs. They also told us about the rights that they wanted to see protected. This includes the right to be treated with respect, the right to be treated fairly and the right to be allowed to be a child. The right to be a child sits hand in hand with the right to do activities they enjoy such as sport or art.

This bill addresses that important feedback by proposing amendments to the charter of rights. The new rights include: the right to be treated fairly and with respect; the right to develop, maintain and enjoy a connection to the child's culture of origin; the right to religion and language and the right to engage in play and recreation; the right to develop, maintain and enjoy the child's identity, including, for example, the child's sexual orientation or gender identity; the right to keep and have a safe space to store personal belongings; and the right to make a complaint to the chief executive if the child considers that the charter of rights is not being complied with. The bill also places an obligation on the chief executive to ensure that children are regularly told about the charter of rights, the chief executive's duty to ensure that those rights are complied with and a child's right to contact the chief executive if the child has any questions or concerns about their protection and care needs.

The government's deep commitment to partnering with Aboriginal and Torres Strait Islander peoples, community representatives and organisations is also strengthened through the bill. We were the first state to legislate all five elements of the Aboriginal and Torres Strait Islander Child Placement Principle. The prevention element of the Aboriginal and Torres Strait Islander Child Placement Principle provides that a child has the right to be brought up within the child's own family and community. The partnership element currently provides that Aboriginal or Torres Strait Islander persons have the right to participate in significant decisions under this act about Aboriginal or Torres Strait Islander children. The placement element states that, if a child is to be placed in care, the child has a right to be placed with a member of the child's family group. The participation element states that a child and the child's parents and family members have a right to participate, and be enabled to participate, in an administrative or judicial process for making a significant decision about the child. Finally, the

connection element provides that a child has a right to be supported to develop and maintain a connection with the child's family, community, culture, traditions and language, particularly when the child is in the care of a person who is not an Aboriginal or Torres Strait Islander person.

Currently, the act requires the chief executive, the Director of Child Protection Litigation and an authorised person—including, for example, a child safety officer—to 'have regard' to the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle. One of the most significant amendments in the bill will now instead require the Aboriginal and Torres Strait Islander Child Placement Principle to be applied to the standard of active efforts. This means efforts that are purposeful, thorough and timely.

This is an important part of our government's continued commitment to taking action to eliminate the over-representation of Aboriginal and Torres Strait Islander peoples in the child protection system. It will ensure positive steps are consistently taken to apply the Aboriginal and Torres Strait Islander Child Placement Principle. It will also set a clear standard for the application of the principle, strengthen the rights recognised by the principle and support transparent and accountable processes. The strengthened provisions in the bill are consistent with the current guidance provided in departmental practice about applying active efforts to embed the Aboriginal and Torres Strait Islander Child Placement Principle.

The bill also amends the 'partnership' element of the Aboriginal and Torres Strait Islander Child Placement Principle to reflect the department's commitment to partnering with Aboriginal and Torres Strait Islander peoples not only in individual child protection case decision-making but also in the development, design and delivery of policies, programs and services. We have also worked closely with our stakeholders to amend the definition of 'kin' within the act. The current definition, particularly the unrestricted inclusion of any person of significance to the child, may be distorting the intended operation of the provisions relating to kin, particularly for Aboriginal and Torres Strait Islander children.

The bill amends the definition of 'kin' to provide that kin means, for an Aboriginal child, a person who, under Aboriginal tradition, is regarded as kin of the child. For a Torres Strait Islander child, kin includes a person who, under island custom, is regarded as kin of the child. Kin for an Aboriginal or Torres Strait Islander child may also include a person of significance to the child and who has a cultural connection with the child. The amended definition is intended to ensure that the determination of who is kin for an Aboriginal or Torres Strait Islander child includes meaningful mapping, identification, support and enabling of people who have a legitimate cultural connection to the child.

In short, these initiatives pave a shared path forward for the department and community, implementing the commitment made through the Our Way strategy, that genuine partnerships with Aboriginal and Torres Strait Islander peoples are essential. Working in this genuinely collaborative way is something I am deeply committed to.

Another important message that we heard many times during consultation was that children want and need to be able to participate in decisions that will impact on their lives. We heard that the act could better reflect that children should be actively supported to participate in decisions that are important to them and not just in relation to decisions that the department or other adults think are significant.

Stakeholders also told us that how a child or young person would like to express their views and wishes is unique for each child and young person, depending on their individual experiences and wellbeing at the time and might not be the same for every decision. Reflecting this valuable feedback, the bill introduces child-centric participation principles and a new requirement for a person who makes a decision, or exercises a power under the act relating to a child, to ensure that the child is given meaningful and ongoing opportunities to participate.

The new principles acknowledge that children choose to participate in a variety of ways—for example, some may choose to participate verbally, while others would prefer to express their views by way of written statement or recorded video or audio. In some cases, children may wish to participate separately from certain people, including for example, parents or carers.

The new participation principles also recognise that children may choose not to participate, that children's views may change over time and that some children may need help to participate. This aligns with feedback from our stakeholders that care should be taken not to require a child to express a view or wish on a particular matter if they do not want to and that children and young people should have the freedom to change their mind and to have varied views and wishes.

The bill will also amend the act to make Queensland the first jurisdiction in Australia to require children to be given a voice in the child protection system itself. It will provide that one of the chief executive's functions under the act is to ensure that children are given the opportunity to participate in

policy and program development and service design. These amendments significantly strengthen the act and ensure that children will be genuinely empowered and supported to participate in decisions about their lives and the child protection system more broadly.

The focus on participation within the bill also aligns with the findings of the Royal Commission into Institutional Responses to Child Sexual Abuse, which particularly highlighted that children being able to express their views, having opportunities to participate in decisions and being taken seriously are a core component of a child-safe organisation. The royal commission found that child-safe institutions value children's contributions to decision-making and listen to their concerns. It also found that policies and practices that are shaped by children's views can better prevent harm to children—for example, children may be able to identify risks that are less visible to adults.

This bill also proposes to streamline, clarify and improve the regulation of care through a range of measures. These include: allowing the chief executive to access interstate criminal history information to assess a person's suitability as a provisionally approved carer; streamlining carer assessment for existing kinship carers who have applied to care for an additional child; clarifying reporting requirements for carers; establishing a framework for a carer's register; renewing carer certificates every three rather than two years; strengthening the carer support framework; allowing a licence to be amended to add or remove a licensed facility; and ensuring carers and licensees are provided relevant information to make informed decisions about placements and provide appropriate care. These proposals will remove red tape, while improving transparency, clarity and consistency. This will allow carers to focus on the care of children, which is rightly where their focus should be.

In addition, the bill amends the Adoption Act 2009 to resolve technical issues relating to delegations under the Commonwealth Immigration (Guardianship of Children) Act 1946. The bill will also make amendments to the Working with Children (Risk Management and Screening) Act 2000. This includes providing a legislative basis for Blue Card Services to request domestic violence information from the Queensland Police Commissioner for the purposes of assessing blue card applications.

The bill will enable Queensland's participation in the Working with Children Check national reference system. This is a national database which enables jurisdictions to identify persons who have been deemed ineligible to work with children in another state or territory. The bill also redesigns the category of regulated employment under the blue card system that deals with licensed care services to better reflect the contemporary service delivery model used by licensees in discharging their functions, including greater outsourcing to contractors and subcontractors.

Finally, the bill proposes a number of minor and technical amendments to the Child Protection Act including: clarifying that child protection information may be disclosed to a child's parent if the child dies; clarifying when a notifier's identity can be disclosed to a law enforcement agency; and providing that the court may dispense with the need to serve a notice of appeal in some cases.

The measures in this bill are the outcomes of extensive consultation with multiple stakeholders right across the state, including children and young people, parents and families, foster and kinship carers, peak bodies, service providers, legal professionals and departmental staff. Competing views have been carefully considered and weighed to reach the right balance for Queensland children and families. While the measures may not solve all of the problems we collectively face, the bill continues our efforts to improve a system that serves Queensland's most vulnerable children, young people and families. I commend the bill to the House.

First Reading

Hon. LM LINARD (Nudgee—ALP) (Minister for Children and Youth Justice and Minister for Multicultural Affairs) (11.38 am): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Referral to Community Support and Services Committee

Mr DEPUTY SPEAKER (Mr Krause): In accordance with standing order 131, the bill is now referred to the Community Support and Services Committee.


VOLUNTARY ASSISTED DYING BILL

Second Reading

Resumed from 14 September (see p. 2642), on motion of Dr Miles—

That the bill be now read a second time.

Mr DEPUTY SPEAKER (Mr Krause): Before calling the member for Pine Rivers, I remind the following members that they are on a warning: the Treasurer, the Premier, the member for Clayfield, the member for Kawana, the member for Toowoomba South and the member for Buderim.

 **Ms BOYD** (Pine Rivers—ALP) (11.38 am): My position on voluntary assisted dying is not a new one. It is one that has long been in the public arena. From the outset, I want to be clear that I understand and respect that people have different views on this topic, but my conscience has led me to only one conclusion.

Upon reflection, this position has been one formed for almost three-quarters of my life—when I was 11, as my family gathered around my paternal grandfather. Pop was a teacher in every way and was always there for my big childhood challenges: learning to tie my shoelaces, mastering maths and time. Truth be told, I really only mastered my laces and I am pretty confident I may have been the least successful student ever.

He was a headmaster, a father and a grandfather. He looked forward to embracing his retirement at Wooli fishing on the family farm, in the shed fixing or building, and spending time with his loved ones. That was cut short with a sudden terminal cancer diagnosis. He chose to pass away at the ‘forever farm’ he built with my grandmother. He was a proud man. He lived a dignified life. His death, despite palliative care, was long and agonising and there was no sense of dignity in it. Twenty-seven years on, with great clarity I remember his tiny ravaged frame wasting without sustenance and his rattled, haunting gasps will remain ever clear in my mind. It was a loss and a defining event in our family’s lives.

My mother, a registered nurse, then devoted the rest of her working life to becoming a solely palliative care nurse, assisting people to pass at home. Any family member of a nurse will let you know that the dinner table conversation enables you to establish a pretty strong stomach. You are always braced for chatter about bodily fluids and gore. Our meals always included the inevitability of death as mum scoured the obituaries in the morning’s paper or talked about the palliative case that was at the forefront of her mind as we unpacked our day.

I want to put on record my and my community’s respect and admiration for the stoic health professionals who work in this difficult healthcare space. I have been privileged to get to know many of them. They have a great strength, resilience and such a lovely outlook on life and death. It certainly takes a very special person. Over many years, surrounded by these people from my adolescence onward, I have come to what may be considered to be a simplistic or blunt view. Palliative care, while supporting the patient and the family to uphold quality of life, is in essence a gradual euthanising.

It is often said that only three things in life are certain: birth, death and change. While properly funding palliative care is essential, no amount of funding or resourcing of palliative care leads to any different outcome. Death is certain; it just comes gradually. Voluntary assisted dying alters that. It provides choice and dignity over the timing of imminent death. It brings with it comfort and the potential to avoid unimaginable suffering. I do not want to continue to live in a Queensland where people feel compelled to quietly or covertly take their own lives, often in many cases after many unsuccessful attempts, because there is not a legal framework in place for release to guide medical practitioners and patients at the end of life.

Just as death is certain, so too is change. As legislators, it is our role to provide Queensland with a safe, considered and workable framework that reflects the wishes of modern Queensland. This bill delivers that. Palliative care and VAD are not mutually exclusive, and I do not subscribe to arguments that prioritise one over the other. They can work in parallel and intersect. Fundamentally, I believe that terminally ill people should be able to choose the way they depart this world. Once provided with that choice research tells us that many do not enact it, but it brings great comfort and relief in the knowledge that choice and control exist for them.

I wholeheartedly support this legislation. It provides the right framework and safeguards for our community. I commend the work of our parliamentary committees, the Queensland Law Reform Commission, stakeholders, the Premier, Deputy Premier, health minister and Attorney-General to bring this legislation to this point—a journey stretching back some years and including many thousands of

hours of work. I particularly pay homage to the member for Thuringowa. I have worked on committees with him before and I have seen how much he gives, how much heart he puts in. He is to be commended for his fine work.

I want to conclude my contribution with the words of my beloved friend, Harrison Thompson, as he endures his own cancer battle right now. Harry is 23 years old. As he fights leukaemia from hospital he penned some words that I want to place on the record of this debate. Harry says—

I've always supported the right for someone to choose how they pass at the end of their life, but it took my recent cancer diagnosis to truly & personally understand the importance of having that right.

For me, it's the right to choose to pass with dignity, on my terms.

To have the right not to suffer.

The right to choose to NOT have my family and friends watch me pass in pain.

I speak to nurses and doctors and other patients every day that preach the importance of allowing true autonomy over your life when it is needed most.

No one wants to die. But if something were to happen, or my treatment doesn't work

I deserve the right to choose to pass with dignity. As does everyone.

I choose dignity and choice for our terminally ill. I commend the bill without amendment to the House.



Mr BOYCE (Callide—LNP) (11.45 am): I rise to make a contribution to the debate on the Voluntary Assisted Dying Bill 2021. It is my intention to vote against the bill, as I stated publicly some months ago. I take my duty to represent my constituents very seriously. I have received many letters recounting personal accounts of their loved ones' final days and their reasons to support the bill. I thank my constituents for taking the time to inform me of their opinions in relation to this bill. That being said, however, the majority of the Callide constituents who contacted me are opposed to the bill.

I have put much time and consideration into the bill and the report *A legal framework for voluntary assisted dying*. I have also met with many constituents and health professionals from both sides of the argument. I have read a great deal on the subject. To sum up my reasoning I would like to quote from a *Quadrant* magazine article titled 'The five reasons to say no to intentional killing' so it is on the record. The article states—

1. Euthanasia shatters the foundation of law. In all civilisations, the prohibition of intentional killing is the foundation of law. Euthanasia is intentional killing, and that is a line that should never be crossed.
2. Euthanasia shatters the foundation of medicine. It turns society's bringers of life and health into society's bringers of death. It violates our Hippocratic Oath: "I will not give a lethal drug to anyone if I am asked." That is why the Australian Medical Association so strongly opposes euthanasia, stating in 2016, "Doctors should not be involved in interventions that have as their primary intention the ending of a person's life."
3. There are no effective safeguards against abuse. There is nothing—no law, no bureaucratic regulation—that can prevent demoralised old people, in the loneliness of their nursing home, feeling pressure to seek early death. And there is nothing that can protect vulnerable patients from doctors who think they should be dead, as we have seen in Holland.
4. There are no effective limits on who will be euthanized. There is no ethical principle or legal logic that can stop the so-called "right to die" being extended to ever wider categories of people, as we have seen overseas—from the terminally ill to the disabled and those with depression—

and chronic fatigue, as in Belgium—

to anorexics, autistics, and those merely "tired of life". Advocates who say we can limit euthanasia to "the terminally ill in terrible pain" are defying the facts of history.

5. Palliative care, not euthanasia, is the way to go. When we reject euthanasia we are not abandoning those who suffer; as a community we are supporting them with ever-improving palliative care, a powerful field of medical and nursing care that comforts the patient as they approach their natural death, without ever crossing the line into intentional killing.

These five points make it quite clear why I do not support this bill and why others should not support it. We, as lawmakers of the land, should not attempt to change the cornerstone of law that has served humanity well for a thousand years, nor should we divide the medical profession and compromise them as savers of lives. We should not demoralise the nursing profession and put them in a questionable position that may be at odds with their belief.

This bill has the potential to become an insidious new form of elder abuse. That is simply not acceptable, and we as the parliament of Queensland should reject it. This bill is supposed to be about choice. Where is the choice for the aged-care facilities and hospitals that have made a conscientious objection to voluntary assisted dying for religious or other reasons? This bill prevents freedom of objection by enabling the patient's choice to overrule the right of the facility to object to voluntary

assisted dying practitioners to carry out their administration of a VAD substance at their facility. How do we allow such a fundamental human right of choice to be accessed by one person but not permitted or overridden by another?

Prominent QUT professors Ben White and Lindy Willmott, who drafted the initial VAD legislation, wrote in their paper—

Another novel feature is the Queensland bill limits the ability of institutions to object to voluntary assisted dying. This is an Australian-first, as Victorian, Western Australian and Tasmanian laws only deal with permitting individual health professionals to conscientiously object.


This limitation sets the Queensland bill apart from legislation passed in other states. Senior doctors and past presidents of AMA Queensland have said—

It would be wrong for legislation to project the choice of 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.

To close, if this bill is to pass, it will change the fundamental principles that underpin our society. The venerable Fulton Sheen said—

Moral principles do not depend on a majority vote. Wrong is wrong, even if everybody is wrong. Right is right, even if nobody is right.

This bill is wrong and I urge my parliamentary colleagues to vote the bill down, as I will.

 **Mr SKELTON** (Nicklin—ALP) (11.51 am): I rise to speak in support of the Voluntary Assisted Dying Bill 2021 that is currently before the House. I would like to thank the Premier for agreeing to allow members to vote with their conscience with respect to this bill, as it speaks to our own personal experiences through the end of life of a loved one. I would also like to thank all the members of my electorate who made the effort to reach out to me to communicate their views on this bill and the respectfulness of the debate that happened within the community, not only in Nicklin but right across Queensland. It is a credit to our system of government and the culture of our great state.

I am grateful for the hard work of the Health and Environment Committee and the earlier health committee—the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee—and of course the Queensland Law Reform Commission in the consideration of this bill. It is a process that has taken three long years.

I would also like to acknowledge the contributions of the union movement: the QCU, the Together union and the ETU, and in particular Stuart Traill, the assistant state secretary. I also acknowledge my colleague the member for Kurwongbah for sharing his very personal testimony about his friend Simmo and his union family. I would like to thank the Queensland Nurses and Midwives' Union, whose membership voted almost unanimously in support of VAD. With this I recognise my fiancée, Aggy, who has been a rock during this trialling process. I promise that for as long as I can I will stand up for those in our community who cannot for whatever reason.

I also thank: Everal Compton, elder of the Uniting Church, now OAM; David Muir, Peter Johnstone and Lindsay Marshall of the Clem Jones Trust; Jos Hall, Jeanette Wiley and the team at Dying with Dignity Queensland; Marshall Perron, a Buderim resident and former chief minister of the Northern Territory who was responsible for the first VAD law anywhere in the world back in 1996 and who has been an advocate for the cause ever since—I thank him for attending my forum, along with the other Sunshine Coast residents who attended; Go Gentle Australia, Andrew Denton and the Catholic Archdiocese of Brisbane for their perspectives on the matter; Dr Sid Finnigan and the principled medical professionals at Doctors for Assisted Dying Choice; professors Ben White and Lindy Willmott from the Australian Centre for Health Law Research at QUT; Fiona Jacobs and Nurses Supporting VAD, the Gold Coast Retirees and representatives of Queensland's first responders; the Gang of Four—Tanya Battel, Bev Young, Theresa McLean and Lyn Bailly; John Ancliffe, Jen Blake and Kaela Gray on behalf of her mother, Gayl; and, hardest of all, all those who are suffering from a terminal illness or who have watched someone they love go through it.

I will now outline key features of the bill. Voluntary assisted dying laws will give individuals who are dying and experiencing intolerable suffering an additional end-of-life choice and enable eligible people to choose the timing and circumstances of their death. Consistent with the Queensland Law Reform Commission's recommendations, the bill provides that, to be eligible to access voluntary assisted dying, the person must be diagnosed with a disease, illness or medical condition that is advanced and progressive and will cause death within 12 months and is causing suffering that the person considers to be intolerable.

The person must also have the decision-making capacity in relation to voluntary assisted dying and be acting voluntarily and without coercion. The person must be at least 18 years of age and meet Australian citizen and Queensland residency requirements. Residency exemptions may apply where the person has a substantial connection to Queensland and there are compassionate grounds for granting an exemption.

Safeguards have been a primary focus during the committee process and now in this debate. Establishing appropriate safeguards is one of the main purposes of the bill. The protections in the bill ensure that voluntary assisted dying is accessed only by people who have been assessed as eligible. There are specific provisions and requirements to protect vulnerable people from coercion and exploitation. The safeguards include that a person who accesses voluntary assisted dying must be assessed by two medical practitioners as having decision-making capacity and be acting voluntarily and without coercion. The person must make choices that are informed about other end-of-life options, such as further treatment and palliative care, and demonstrate that the choice to request voluntary assisted dying is enduring by following the staged request and assessment process. There is also a requirement that a person is told that, of course, they can change their mind at any time.

There are mandatory minimum qualification and training requirements for participating practitioners, offence provisions for noncompliance, strict requirements for managing the voluntary assisted dying substance and independent oversight by a review board. The Law Reform Commission considered that practitioners who meet these minimum qualification requirements will have spent many years in practice, gaining experience in end-of-life care.

A medical practitioner is eligible to act as a coordinating or consulting practitioner if they: hold a specialist registration, having practised in the medical profession for at least one year as the holder of specialist registration; hold general registration, having practised in the medical profession for at least five years as the holder of general registration; hold specialist registration, having practised in the medical profession for at least five years as the holder of general registration; or are an overseas trained specialist who holds limited or provisional registration.

Some stakeholders considered that there should be a requirement for the person to see a specialist in their condition. The commission 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 the scheme, particularly in rural, regional and remote areas. The bill provides that, if either practitioner is unable to determine whether the person has an eligible condition or decision-making capacity, they must refer the person to a registered health practitioner who has appropriate skills.

The bill establishes a Voluntary Assisted Dying Review Board to provide independent oversight of the VAD scheme and provides for its operation. The board will monitor the operation of the act closely. They will ensure compliance with the act and review each completed VAD request to confirm compliance by people involved in the scheme. The board will play an important role in ensuring the safe operation of the scheme.

The bill includes a range of safeguards, including a qualified prohibition on healthcare workers initiating a discussion about VAD. The bill prohibits a healthcare worker from initiating a discussion with a person about VAD or suggesting VAD to the dying person whilst providing a health service or personal care service. The prohibition ensures that someone in a therapeutic relationship, who is likely to be influential and trusted by the person, does not initiate or influence a discussion about VAD.

The bill does not require an entity to participate in the VAD process. An organisation is entitled to make operational or policy decisions about its services. The bill sets out requirements for each stage of the process, from requests for information to administration of the substance.

After many hours of consideration, consultation with my community and reflection of my own personal experiences I have decided to vote in support of this bill, although I recognise and respect those members—some even from this side of the House—who may choose differently. I also recognise and respect the many communities as well as the cultural and religious institutions that help inform those opinions.


My own personal views come from watching my grandad pass away after a long, protracted battle with lung cancer, an experience reflected in many submissions and conversations that have been had on this bill. I wonder whether if my grandad had had the opportunity to end his life on his terms surrounded by his family at a time of his choosing with dignity instead of wasting away as his body slowly betrayed him he would have taken comfort in having this bill as an option, as would have countless others.

I know that this bill does not take away from alternative options relating to end-of-life care but only seeks to add another choice for Queenslanders nearing life's end. The bill does not take away the option to choose palliative care. The bill also does not change the effectiveness of do-not-resuscitate orders. It is my view that the proposed VAD legislation does carefully consider and balance the rights of institutions, doctors and patients. It is exemplary in the fairness of its approach. It is about humanity, empathy and dignity. It is about a distressed individual having some control at the end of their life. As quoted in the poem *Invictus*—

I am the master of my fate,

I am the captain of my soul.

All Queenslanders deserve choice in their own ending as they have had in their life. I support the Voluntary Assisted Dying Bill without amendment or alteration. As such, I commend this bill to the House.

 **Ms CAMM** (Whitsunday—LNP) (12.01 pm): I rise to contribute to what is the most significant change to public policy: the perspective of life and death as viewed by Queenslanders, the way in which the state protects life and upholds obligations and community expectations. This legislation will impact everyday Queenslanders not limited to the individuals seeking voluntary assisted suicide. It will also impact the medical practitioners, institutions, individuals and families that make up our communities.

My role as a parliamentarian and a legislator is to review the legislation. Traditionally, on the majority of decisions, it is also to review it alongside my colleagues within the context of our party, its values and our policy position. It is also our responsibility as elected members to represent the views of our electorate and the communities we represent. I thank my constituents for sharing their very personal stories and views from both sides of the debate.

Being granted a conscience vote is both a privilege and a freedom which I recognise and thank our leadership team for. On such matters of life and death what is so very personal for many and at times emotive goes to the heart of our values, beliefs, life experience and world view. For me, on this topic it also defines humanity—the way in which society treats our most vulnerable, sick, elderly and marginalised, and today we debate this legislation for those who are terminally ill.

While I respect an individual's right to choose, as part of that right as a society we have seen a shift in the autonomy of health decisions. This has been a trend in western culture that I recognise is both the overwhelming perception and at times the reality of popularity that a large majority of our Queensland population supports the intent of voluntary assisted dying. Through the many discussions that I have had I believe this is due to the lived experience of losing a loved one, a friend, a colleague or witnessing the pain, as many have outlined in this House before me, of a good death or a bad death. It is not my role to pass judgement on any member of this House nor any Queenslanders who has a view on voluntary assisted dying. I will respect the views of my colleagues, whether differing or not, and recognise the deeply personal and respectful way in which a decision of conscience is to be made.

As it is the individual freedom that is a core value of our party and myself, respect for life is a fundamental societal value, and I know that every member in this House over the course of this debate has expressed their individual view within their conscience. Whilst I was raised a Catholic with Christian values, the respect for life and the values and beliefs that shaped me have formed my conscience. In my view, the traditional concept of respect for life surpasses an individual's religious view and, for me, that is the foundation for humanity. Lived experience and lifelong learning from diverse cultures—it is often assumed this is exclusive to faith based organisations or Christians, but this is not the case for me. Within our society, in our community we hold in regard many institutions that exist in health, faith and community. Many have expressed concerns both against and in support of this piece of legislation. Later in the debate the member for Toowoomba South will move amendments to the bill—and many have expressed the need for amendments.

I raise concerns about the education of the broader community regarding this legislation, the unintended consequences and the safeguards and the protections outlined in the legislation. However, in my consideration of this bill I shared many of the concerns about the consequences, both real and unintended, that impact the safeguards and protections of Queenslanders. I note the many submissions by Palliative Care Queensland, the Australian Care Alliance, faith based institutions and the AMA and the concerns they have outlined both during the committee process and during the course of the introduction of this legislation, and they should be recognised and valued. I also recognise the very deeply personal submissions made by individuals who strongly support this legislation. What has also

been concerning is the number of constituents who have contacted me in support of the legislation who assume that dementia, Alzheimer's and other terminal illnesses are included but they are not. There must be more education delivered.

Whilst the bill outlines the access to VAD for individuals with a terminal illness who are expected to die within 12 months and who are suffering intolerable pain, I find this time frame a conflict with the access to palliative care options, which is limited across the state to three months. I have heard many say that this bill is separate from palliative care. I recognise the Law Reform Commission have prepared the recommendations based on a legal framework to facilitate individuals who may be suffering and are dying to choose suicide and the timing of their death. However, I speak with both conscience and a shared awareness amongst stakeholders that this bill's objective is dangerous in isolation, that a lack of access and option for alternatives to end-of-life care—quality and specialised palliative care—can have the unintended consequence of individuals choosing to end life through voluntary assisted suicide. In fact, we know that suicides are already occurring at a significantly high rate for the terminally ill. It begs the question: how many of those people have access to quality palliative care?

I have had it communicated by many in the medical profession that if a properly funded palliative care service was available with specialist and holistic standards of care, we would not be here debating this bill today. Fundamental principles of life and the default position of prolonging life or the preservation of human life underpin many who serve in the medical profession, those who serve in faith based organisations and many community organisations and also cultural leaders. For many, it is the underpinning of their view of humanity.

Regional and rural and remote communities already experience inequity when it comes to accessing health care. We already have limited access to diagnosis with the majority of specialists residing in metropolitan South-East Queensland. VAD and this essential debate is one of individual choice, but when there is an absence of palliative care—and I refer to the comments made by the member for Gregory and the member for Traeger—my fear is that many across rural and regional Queensland will see this legislation, if passed, as the only option. Our access and service standard is inequitable when compared to our city counterparts and this needs to be addressed.

In my electorate of Whitsunday there is no specific palliative care service. We do have wonderful staff at our local Proserpine Hospital and GPs who with little resourcing provide a standard of care and support for individuals and family. Whilst it is not specialised, it provides a palliative care pathway. I was very humbled to be able to experience that alongside my grandfather during his last days. They do their best to support dignity with appropriate medical care and where a GP is doing the best they can, but they are not a pain specialist; they are not a palliative care specialist. In my neighbouring electorate of Mackay, the Mackay Hospital services do not have palliative care beds. In fact, it is the Mater Hospital that supports with nine palliative care beds.


In my community, I asked the question regarding this legislation: what are the rights of the Mater Hospital, of the doctors, the nurses and the administrators who work there with respect to their conscientious objection and when they are the only private palliative care provider in my region? I note the minister introduced the clinical guidelines and a commitment of consultation with faith based organisations. On such important legislation I find it unacceptable that new models of care, the resourcing and implementation are outlined on a page with six dot points. This provides no confidence to institutions, practitioners and, more broadly, the general public whose care will be determined by these guidelines. Healthcare facilities where there is a distinctive mission, or where there is an individual within that service who wants to exercise their right of conscience, should be valued, respected and protected under the same premise of freedom that this bill offers those accessing VAD.

I am concerned about the vulnerable, the elderly and those with a disability. As someone who is responsible for a family member with an intellectual disability, I can already see the risk associated with this legislation.

I want to place on the record my advocacy for the Palliative Care Queensland submission and the recommendations regarding funding and access to care. I want to acknowledge the work of the committee—all of its members and the secretariat—on what would have been an emotionally draining and very hard task to undertake.

We have reflected on death, that all experiences are not equal. It should be the right of every individual to experience a death free from pain and suffering, with dignity, care and respect. As we reflect on living, not all experiences and opportunities are equal. The core values that underpin my

morality and social ethics include hope and, while life is full of grey and full of complexity, while it may seem a simple statement, for me, for my conscience, life is life. It is not for our choosing, nor for the state to take it away. I will not be supporting this legislation.

 **Mr SMITH** (Bundaberg—ALP) (12.10 pm): We are condemned to be free. We are condemned in our freedom to make choices in this world where the responsibility for each decision belongs solely to the individual, to the self. That is why we are free: because those choices are ours. Those choices of ours ripple throughout the immediate and wider community of others, but it is not the others who ultimately make our decision that will in some way impact upon them. That is why we are condemned in our freedom. The reactions to our choices, be they positive or negative to the self or to all, or one for the self and the alternate for others, are our reactions or even consequences to face. Another part of our being condemned is that there will often never be a clear right or wrong decision. Some of the actions we take will be seemingly pointless in the sense that they are considered to be everyday or mundane. It is within that that we should take solace and confidence to make the choice that we are free to make and that we believe is the course to be taken.

With those words of summary, I support this proposed legislation for voluntary assisted dying in Queensland. I believe that my choice to support this bill provides the freedom of choice to others—the very freedom that they themselves are condemned to: the freedom to volunteer an end to their life because an illness or neurological disease has brought about a terminal prognosis of less than 12 months, will wholly consume life despite the fight put into it and is causing intolerable and unbearable pain and suffering.

One day our bodies will give way to the great and eternal abyss that is the antithesis of life. Our bodies will succumb to a death that can occur in a vast manner of forms. Whether there is a soul or a spirit or we are merely temporal beings and nothing more—regardless of either condition—the death of mind and body will come to us all. This debate is not about a meaning to life; it is about what meaning there is in denying someone the right to a death that they perceive to be more dignified, more caring, more loving and more gracious at their end of life when faced with a cruel and unbearable terminal illness.

I know that there are Queenslanders and members of my community who do not support this bill for reasons that they hold dear. I do not discredit their genuine care for people and indeed recognise that there is a good nature of intent behind their reasoning, be it belonging to faith or to secularism. However, I note that there are also many devout people of faith who strongly support and advocate for this legislation. I thank those in my Bundaberg community who have met with me, spoken with me and, indeed, prayed for me. While this bill is before this House, the debate cannot be one of a theological matter. As I have stated previously to concerned constituents, I do believe that an interpretation of Luke 23:34 does alleviate theological concerns.

I choose to support this legislation for individuals who will die in extreme and intense pain and suffering if we as legislators do not ask for its assent. I choose, through the freedom in which I am condemned, to support this bill without amendment to the provisions around conscientious objection. When patients are seeking to engage with a medical practitioner to discuss voluntary assisted dying, they should be informed by an objecting practitioner of another doctor willing to engage in the discussion or be provided with details of a navigating service. It would simply be cruel to ask a patient within 12 months of the end of their life to blindly doctor-shop while suffering from a debilitating illness.

I also support this bill without amendment to the provisions stated for faith based health facilities and organisations. Hospitals and aged-care facilities are not places of worship and should not be able to remove the legal right of a person to access voluntary assisted dying when eligible under the legislation.

As much as I support the right of a person meeting the legislative criteria, I also support the right for a person not to be coerced and abused by those with a sickening and horrific motive. Again, that is why I support this bill without amendment to the safeguards proposed—because they do protect those who are vulnerable and at risk of such atrocious intentions.


There are many personal stories that I have read, watched and listened to. I cannot share my own story of a close friend or relative whose end of life came at the meeting of the eligibility criteria of this bill, though I do wish to acknowledge the bravery of Phyllis Wagner, Mark Herron, Moya Jackson, Cynthia Workman and Doug Ladewig, who have been core members of Dying with Dignity in the Bundaberg region and have all shared their experiences either through their advocacy or to the previous

committee's public hearing. I know that for Phyllis, Mark and Moya in particular, whom I have met with and had many a conversation with, the passing of this legislation will crash down a wave of emotion that only they will be able to describe.

Many will have their say on this bill, and I wanted to give some of my final words to my very good friend Richard Ball. Richard is living each day with hope, with joy and with family, but he is also living with a terminal form of cancer. On voluntary assisted dying, this man of deep love of faith wrote to me—

Yes. I think that VAD is the last human right we can afford to an individual. The final act of society in a person's life should not be to enforce their suffering. Every human deserves the freedom to choose their own peaceful path to God.

For those not of faith, perhaps voluntary assisted dying is the moment when a life can be once again at ease, giving itself over to the gentle indifference of the universe. I support this bill.

 **Hon. DE FARMER** (Bulimba—ALP) (Minister for Employment and Small Business and Minister for Training and Skills Development) (12.18 pm): Early in 2000, just a year after I was married, my then husband, Ian, suffered a catastrophic medical episode and was very ill for a number of months. We knew within the first week or two that he would live; however, it was many months before we knew whether he would return to the functionality he had had beforehand, including whether he would ever be able to work again. In the first few weeks, when I was pretty much at the hospital 24 hours a day, waiting each day for the specialists' pronouncements and thinking through what we would do if the worst happened, my mum was constantly by my side, offering practical support like washing clothes and bringing meals, but the support that really got me through was the deep, soul-healing love with which she enveloped me over that traumatic period. She literally helped me get through every day, and I knew that if my world collapsed around me and I fell she would be there to catch me.

It was when Ian had been back home for a while and we started having conversations about his graduated return to work that my mum told me she was having tests for cancer. She pulled up her shirt one day and she showed me what was clearly an abnormal growth that was so large it protruded from her abdomen, and I knew at that point that she had let it go on—for me. She had not wanted to tell me about it when I had so much else going on in my life. She had put off going to the doctor because she was completely focused on helping make our lives okay. As she subsequently went through the tests she had to have, we did receive the diagnosis that mum had bowel cancer and she and we—my sister, Su, and I and our families—braced ourselves for the time ahead of us.

Over the next 18 months we supported mum with her treatments. We laughed. We cried. We made what would be our last memories together. I had my beautiful baby daughter, Millie, now 20, and I am so thrilled that she and mum got to spend time with each other. Millie, my stepdaughter Lucy and mum's other grandchildren—Kate, Ashleigh, Georgia and Bronte—always brought her joy, but especially during that time. By the time we knew that mum would not recover, she had already made it clear that she wanted to die at home. As the cancer spread through her body, my sister and I took turns to stay with her and look after her. That was my first experience of what palliative care workers do. They are saints and we could not do without them.

I know members and those watching have stories about their own relatives, but my mother was the brightness of life itself. She lit up every room she entered, she spent her life looking out for others and she was loved by everyone she met. To watch her slowly wither away was beyond heartbreaking, but she had been a nurse and she knew what she was up for. She left very specific instructions about the way she wanted things to be, no actions to be taken to prolong her life, no sustenance or intake of any kind. She went as far as she could to exercise her personal choice about the way she would die, but ultimately she could not make the choice about when and the way she would die. At that time I had never had any experience of how a person could be so sick and yet still be alive.

Despite this deeply emotional personal experience, when this bill was first mooted three years ago I did not immediately provide my public support. I noted the figures indicating the level of community support for it, but the enormity of the responsibility we had in voting on the bill weighed heavily on me, as I know it will have for every member of this chamber. I had questions about the ending of a life, about possible coercion, about people who might have conscientious objections—and there are people very close to me in this category—about this bill being for all of Queensland and not just an opportunity for me to reflect on my own personal experience. I needed to see the legislation.

Over these three years we have all been on an incredibly important journey and I am comfortable with my position, which is to support the bill, and I want to thank some people. Firstly, I want to thank the Premier for being brave and strong in bringing this forward as a difficult issue that needed to be addressed. She has never shied away from the difficult issues. I also thank her for her acknowledgement of the importance of palliative care and the need to fund it appropriately. I thank the

Deputy Premier for taking stewardship and the two health committees and their members who have had carriage of it and who will surely never forget the privilege of that experience. In particular I want to thank the committee chair all the way through, the mighty member for Thuringowa, who I know has been deeply committed to this process. On a personal level, I thank him for coming out to my community right at the beginning of the process to help start the conversations we needed to have.

I thank the 11,000 people and organisations who made submissions to the committee over its two inquiries, both in favour of and against the legislation, baring their souls and doing their best to see that there could be learning from what was happening and had happened to them and their loved ones. We pay homage to you. I thank the health professionals whose lives are devoted to the care of others as they travel the fearsome journey of a terminal illness and to the many palliative care professionals in particular who shared their views with me, including my beautiful sister, Su. My admiration for you all knows no bounds. I thank the Law Reform Commission which, under the leadership of the Hon. Justice Peter Applegarth, has produced a well-balanced, thoughtful and considered piece of legislation. I thank the individuals with whom I have had the conversations I needed to have, and I single out David Muir in particular and also Lindsay Marshall from the Clem Jones Group and David Baker, the former moderator of the Uniting Church in Queensland, who both took part in my community forum. I thank the Queensland union movement and especially the United Workers Union and Electrical Trades Union.

I thank my beautiful community. I invited and welcomed their views in as many different ways as I could. People came forward with their stories and experiences, and they were humbling. Some expressed their disappointment in my position, and I say to those people that I am sorry we cannot agree on this occasion. As I heard the stories from my community, I saw that my own experience was shared by so many and as I read the committee reports I saw it thousands more times again. Yet again our dear friend Duncan Pegg managed to encapsulate so much of the sentiment when he said—

Let us be very clear. People with terminal illnesses do not want to die; they want to live. They fight to live every day. I personally fight to live every day.

...

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

My locals wanted to be heard, and I promised I would share some of what they told me. Renee told of her friend who drove his wheelchair into the ocean so he could end his suffering. Julie-Ann said—

Along with my own cancer, I watched my grandmother beg to go, dealing with unimaginable pain as she lay in a bed she had no hope of ever getting out of.

From Allen—

I watched my father ... die over a period of 12 months. He said on more than one occasion after radiation treatment 'my guts feel on fire' and some 3 months before his death asked me if I knew anyone who could 'finish me off'.

Gina said—

My father spent the last 3 months of his 25 year fight with leukaemia in the Mater Hospital and towards the end I would've gladly smothered him with a pillow rather than have him suffer another moment wasting away. He made his own decision to cease treatment as he couldn't take it anymore.

From Mark—

Eyes on a pillow is not living. It's merely existing.

And there were so many others.

Now we have a bill before us and I support it without amendment. The detail is there for all to see and it has been spoken of many times this week, so I will not repeat it. The essential element for me is that this is not about choosing 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.

One of the reasons I entered politics was that I believed that everyone, no matter who they are, deserves to be treated fairly and with dignity. Whether that is about making sure they have the dignity of a job, of having access to a good quality health and education system, the dignity of a roof over their head or of being safe from violence, no-one should have to earn that; they just deserve it. This bill gives us the opportunity as members of parliament to support people to not only live their lives with dignity but also end it with dignity. What this bill does not do is take away the raw grief of the loved ones who are left behind. It does not make it any fairer that they have passed and it does not bring them back, but it gives them a choice. I am proud to commend this bill to the House.

Debate, on motion of Ms Farmer, adjourned.

CRIMINAL LAW (RAISING THE AGE OF RESPONSIBILITY) AMENDMENT BILL

Introduction



Mr BERKMAN (Maiwar—Grn) (12.28 pm): I present a bill for an act to amend the Criminal Code and the Youth Justice Act 1992 to raise the age of criminal responsibility to 14 years. I table the bill, the explanatory notes and a statement of compatibility with human rights. I nominate the Community Support and Services Committee to consider the bill.

Tabled paper: Criminal Law (Raising the Age of Responsibility) Amendment Bill 2021 [\[1398\]](#).

Tabled paper: Criminal Law (Raising the Age of Responsibility) Amendment Bill 2021, explanatory notes [\[1399\]](#).

Tabled paper: Criminal Law (Raising the Age of Responsibility) Amendment Bill 2021, statement of compatibility with human rights [\[1400\]](#).

Just last weekend my daughter Bonnie turned 10. She is an intelligent, thoughtful and precocious kid, but she is still a kid. Just the night before her birthday she lost her ninth baby tooth. The most important things in her life are gymnastics classes and having dessert as often as possible, even if she has to sneak it past her baby sister. No matter how often she is asked, she cannot seem to remember to hang up her towel after her shower or keep her room tidy. She is a lucky kid. She never wants for any of the basics of life and she is dearly loved by all of her parents, grandparents and her broader community of family and friends.

Not all kids are as lucky as Bonnie. Right now under Queensland law, kids her age can be formally charged as criminals, sentenced and locked up in prison. I am introducing a bill today to end that practice by raising the age of criminal responsibility from 10 to 14 years old. Alongside this straightforward legislative change I am calling on the government to implement and fully fund an alternative model of early intervention and prevention and therapeutic responses for children under 14. I want to be very clear before anyone starts that I am not proposing to simply ignore children's problematic behaviour. My proposal is that we treat them like kids not criminals and we invest in solutions that work, not more prison cells. I will talk a bit more about that later. First I want to give some more context for the bill and why we must urgently raise the age of criminal responsibility.

Fundamentally, a state that claims to be committed to upholding human rights cannot continue to lock up kids as young as 10. The UN committee overseeing implementation of the Convention on the Rights of the Child has been clear: states should set a minimum age of criminal responsibility that is no lower than 14. Our current age, 10 years old, is an international embarrassment. The most common age across the globe is 14 and most European countries set the age between 14 and 16 years old. Since it issued that recommendation in 2019, the UN and other human rights bodies have repeatedly criticised Australia for its shamefully low age, yet the only jurisdiction that has committed to raise the age to 14 is the ACT where the Greens share government with Labor.

Here in Queensland the Labor government's excuse for not raising the age is to defer to the national process. They are talking about the Australian Council of Attorneys-General, now the Meeting of Attorneys-General, which was tasked with looking at this back in 2019. They set up a working group to report on the issue, but in July 2020 they indefinitely postponed their decision. When the council next met in March this year, raising the age was removed from the agenda to instead be considered out of session. While they will not tell us exactly what happened, the council's draft report was leaked to the *Australian* in March and this leaked report recommended the age be raised to 14. Apparently, the problem is that the states and territories cannot reach consensus. As much as we would like to see a national approach, it is now up to us, as the federal Attorney-General has explicitly said. It seems trite, but it is apparently necessary to note that it is our job as Queensland legislators to amend Queensland legislation and it is time for us to get on with it.

This is not something the government is just hearing about now. The 2018 report on youth justice prepared by Bob Atkinson also recommended the government support raising the minimum age of criminal responsibility through the national process and, as an interim measure, legislate to ensure children aged 10 to 11 years old cannot be incarcerated except for very serious offences. Importantly, while the Atkinson report talks about raising the age to 12, this was with reference to the UN convention which has since been revised to specify 'at least 14'. The UN also explicitly advised against including exceptions.

Not only is the government stymieing the national process; it has done nothing to keep young children from being locked up. In 2019-2020 there were, on average, about 17 children aged 10 to 13 held in a police watch house every day. From July 2019 to October 2020 there were 48 children under 14 held in a watch house for more than three days. All but five of these kids were Indigenous. I do not

think any prison is a place for a child, but watch houses are not even regulated under the Youth Justice Act like detention centres are. These places are not resourced to adequately care for children and we have seen multiple instances where children are kept with, or in the eye line of, adult inmates in direct violation of their human rights.

Queensland has the most children aged 10 to 13 locked up in detention centres and by far the greatest proportion of Indigenous kids of any Australian state. Around 130 children under 14 are sent to detention each year. One piece of good news is that children under 14 years old make up a relatively small proportion of the overall youth detention centre population—about 17 children on any given day of an average total of 200. This makes it an eminently achievable task to get them out of there. This bill includes amendments to the Youth Justice Act to transition children under 14 out of detention and into safe housing. Similarly, it would remove children under 14 from the watch house and end any proceedings underway or orders in place against a child under 14.

There is a wealth of evidence that this early contact with the criminal legal system is damaging to a child's wellbeing. In its submission to COAG on raising the age, the Royal Australasian College of Physicians said—

... the physical vulnerabilities of a 10 year old are such that it is inappropriate that under current Australian law they can be arrested, held in police cells and/or incarcerated.

A compounding factor when it comes to the traumatic experience of criminalisation as a child is that you are far more likely to have already experienced trauma or to be particularly vulnerable or marginalised. The government's 2019-2021 youth justice strategy action plan notes that of young people coming into contact with the criminal legal system 31 per cent have a parent that has been held in adult custody, 58 per cent have a diagnosed or suspected mental health or behavioural disorder, 52 per cent were totally disengaged from education and almost 20 per cent were homeless or had unsuitable accommodation.

The Atkinson report states that 83 per cent of children in the youth justice system are known to child protection services. While around two to four per cent of the general population have an intellectual disability, prevalence is around 23 to 32 per cent among young people in custody. Studies from Western Australia indicate that up to 36 per cent of children in detention experience fetal alcohol spectrum disorder. But the most significant single determinant of your likelihood of being criminalised before your 14th birthday in Queensland is whether you are Indigenous. On average, 84 per cent of children aged 10 to 13 in a Queensland detention centre on any given day are Indigenous. These kids make up about seven per cent of the population outside prison and 84 per cent inside.

Overall, First Nations kids are 29 times more likely to be locked up in Queensland. This country's violent history of colonisation and stolen generations continues in Queensland with the imprisonment of young Indigenous kids. Although figures are not available for children aged 12 and 13 years old, First Nations children account for 60 per cent of all children aged 10 and 11 in contact with the Queensland Police Service and their over-representation increases at every stage of the criminal process. Research shows First Nations children are 10 per cent less likely to be offered diversion for their first contact with police and about half as likely for their second, third and fourth contacts. Early contact with police and detention compounds existing social inequalities and intergenerational trauma and it is contributing to the over-representation of First Nations children and adults in the criminal system. If this government is genuinely committed to Closing the Gap and reducing black deaths in custody, raising the age is a crucial first step.

Those who argue that raising the age will endanger our community fail to recognise that not only do children under 14 account for a very small proportion of offences but also the vast majority of offences they commit are not very serious or violent. Among children aged 10 to 14, around 55 per cent of offences are theft, burglary and property related crimes while just over 20 per cent are acts intended to cause injury. A really important part of this has to do with the developmental stage these kids are at. Research suggests that children and young people tend to commit offences that are attention seeking, episodic, unplanned and opportunistic and the medical evidence helps us explain this. The prefrontal cortex, the part of the brain that allows us to plan, foresee consequences and control impulses, develops gradually from age 10 to 17 and is not fully developed until around the age of 25. At the same time, for children under 14, the amygdala, which is responsible for reward seeking, is developed. This gives us a bit of perspective on why we might see these kids engage in risky or thrillseeking behaviours like theft, trespass or riding in stolen cars with little or no regard for the consequences. To be clear, the medical evidence tells us that these behaviours by children should not be characterised as criminal in the same way they would be for an adult.

Even if you are not swayed by the circumstances of these kids and why they might be offending, all the medical evidence and the human rights arguments against locking them up, the fact remains that criminalising children does not work. The problem with locking a kid up is that unless you want to keep them in prison for the rest of their life—and I assume we are all on the same page in not wanting that—what happens to those kids when they get out? If you put a young child in detention with older kids all you do is teach them how to be a better criminal.

The government's own youth justice strategy says that children and young people who have been through detention are at more risk of committing an offence when they return to the community, and for the majority of offenders detention is not the best way to stop offending behaviour. As Amnesty International pointed out in their report on raising the age, children arrested before the age of 14 are three times more likely to reoffend as adults than children arrested after they are 14 years old. Increasing the age of criminal responsibility improves outcomes by delaying the point at which a child can become involved in the criminal legal system or spend time in detention given the particular impacts that that can have on young children's wellbeing and their likelihood of reoffending.

Research is very clear that diverting more children away from the criminal legal system and providing support to address their individual needs will mean those children are less likely to offend later on. Keeping kids under 14 out of detention will also improve their likelihood of finishing school, tertiary education and other training, and their chances of securing a job. While the current age of criminal responsibility may temporarily limit some immediate risks to the community while some very young children are in detention, diversion, particularly for children under 14, is likely to ultimately be far more effective in improving community safety. We need a new approach that puts prevention and care at the centre, not punishment.

The bill itself is relatively simple. It amends section 29 of the Criminal Code to raise the minimum age at which a person is criminally responsible for any act or omission from 10 to 14 years old. This amended section regarding the minimum age of criminal responsibility will replace the *doli incapax* provision at existing section 29(2), which does not prevent incarceration of young children on remand and was described by Bob Atkinson as rarely a barrier to prosecution.

The bill's transitional amendments to the Youth Justice Act ensure that for a child who committed an offence before they were 14 the offence must be expunged from their criminal history, that the Police Commissioner must ensure any identifying particulars such as fingerprints and DNA samples taken in relation to the offence are destroyed in a timely manner, and that no proceedings or orders can be commenced or continued against them for that offence. For children who are in detention for an offence committed when they were under 14, the chief executive must arrange for their release as soon as is reasonably practicable and no later than one month from commencement, or the date they would have otherwise been released, whichever is sooner. For children in a watch house for an offence committed when they were under 14, the chief executive must arrange for their release within no more than three days.

When transitioning the child from detention or a watch house, the chief executive must consider the child's welfare and, together with the chief executive of Child Safety, make efforts to ensure they have access to things such as accommodation, parental or guardianship support and health and other support services. Any supports that are currently in place for children removed from the youth justice system under this bill must remain in place, and all efforts should be made to ensure the ongoing provision of therapeutic programs and care, including accommodation, substance misuse treatment, education and training and restorative justice.

As outlined in the explanatory notes, the legislative amendments to raise the age must be accompanied by an alternative model to divert children aged 10 to 13 from the criminal legal system. In the first instance, the government should commission an independent review to consult with community organisations, First Nations representatives, government stakeholders and people who have had contact with the child protection and youth justice systems in Queensland to identify existing service gaps for children aged 10 to 13 displaying problematic behaviours and make recommendations for pathways to access the supports needed. This is similar to the process currently being undertaken by the ACT government as part of their commitment to raising the age.

It is worth noting that a lot of good work has already been done to develop an alternative model to raising the age. For example, the Jesuit Social Services' 2019 report on raising the age details a staged response including, first of all, prevention and early intervention, followed by responding to low-level problematic behaviour and, finally, responding to more serious or violent behaviour. I will start with prevention and early intervention.

Experts in child welfare and criminology often emphasise the importance of prevention and early intervention so I will point out just a few areas that I think could make a huge difference for young people in Queensland, particularly young people who are likely to find themselves in contact with the youth justice system under our current laws. The first is housing. Too many children are ending up in detention simply because they do not have a safe place to sleep at night. I will never forget, in the hearings on the Youth Justice Amendment Bill earlier this year, the young woman who spoke about her experiences. She said that sometimes she would offend just so that she could get sent back to detention and have a roof over her head.

In particular, children who are subject to protection orders but who do not have a placement end up with a detention centre as their de facto placement. The QFCC's recent report identified housing as a key service gap particularly for children between the ages of 10 and 16; that is, kids who do not meet the definition for independent living and therefore cannot get housing. For kids whose families are waiting for social housing, the government's complete failure to build enough homes means their prospects are really bleak. As of December last year, in Queensland there were about 40,000 people on the social housing waiting list, including at least 15,000 children. The government should urgently invest in building more public housing and stop selling off the homes they already have.

The second big issue is schools. Both the Atkinson report and the QFCC have identified that disengagement from school is a major problem and exacerbates problematic behaviour by kids. First, we should stop excluding kids from school at such high rates—in 2019, almost 10 times as many as Victoria, despite them having a larger school-age population. If we want kids to stay in school, one of the best ways to do that would be with a universal free school breakfast and lunch program at every state school in Queensland. We know from evidence in Tasmania that a free universal school meal program would improve school attendance, particularly among the same cohort of kids who are otherwise likely to get involved with the youth justice system.

In schools we should look at establishing service hubs with allied health personnel and equip teachers and other school staff to identify warning signs and help refer families to services. As the QFCC report suggests, intervention should be available in primary school, particularly during known sensitive transition points like the move into year 2 and from primary to high school where children shift from learning to read to reading to learn. Also, at that early intervention stage we need to invest in things like maternal child health outreach programs, community education and activation programs, and cultural strengthening activities led by First Nations communities. Given the overrepresentation of kids subject to protection orders in youth justice, we also need to better equip out-of-home care staff to work with children in trauma informed ways.

When a child does cause harm or comes into contact with police, rather than ignore it we need a therapeutic evidence based response that addresses the underlying needs of the child and their family. We need a better response to low-level problematic behaviour. That response should be coordinated by a multidisciplinary expert panel or commission that could confidentially identify, assess and refer a young person and their family to develop a plan of action and access services. The government already uses specialist multiagency response teams, also known as SMART, to develop holistic intervention plans to address a child's needs, overseen by a panel of core departmental officers.

The key difference I am proposing, based on feedback from frontline workers, First Nations people and other experts, is a panel that operates outside of Youth Justice and Child Safety to organise referrals to services such as housing, support to engage with education, coordinated health care including disability and mental health support, therapeutic family supports, and community education and cultural programs, especially Indigenous-led programs. This stage of response could also include family conferencing similar to the approach already operating in New Zealand. When we stop criminalising children under 14, we should ensure that community members who are affected by harmful behaviours still have access to the same support as current victims, including restorative justice, assistance with recovery, financial support through Victim Assist Queensland and access to information about the steps taken in relation to the child.

Responding to serious problematic and harmful behaviour is the final issue I want to address. If a child is continuing to display serious and harmful behaviour, this multidisciplinary panel could choose to refer them for more intensive therapeutic—I emphasise 'therapeutic', not criminal—interventions. That could include things like residential drug treatment or specialised responses to adolescent family violence and sex offending, again as recommended by the QFCC. For the very rare instances where a child under the age of 14 poses a serious threat of violent harm, children could be placed under alternative tailored forms of supervision in small therapeutic facilities with multidisciplinary staff trained in trauma informed practice. That should be a last resort outside of the regular system for addressing children's problematic behaviour and it will be exceedingly rare.

One of the problems with our current process, as identified in the Atkinson report, is that the path to services is often through the criminal legal system. In raising the age of criminal responsibility, we should also decouple the mechanisms for referral from offending and offer help at the earliest possible point of identifying concern.

Ultimately this bill is not just about delaying engagement with the youth justice system but creating a new trajectory altogether for these young people. It is entirely possible—and something we should aspire to—to eventually roll out an alternative model like this for children. Starting with under-14s allows us to develop and refine a process that really works while ensuring we immediately protect the most vulnerable children from particularly damaging involvement with the criminal legal system.

There are already a number of community-led programs operating in Queensland that have been shown to improve outcomes for children, their families and their communities and are far more cost effective than criminalisation. If none of the earlier arguments or evidence win you over, it costs more than \$1,600 to keep one young person in detention for one day, and that does not even include the government's enormous capital spend building and expanding youth prisons—more than \$30 million this financial year alone.

We should be reinvesting those funds into proven therapeutic programs and facilities like the Murri School, Life Without Barriers #YouthChoices MST Program, Cairns based Youth Empowered Towards Independence, the Tern program in Townsville, and the PALM residential drug and alcohol treatment program to be run by the Ted Noffs Foundation in Queensland.

At the most fundamental level, I am introducing this bill because I believe children do not belong in prison, but this is not just about my opinion. The list of legal, medical, human rights and Indigenous justice experts and advocacy organisations who have expressed their support for raising the age of criminal responsibility to at least 14 is far too long for me to list here, but to name just a few: Amnesty International, NATSILS, the Australian Medical Association, ACOSS, QCOS, the Queensland Indigenous Labor Network and the Queensland Human Rights Commission.

Raising the age of criminal responsibility is one crucial part of a better approach to justice, one that includes: getting all kids out of watch houses; a moratorium on new youth prisons; decriminalising public space offences; increased investment in health, education, social housing and support services; implementing the recommendations of the Royal Commission into Aboriginal Deaths in Custody; and more.

The medical evidence, human rights advice and statistics are crystal clear. We must act now to ensure that children under 14 years of age are not incarcerated or otherwise punished under the criminal legal system. It is a big task, but we can start here.

I implore the House to take this first step to ensure that vulnerable 10-year-old, 11-year-old, 12-year-old and 13-year-old children are met with the care and compassion they need in Queensland, not put in a jail cell.

First Reading

Mr BERKMAN (Maiwar—Grn) (12.52 pm): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Referral to Community Support and Services Committee


Mr DEPUTY SPEAKER (Mr Krause): In accordance with standing order 131, the bill is now referred to the Community Support and Services Committee.

VOLUNTARY ASSISTED DYING BILL

Second Reading

Resumed from p. 2684, on motion of Dr Miles—

That the bill be now read a second time.

 **Mr LAST** (Burdekin—LNP) (12.53 pm): I rise to speak to the Voluntary Assisted Dying Bill 2021, a bill that I have given a lot of thought to and one that is deeply personal to me. Since this bill was first tabled, I have taken the opportunity to seek feedback from my constituents because, on issues of life and death, they deserve to have their opinions not only listened to but genuinely heard. From day one I told my constituents, the media and others that I would vote according to the will of my electorate and, as their voice in this parliament, I will do just that.

I would like to acknowledge those who conducted themselves with respect—respect for those whose opinion may differ from their own, respect for those who shared personal stories and experiences that in many cases led to their decision to support or oppose this legislation.

While I will honour my commitment to vote according to the will of my electorate, I want to put on the record my support for the amendments moved by the member for Toowoomba South because they are practical and they do strengthen the provisions contained within this bill.

Many in this place and in the public realm have spoken of the need for respect and I believe that this is the basis, along with appropriate legal protections, for the member for Toowoomba South's amendments. Regardless of where we stand on voluntary assisted dying, I am sure we all agree that human life is precious. Every person approaching the end of life should be provided with high quality care and treatment, including palliative care, to minimise the person's suffering and maximise the person's quality of life.

The majority of my electorate would be classed as rural which presents its own problems in terms of access to medical practitioners and, of course, palliative care. There are huge holes in the provision of health care in our rural communities and this bill, if passed, will present a number of issues and problems for those residents and healthcare workers living and working in those areas.

Previous speakers have referred to those last few minutes with someone dear to them or the memories formed with a loved one. If we truly believe that life is precious, we must ensure that voluntary assisted dying is about ensuring the highest quality end of life possible. It must not be about commercial gain or subjected to advertising. It must be about the rights of the individual and their decision-making capacity in relation to voluntary assisted dying.

I have seen my fair share of death over 25 years as a police officer, and one of the primary reasons I am supporting this legislation today is because of the number of deaths I have attended where Queenslanders have taken their own life. In many of these cases the victims took their own life because they had run out of options. There was no support, counselling services or medical treatment available and, as a consequence, many of these people died in the most tragic and horrific of circumstances. I am talking about people taking strychnine, of using firearms, or throwing themselves in front of a train or a motor vehicle. Sure, a lot of these victims were not suffering from a terminal illness, but a lot of them were. If you think about the impact on loved ones, on emergency service personnel and those people who may have witnessed the event, you can appreciate the difference that having that choice of voluntary assisted dying could have made.

As many other speakers have said, voluntary assisted dying is not about convenience or saving money; it is about reducing pain and discomfort as much as possible and about retaining dignity. It is for that reason that I highlight the member for Toowoomba South's amendments to ensure that, to be eligible, a person must be suffering a condition that is incurable. Not only does this address the risk of voluntary assisted dying being seen as convenient but also means that, as medical advances come to the fore, the legislation will keep pace.

The medical advancements I spoke of have, over the years, led to dramatic improvements in the treatment for many conditions, including mental health. However, it is a sad fact that even today people suffer in silence and that some do not get the treatment they need for a variety of reasons.

To ensure that voluntary assisted dying is in fact voluntary, we must ensure that people applying for this service are not affected by mental illness to the point that choosing to die is an easier option. In effect, that would be state-sanctioned suicide. By passing the member for Toowoomba South's amendments, we would ensure not only a proper assessment of the person's health from a mental health perspective but also the person has the appropriate level of decision-making capacity.

Regardless of how we vote on this legislation, I am sure we can all agree that palliative care is and will always be an essential service for thousands of Queenslanders. Whilst I note the government's announcement of further funding for palliative care services, we must ensure that this funding achieves what it sets out to do. When it comes to providing comfort in a palliative care environment, we cannot

just talk about funding. We have heard loud and clear during the course of this debate of the shortfalls in palliative care funding, and I want to add my voice to the calls for increased funding and support in this space. I do not have a single palliative care bed in my electorate, and that highlights just how disparate palliative care is in this state. Palliative care should not only exist in the cities or metropolitan areas, and just because you live in the bush it should not mean you miss out on accessing palliative care.

I would highlight to members the importance of religious beliefs for many Queenslanders. There has been a lot of discussion during the course of this debate about that. If we are to talk about voluntary assisted dying, we need to emphasise the importance of the term 'voluntary' for those who wish to access it and for those who choose not to provide it. I think it is important that we acknowledge that for some faiths an assisted death is not acceptable. If we are to talk about respect, I feel that we must enable faith based medical providers to apply their beliefs when deciding whether assisted dying is to be offered. Whether or not this legislation is passed, the issue of faith is an important one.

Many of my constituents have raised concerns when it comes to ensuring the voluntary element, especially for people living with a disability. If passed, the role of the Voluntary Assisted Dying Review Board becomes crucial in ensuring the voluntary element is implemented correctly. I call on the Deputy Premier to give assurances that not only will the board be provided with the legislative and other powers that it requires but also that the board will be properly resourced to ensure it can fulfil this vital role.

The feedback from my electorate on whether to support this legislation was overwhelming. I want to put on the record my thanks to each and every constituent who replied, regardless of their opinion. For some, this issue was highly emotive, whereas for others it was less important. Most important of all, though, was the fact that the electorate has spoken.

Based on 81 per cent support from the electorate, I will be supporting this legislation and the amendments to be moved by the member for Toowoomba South. Those amendments address concerns raised by my constituents and it is important to note that these concerns were also raised by some who support the legislation, not just those who oppose it.

We must ensure that this legislation, if passed, is implemented properly. We must ensure that the spirit of the legislation becomes the practice. Safeguards must be put in place and oversight must be actively undertaken. This can be achieved with the member for Toowoomba South's amendments which will: provide stringent eligibility requirements to ensure voluntary assisted dying remains solely focused on the patient; ensure informed consent and strengthening decision-making capacity requirements to ensure adherence to the true meaning of voluntary; provide additional protections to ensure those who are under coercion or whose decision-making capacity is impaired are respected and protected; provide protections for those who conscientiously object to voluntary assisted dying no matter on what grounds; and ensure that research, reporting, monitoring, investigation and compliance play a part in ensuring that Queensland's voluntary assisted dying laws are the best possible.

One particular concern I have with this legislation is the lack of safeguards or protocols relating to those people who live alone. Should a person meet all the eligibility criteria and decide to proceed with taking their life, I ask: what steps are in place to conduct follow-up checks if that person decides to end their life at home? I do not need to remind the members in this chamber of what could possibly happen and the fallout from someone taking their life at home alone without anyone else knowing about it.

It is easy to talk about respect. It is harder to show respect and even harder to ensure respect is shown. If we are to ensure the best legislation for Queenslanders and respect for all Queenslanders, I encourage all members, regardless of whether or not they support this legislation, to support the amendments to be moved by the member Toowoomba South. We owe it to all Queenslanders to get it right.

Sitting suspended from 1.02 pm to 2.00 pm.



Hon. A PALASZCZUK (Inala—ALP) (Premier and Minister for Trade) (2.00 pm): I rise to contribute to the debate on the Voluntary Assisted Dying Bill 2021. I recognise that this is a very emotional and deeply personal issue for a lot of people in this chamber and for a lot of people throughout Queensland. It is something that I think all members of this House have given due consideration to.

Like everyone in this House, I have thought long and hard about all of the issues involved and have consulted widely to ascertain the views of others to best inform myself before voting. That is the responsibility of everyone who votes on this bill, and I have every confidence that this is exactly what has happened. We may not all come to the same conclusion. Our position will be informed by many

things. It will be informed by our own personal experiences. It may be informed by our cultural or religious views. It may be informed by our family circumstances. My view has been informed by the people of this state, and I will be strongly supporting this bill.

In this House I have spoken before about the loss of my grandmother and the loss of my uncle. In fact, when I was thinking about this speech last night I thought of my aunt and I rang her to see how she was after the loss of my uncle. My Uncle Joe died three months after Nana. It was very sudden and very tragic. He had the best possible care in the hospital, but I think he would have preferred a more dignified death. My mother rang me this morning and asked me when I was speaking on this bill and said, 'Can you please remember Nana.' I do remember her. In fact, I have not brought myself to go back to her grave since the funeral.

During the final part of her life she rang me and said, 'I am in pain,' but I could not go and see her because I had work. To this day, I regret not going and helping her during that time. She was crying out in pain during the last 48 hours, but she lived a good life to 95. Others have not lived as long. I lost Uncle Joe in his earlier 70s, three months afterwards. To have two people in our family buried so quickly after each other came as a shock.

There have been other people who have touched our lives—people who have graced this chamber. Terry Mackenroth and Tim Mulherin were very good men who also suffered at the end of their lives, and there is our good friend Duncan Pegg. I wish he was still here with us. He made an amazing speech when he rose for the last time in this chamber. I think I mentioned to everyone that he came into my office before he came in here. He was a bit worried about how his speech would go down. He was a bit worried about how he would get through that speech. The Speaker and I sat with him. I said, 'Come on, Duncan, we are going to walk in there and you are going to deliver the speech to your community and to your colleagues in this House.' He did that with such grace, dignity and strength. It is something that I will remember for the rest of my days.

I also remember Ethel Murray from my electorate. Not many people knew Ethel Murray. In fact, her funeral was a very small funeral. I attended her funeral. She had a lung disease over many years and she was in and out of hospital. Her last months were tough and her last days were tough. I think that if she had had a choice she may have made a choice to end her life with dignity.

Every person voting in this House this week will vote according to their conscience. The most important thing we can do is respect the views of everyone here and everyone outside this House and ensure that we have a respectful debate. As Premier of this state, I say thank you to everyone in this House. I think the debate out in the public has been respectful because these are serious issues that people have had to grapple with. I do not think that 10 years ago Queensland was ready for these laws. This has been a gradual coming of age for Queensland in realising that each person has their own personal stories and their own views. That is why during the election campaign I made a commitment to the people of this state that I would introduce this bill, we would debate it and we would vote on it.

I pay tribute to members of the former Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee and in particular its chair, the member for Thuringowa. Can I say to the member for Thuringowa that this would have to be one of the best pieces of work that any committee in the Queensland parliament has produced. It was thoughtful. There was consultation right across the state. I commend every single member of that committee. Over 18 months they conducted 34 hearings across the state and took 4,719 submissions. Then the Queensland Law Reform Commission took further submissions and developed the legal framework for this bill. The former attorney-general, the now health minister, the current Attorney-General and the former health minister and now Deputy Premier were extensively involved in this work.

I want to thank members of caucus. As I said up-front, this is a conscience vote. I respect the conscience of my caucus. I thank every single one of them for being respectful of their colleagues in allowing them to have a conscience vote. I am deeply indebted to each and every one of them. I think that shows the people of Queensland that as a government we may pass many bills in this House but on deeply personal issues we allow our caucus to have a conscience vote, which is a great hallmark of the great Australian Labor Party in Queensland.


I thank the Deputy Premier for undertaking extensive consultation on this bill after I introduced it. Members would be aware that I have a lot of demands on my time so I asked him to consult. He has done a superb job in relation to that. Our government has been working with stakeholders to try to address some of their concerns. In particular, we have been open to suggestions from entities run by faith based organisations that are concerned about their institutional conscientious objection.

As the Deputy Premier has foreshadowed, Queensland Health will be developing guidelines pertaining to entities, including faith based organisations, that do not wish to participate in this scheme. These guidelines are important. Why are they important? We have listened. We do not pretend to get everything right. The Queensland Law Reform Commission did an excellent job with the bill. We are not tampering with the bill because we let the experts get that bill right. I introduced that bill and I stand by the bill that was introduced into this parliament.

The guidelines are a clear sign to people in this state, especially some of those church based organisations, that our government is a government that listens. I thank the Deputy Premier for working on those guidelines. These guidelines have been extensively talked about and explained by the Deputy Premier.

The bill provides a chain of safeguards to ensure only those at the end of life can make those choices and then only those capable of making that choice for themselves. This is what it comes down to. This is about choice. This is not about me or anyone in this House telling someone else what to do. This is about the choice of an individual to say how they wish to end their life with dignity. Dignity is a word that I hold dear to me. There is dignity in work. There is dignity in the family and the friends that surround you. There should be and there must be dignity in death.

With those few words, I ask all members to think very carefully about this. We have put money aside for palliative care. That is very important. We have made an election commitment of an extra \$171 million. I commend the bill to the House.

 **Ms LUI** (Cook—ALP) (2.10 pm): I rise to speak in support of the Voluntary Assisted Dying Bill 2021. In doing so, I pay my utmost respects to those gone before us who, without the right to choose, would have had to endure pain and suffering in the end stages of life. I have listened to the contributions in this House and I acknowledge the families who have lost loved ones to terminal illness and the trauma and heartache of witnessing their loved one fight for life. I acknowledge that this is a very important and sensitive bill—one that requires all of us to make a conscience decision, a decision that will ultimately give someone their right to choose for dignity and peace.

The Palaszczuk government went to the 2020 election with a commitment to introduce voluntary assisted dying laws in this term of government. I would like to thank our Premier and Deputy Premier, Steven Miles, and all cabinet ministers and government for their strong support to see this important legislative reform passed through the House.

The objective of the bill is to provide people who are suffering and dying and who meet strict eligibility criteria the option of requesting medical assistance to end their lives. The bill will: ensure that the process is accessed only by persons who are assessed to be eligible; protect vulnerable persons from coercion and exploitation; provide legal protection for health practitioners, whether they choose to participate or not; and establish a Voluntary Assisted Dying Review Board and other mechanisms to ensure compliance with the act.

I respect and acknowledge the views of everyone wholeheartedly—those arguing for and those arguing against. For me, giving this speech on voluntary assisted dying is not just a contribution to a very sensitive topic but in some way helping someone whose need is far greater than mine when it comes to facing death.

I thank everyone who has contacted me and all the people who made submissions to the examination of the bill. I want to especially acknowledge the committee chair, the member for Thuringowa, Aaron Harper, members of the committee across two terms, the committee secretariat and Hansard. Thank you for your hard work in bringing this bill to the House. The time and effort that has been put into the committee process is deeply acknowledged and valued to the highest regard.

Every view and opinion shared with me is important, and I hold the deepest respect for every person with a differing point of view to mine. I want to speak to this bill through my cultural lens. I would like to respectfully acknowledge my ancestors, my family, my culture and community in this very sensitive and difficult debate.

Of course I do not speak for all First Nations people, nor do I speak for all Torres Strait Islanders, but I will share my personal reflections of my cultural traditions that guide individuals and families to cope with the traumatic ordeal of losing a loved one. Torres Strait Islanders are guided through grief and loss by a strong cultural process. These traditions are passed down through countless generations to enable individuals and family the ability to deal with grief and loss and inevitably reconcile with the loss of their loved ones.

The process usually starts when someone reaches the end of life. The whole family—immediate and extended—and community are given notice of the imminent passing of their loved ones. This allows for two things: firstly, it allows the family and community to gather to say their final goodbyes; and

secondly, it provides the grieving family the opportunity to be surrounded by the love and support of their family and community. After the passing of a loved one, families and community congregate for the actual grieving process leading up to the funeral. During this time, the whole community comes together to mourn and provide solace to the grieving family to remind them that they are not alone.

Extended family and community provide moral, emotional, physical and sometimes financial support to assist families to get through difficult times. Some will bring food. Some will tell stories. Some will sing songs to keep good memories of their beloved alive. Often the stories told centre around a person's character, the impact they made and the important role they played in their family and community. Certain people of their family kinship structure automatically step up to fulfil their cultural duties and take full control over funeral arrangements to alleviate the accumulation of stress on the grieving family.

After someone is laid to rest, the grieving process continues for often years after and will only come to an end when the family is finally ready to let go. When this happens, we hold an event called a 'tombstone opening'. This is when the cross is removed from the person's graveside and replaced with a headstone. This is a significant time for the family when they can find peace after the passing of their loved ones. A tombstone opening is a significant cultural event in the Torres Strait calendar when everyone comes together to celebrate a person's life for the final time.


Torres Strait Islanders' connection to their loved ones goes beyond death and allows individuals and families to reconcile with their loss. In this job there have been many sacrifices, and the ability for me to say goodbye in my cultural obligation to my community has not been there. My recent trip to Yam Island in July meant that I could go back and reconcile with loved ones that we have lost in the community. That was my time to say goodbye and to find peace with my emotions and everything that I was going through.

As I reflect on my cultural practices in dealing with grief and loss and listening to the stories shared in this House, the one thing that we all have in common and the one thing that is missing from all of our stories is the voice of the person experiencing terminal illness and their right to choose to die in dignity. I believe this bill gives all of us the ability to reconcile with the traumatic loss of losing someone we love.

The objective of the bill is to establish a legal framework for voluntary assisted dying in Queensland, allowing eligible people who are suffering and dying to choose the timing and circumstances of their death. People with life-limiting conditions deserve choice about how and when they die. Access to high-quality palliative care is a right that all Queenslanders should expect. The Queensland government has committed an additional \$171 million investment to lead reforms in palliative care. This additional investment is dedicated to: delivering better access and equity of access to palliative care services to ensure all Queenslanders can access high-quality palliative care and achieve their goals for care at the end of life through the development of a new palliative and end-of-life care strategy; investing in community-based services; employing sufficient staff; supporting practitioners; and delivering public education and advocacy.

However, for some Queenslanders suffering from a life-limiting condition, palliative care is unable to effectively manage the pain, symptoms or suffering. For people who wish to hasten their death to avoid suffering, the only options currently available are to refuse medical treatment, refuse food or hydration, palliative sedation or suicide. This takes a toll on the person, their loved ones and the health practitioners who are supporting them.

I remember my dear friend Duncan today, as I know this was something he felt very passionate about. During one of our many conversations, he told me how much he was hoping this legislation would be passed sooner. He said that if things got worse he wanted to be given the right to make a choice. I am sorry it did not come sooner, but this is for you, my friend. I commend this bill to the House.

 **Hon. LM LINARD** (Nudgee—ALP) (Minister for Children and Youth Justice and Minister for Multicultural Affairs) (2.19 pm): I rise to make my contribution to the debate on the Voluntary Assisted Dying Bill 2021. It has been a privilege to hear the contributions of others in this chamber, which has often included stories of their experience with the death and dying of significant people in their lives or the stories shared by those they represent. Stories are powerful; lived experience is powerful. Both should be respected.

Earlier this year I put a call out to the people of my electorate to share their stories, thoughts and concerns in preparation for this important debate. Over 500 did. It was not a poll, but a request and an opportunity for my community to have their say. I promised I would read every response, and I did. I sincerely thank everyone who reached out for doing so and for their honesty. It was not easy at times

to read those responses. Many were raw, contained the pain of grief and/or graphic accounts of the journey to death of loved ones. Some shared the journey they themselves are on. Others spoke of fear, still others of hope; some of anger at the debate we are now having, many imploring—but most spoke of compassion. That ultimately is the perspective from which I approach this debate.

One story I was particularly moved by, and that I was given permission to share by his granddaughter, was that of Ian. Ian was a family man, a farmer, and he was in terrible pain with a deteriorating muscle condition. Every Friday he would drive his beloved wife to the hairdresser. He would then pick her up, take her home and make her a cup of tea before heading out to do work on the property. There was nothing different about the Friday when Ian did not come. He collected his wife as usual from the hairdresser, made her a cup of tea, then headed out to the bottom paddock—where he took his life with a shotgun. The family knew he was in pain, possibly even knew the pain could not be managed, but he never complained. They suspect he did not want to burden them. They soon discovered he had paid the bills in advance for a year and ordered his wife's favourite magazine for two. The despair, the thoughts for his family until the last, and the total clarity of mind that these actions belie are deeply moving. This is but one story shared with me.

I would like to own from the outset that I have found this debate challenging. I have reservations about elements of the bill. I feel heavy of heart. In every dying person's journey there is a time when they are told there is no hope of remission or recovery and that life is limited. But while life is limited, dignity should not be. While this is a conscience vote, I remain answerable to the people of my beloved north side community, Nudgee, and it is for them that I now outline my reasons for supporting the passage of this bill. Many Queenslanders have a story that has informed their position on this important debate. I shared just one earlier. Like many others I have experienced the loss of family and friends, but it is without doubt the loss of my parents that has indelibly informed my position on this debate, so I share a small part of that journey now.

When I was 18, my father was diagnosed with an aggressive brain tumour and given 12 months to live. He lived for 13 months. He had a brilliant mind. He had been an aeronautical engineer and pilot in the RAAF. Almost overnight he went from flying and building aircraft to having difficulty reading and dialling a phone number. Cancer stole much from him, but his death was what they call a good death. He remained at home until a few months before his death, when he was moved to a private hospice. It was a beautiful place on a lake with total privacy for our family and amazing staff. His pain was well managed, and he slipped away in his sleep as I held his hand at the age of 50. This is the death I would wish for.

Six months after my father died, at 46 my mother was diagnosed with advanced ovarian cancer and given three years to live. In the end we had eight precious years and she died at the age of 53. Her journey was very different. She had quality years despite the roller-coaster of endless chemotherapy, blood tests and hospital admissions. CA125 counts became what we lived by. She was admitted to the Wesley Hospital palliative care ward three months before her death. I cannot speak highly enough of her treating doctor and all of the staff on that ward. Her death came slowly. The cancer was pervasive and strangling her internal organs, but her body was young and her will to live tremendously strong. She feared suffering—a universal fear, I think—and she did suffer. I will not go into the details of those last few weeks and days—it is not necessary and it would not be honouring to her or kind to all of you—other than to say that they were some of the most traumatic of my life. But she brought me into this world, and I would never have been anywhere but there holding her hand as she left it.

One of the arguments against legalising voluntary assisted dying is that there is no pain that cannot be managed with palliative care. I respect those views, but I have lived experience of the opposite. So do many of my constituents, who shared heartbreaking stories of loved ones who died in pain and desperation. The AMA itself recognises that there are some instances where it is difficult to achieve satisfactory relief of suffering. How long will we continue to overlook that suffering?

Much has rightly been said during this debate about palliative care. I take this opportunity to acknowledge the increase in investment by our government, but I also take this opportunity to say that more is needed and we must answer that call. It is equally a question of providing dignity.

Some in my community have raised faith or religious based concerns with regard to legalising voluntary assisted dying and institutional conscientious objection. The Nudgee electorate has a long and strong connection to the Catholic community. Many have reached out to me, including the Sisters of Mercy, the Nudgee seminary, the Australian Catholic University and the Sisters of Saint Joseph at Nundah, as have ministers from other denominations, to voice their concerns; others of faith to voice their support. I thank them for doing so and for their honesty. I will always listen and think deeply on their representations, both as their state member and as a person of deep faith myself. The element of

this debate I have struggled most with is the idea of voluntarily ending a life. Both of my parents fought so hard to live; we fought so hard to keep them. For some time I could not see a clear way forward with regard to my position on these reforms.

At a meeting here in parliament earlier this year I posed the same struggle to professors Ben White and Lindy Willmott of the Australian Centre for Health Law Research at QUT. I know them from chairing past health inquiries and I respect them both tremendously. In response to my question Ben said something so simple yet profound for me in my journey: 'It isn't a choice of life or death. That choice has already been taken away. It's a choice of what sort of death they will experience.' I came directly from that meeting to the chamber just in time to see Duncan Pegg rise to his feet and deliver that extraordinary valedictory speech where he echoed the words of my parents and so many of my constituents in the stories they shared: they had fought every day to live.

For me the decision was made, and is one entirely based, on compassion. Though vexed, if a decision is required to be made between the two, compassion for the individual must always be held in higher regard than the rights of an institution. The absolute majority of constituents who contacted me were unequivocal in their support for this legislation. I honour their calls today. It is with a heavy heart that I know I will also disappoint others, including some who are very dear to me, but politics is about having the difficult conversations and making difficult choices in the service of others.

I would like to thank Duncan Pegg, professors Ben White and Lindy Willmott, Andrew Denton, the members for McConnel and Bulimba, and my wonderful husband Ian for the support, clarity, kindness, information and advice they have offered me on the journey to today. Whether I was struggling with a legal concept, a values question or the toll that robust lobbying can take, all have at various times made my journey easier. For Ian, that is every day, always. I would also like to thank the Premier for affording our caucus a conscience vote on this bill and to acknowledge the way that she protects the integrity of such votes. Equally, I would like to thank the Deputy Premier, who always makes time to listen and is always genuine in his response to issues raised.

I would like to acknowledge the work of all members of the health committee, chaired by the member for Thuringowa both in this term and last term, on this debate. They provided all Queenslanders with the opportunity to have a say and dedicated countless hours to public hearings. It could not have been easy. I thank them for their service to this parliament and this debate. Difficult conversations can be triggering and these sorts of debates take a toll. I hope that everyone in this House is supported. It can make such a difference to reach out even to just one colleague you are close to and say, 'Are you okay?' We are all human, and if this debate has taught us anything it is that the human condition is fragile.

I do not know if either of my parents would have considered voluntary assisted dying, but I believe they would have wanted the choice. People deserve to live and be treated with dignity; equally, people deserve to die with dignity, free from pain and with choice. I support the bill before the House.



Mr DAMETTO (Hinchinbrook—KAP) (2.28 pm): I rise to give one of the most difficult speeches I will have to deliver in this place. This is an emotionally fuelled debate. It has gone on forever and a day but only a couple of days in this House. The legislation before us today has gone through a lengthy committee process and there has been an opportunity for people to have their thoughts heard.

From the outset I will be standing in this place beside my fellow KAP members opposing this legislation for a number of reasons. This is a conscience vote. Unfortunately, there has been pressure from all sorts of places, whether lobby groups or people from the other side of the House, pushing members in different directions, trying to say they should be voting for their electorate. Part of the conscience vote is not only voting in favour of what your electorate wants but also what you have to live with.

This has been a difficult decision for me. If anybody in this House thinks it was easy for me to arrive at this position of voting against this legislation, they need to reconsider their thoughts. The thought of euthanasia is something that I have been toying over in my mind since I was just a young person. The first time I ever heard of this concept—and members in the House might have a bit of a giggle about this—was in a silly, American sitcom show called *Dinosaurs*.

Ms Pugh: I remember that.

Mr DAMETTO: You remember that show as a child. It ran in the 1990s from 1991 to 1994. There was one episode called Hurling Day that made my mind wonder what this was all about. When dinosaurs got to the age of 73, one of their family members would take them down to the tar pit and throw them away, toss them away, because they no longer had anything great to add to society. That was horrendous to see as a child. Fortunately, that episode was about changing the mindset of people—or dinosaurs, in that case.

After that, I went through my mid-teen years and lost my grandfather on my father's side, my nonno, to prostate cancer. Anyone who has seen anyone go through that stage knows this. I saw a man who went from being probably the strongest person in my life all the way through to someone who was just reduced to lying in a hospital bed. All the way through the palliative care process, my grandmother and his faith were by his side. As most people would be aware, when you go through the palliative care scenario, eventually they up your medication until you pass on. I found this out afterwards after understanding palliative care. I had many debates with my grandmother, my nonna, on the subject, asking: what is the difference between euthanasia and that process of palliative care? We had heated debates over that, and I will get to that in a second.

A problem that I have with the bill is the inability for conscientious objection by some of the faith based organisations that run the hospitals and nursing homes across Queensland. These organisations have been built on thousands of years of value sets to a point where they believe that the sanctity of life should be upheld at all costs. The point is that people should be able to choose what is said and done on their property, and I think this is a gross erosion of property rights.

I am also deeply concerned about what will be written on the finalisation of death certificates. Unfortunately, accessing voluntary assisted dying can be hidden in this process—hidden from family members, hidden from people who may want to know how their loved one passed. I think the member for Burdekin mentioned this in his speech—the concern about people who will access voluntary assisted dying who have no-one by their side. This goes to my next point.

Coercive control is happening out there in the public in Queensland. I know that the government side of the House is going through a process of putting a report together and eventually legislation to try to stop coercive control in Queensland. This is going to be very difficult. There are a number of things that upset me and concern me about the legislation, and one is the ability for elder abuse through VAD.

I have taken the opportunity to walk through some of the pros and cons with some of my constituents. I have met and spoken over the phone with constituents who are for this legislation. We had an open adult discussion about why I am voting this way and why they believe I should have been voting a certain way. One person even asked why I am not going to abstain. I said that, although I understand why people would abstain, I am paid by the Legislative Assembly to be here and put my name on one side of the ledger or the other. I will be sticking with my morals on this.

There is a problem with coercive control and elder abuse in this state. I have had a number of people contact my office to make complaints against family members who are withholding medication, withholding food or withholding financial means. This is terrible to hear but it is true and raw. There are family members out there who are more interested in making sure their mum and dad pass away quickly so they can inherit their money before the inheritance is whittled away. They care more about that than they care about their parents or loved ones—well, I should just say 'parents' because they are not really a loved one in that case. That is disturbing. I do not think there is enough protection in this current legislation for those people.


I am also concerned that the knowledge of the patient's current medical condition and their mental stability is not taken into consideration here. There should be a requirement for them to see a psychologist. There should be an opportunity for the practising doctor or specialist to have heavy input into this decision-making, but it is not happening. How many people have found out they have terminal cancer and someone has tapped them on the shoulder and told them they have 12 months to live but then they go through the right course of medication and treatment and find they have another five years up their sleeve? This happens all the time.

Not one person in this House today has said that they are for seeing people suffer. That is why we moved the motion yesterday to make sure this bill would be stopped until \$275 million per year of extra palliative care was delivered to this state. This would ensure that people in Boulia, Doomadgee, Ingham, Charters Towers and Mackay have the same palliative care opportunities as those in Brisbane. Those regional areas are the kinds of places that are screaming out for more funding.

I want to get back to what I was saying earlier about my longstanding debate with my grandmother as a younger Nick Dametto around the difference between euthanasia and palliative care and winding up the medication. One thing that came to mind was a discussion I had with a doctor from Victoria. He talked to us last year about this legislation and what has happened in the medical fraternity and how it has split it down the middle in Victoria. I asked him to explain a bit more about this process of palliative care. He said that one thing that is available right now and the reason we do not need voluntary assisted dying or medication to end someone's life is the doctrine of double effect. There is a big difference in the medical fraternity between turning someone's medication up to a point where they are no longer in pain, and the double effect is passing away, to actually administering a drug or

medication that kills somebody. For someone who has gone through the process and taken the Hippocratic oath, that is a true thing for them. They have been trained and they have taken an oath to preserve life at all costs.

Today I will stand in this House and vote against this legislation—with those doctors, with my faith, with my fellow KAP members and with anyone else who wants to stand with us. One comment that was made this week was that this is above religion. For some people, religion and their faith is above anything else.

 **Hon. G GRACE** (McConnel—ALP) (Minister for Education, Minister for Industrial Relations and Minister for Racing) (2.38 pm): I rise to support the Voluntary Assisted Dying Bill. This is an historic moment. We went to the 2020 election with a commitment to introduce the Voluntary Assisted Dying Bill during this term of government. This has been after extensive consultation. No-one can say that three years is a short time. There were thousands of submissions, thousands of discussions and two parliamentary inquiries chaired eminently by the member for Thuringowa and attended by the rest of the parliamentary committee in this House. I thank them from the bottom of my heart for the work they have done. They did an exceptional job. I know that the member for Thuringowa and all of those committee members are very proud of the work they did. After all of that, I am very happy that we could actually debate this bill this week. I did not respect the position where some members attempted to put this bill aside so that we did not have this debate. Too many people in my electorate have been waiting for this bill to be debated.

I want to now turn to thanking my electorate. It is often quoted that 80 per cent of people would support voluntary assisted dying laws, and I think my electorate is well and truly above the 80 per cent mark. It is a very progressive electorate. I remember in the marriage equality debate I think we had the highest return of a yes vote in Australia. I am truly representing an electorate that is very much in support. However, there are some people who are not. I have reached out to my electorate and I want to thank those who came to my office to speak to me on both sides of the fence. Many more were in support than the very few who were opposed. I want to respect all the views in my electorate.

I came out very early in support of the bill, like the member for Bulimba and the member for Nudgee, two very good friends of mine. I welcomed and respected their input and I thank them. Having looked at the Law Reform Commission report, the reports from the Health and Environment Committee and the discussions we had openly with each other, I saw that the bill provided what I needed to be able to vote for it. Let me touch on a few of those things.

The object of the bill is about options and choice. This is not mandatory. This is about options and choice for people who have to make a significant decision. There is a lawful process. I believe there are adequate safeguards, there are legal protections and there will be a Voluntary Assisted Dying Review Board established as policy objectives in the legislation. I believe the safeguards are there in the bill, and I think the Law Reform Commission report and the two reports of the parliamentary committee went through that extensively. To tinker with their reasoning after the way they looked at all the arguments for and against, the argument that they made—if honourable members read that report they will find it is comprehensive. I will not support amendments that tinker with that reasoning and the manner in which they landed on the legislation and the bill before the House.

There are unintended consequences in the proposed amendments. They have not been tested in the public domain. I have not had the opportunity to talk to my constituents about them. I will not be supporting those amendments. I do not believe it is right that, after the full debate on those amendments and how the public and all those thousands of people submitted and put their views on the current legislation, we now say we are going to change it in this way without those thousands of people having an ability to say something about that. I think that is wrong and I will not be supporting the amendments.

When it comes to safeguards, the bill contains strict eligibility criteria. It protects vulnerable persons from coercion and exploitation. It provides legal protection whether people choose to participate or not. There are legal protections for both sides. As I said, there is a review board that will be looking at this closely.

The big issue that keeps coming through in this House is palliative care. I cannot even count the number of times the parliamentary committee reports and the Law Reform Commission report mentions the need for palliative care. It is embedded right throughout the report. They say it is a very important part of the bill and of the legislation going forward. However, I do agree with the report from the Health and Environment Committee that palliative care cannot resolve all suffering. I witnessed members of my family who were gasping and moaning the whole time they lay in their bed to the point where family members were begging the nurses to give them more morphine because we could not stand the moaning while they were laying in their deathbed. That is called palliative sedation.

At the end of the day they were completely out. This was experienced by my brother-in-law, my mother and the one I regret the most was my dad. He died on Anzac Day. I had been out doing my Anzac stuff. My sisters had the first shift. He had a really bad night and he was in a lot of pain that day. He had prostate cancer and it went through his body. He was very, very sick. I had not been there that morning to see him. I took the afternoon shift; I took work. He had a very bad night and when I arrived he was sleeping peacefully. What we did not know is that he had been palliatively sedated. My other two sisters arrived at about five o'clock in the afternoon. He moved a bit and he was groaning. When they arrived we were talking about waking him up for him to be fed. We watched him and at 20 past five he just stopped breathing and we had not had the chance to say what we wanted to say that morning before he was palliatively sedated.

It is not the answer for everything. I do not know whether my mum and dad would ever have chosen voluntary assisted dying. I do not know. I always take the words of Penny Tovey, the wife of Peter Simpson, the former secretary of the Electrical Trades Union. She is quoted in the report. She said—

'Dying is hard enough, don't make it any harder'. That was certainly true of Peter's experience. Please keep this sentiment in mind as you consider this bill.

Penny, can I say I will and I have.


They were very hard times. I have seen this. People make choices about their health every day, whether they take cancer treatment or not. My aunt in Sicily had a lump on her breast. When I went and saw her in Sicily years ago my Aunty Paola said to me, 'I will never get the operation to remove that lump from my breast.' She died of breast cancer, but that was a choice and we make choices every day. People make advance care directives not to be revived. We make these choices every day which can all result in death, whether we speed it up or prolong it. These choices are what human beings make every single day. To say that we do not is incorrect because we do.

I hope that when this bill becomes legislation my family and I never have to use it. I hope we never have to use voluntary assisted dying, but let me tell honourable members I will fight for their right to have the option and the choice to do so should they face death in the future and want to use this legislation. I am hoping they never do.

I want to pay tribute to Duncan Pegg. I saw him during his last few days along with the member for Nudgee. Duncan once again asked that we support voluntary assisted dying for him. He was weak; he was withering away. I had never seen anyone so jaundiced. I know that he was very keen for us to do this.

I believe that the protections in the voluntary assisted dying laws ensure that there will not be one more extra death but there will be a lot less suffering. That is what we want to achieve by the passing of this legislation. This one is for Duncan. This one is for the memory of my family and what they went through. I want to thank the Premier and the Deputy Premier. Is it not a mighty Labor Party that gives a true conscience vote free from any interference, free from anything but the respect we have for one another?

I thank all my ministerial colleagues and my caucus colleagues, particularly the member for Nudgee and the member for Bulimba, who helped me through a lot of this. It is truly a strength that we can come together and respect each other's view as we have done in this House. I thank everyone for the respectful nature of this debate. I can understand why people struggle with it. It is a difficult topic. But at the same time, I think that giving people that option and choice in some of the darkest days of their life is something that I will not deny them. I commend the bill to the House.

 **Mrs McMAHON** (Macalister—ALP) (2.48 pm): I rise to support the Voluntary Assisted Dying Bill 2021. Before I give my contribution, I acknowledge the stories already told by members of this House in relation to their personal experiences of family and friends who have died in such heartbreaking circumstances. I, too, would like to acknowledge the journey of Simmo and Penny, which was so eloquently outlined yesterday by the member for Kurwongbah. I pay special mention to the former member for Stretton who we all deeply feel the loss of.

For me, in approaching this debate, I say from the outset that I do not come from a position of personal experience. I am one of the fortunate ones who still has my parents and most of my grandparents. I do not have the lived experience of a loved one diagnosed with a terminal or debilitating illness. However, that does not mean that I have lived a life free from death and suffering. To the contrary, I have been surrounded by more death and familial devastation than anyone ought to ever experience and maintain a healthy outlook on life. Certainly it has shaped my very pragmatic approach to life and death.

I have borne witness to all sorts of bodily trauma and death. I would like to say that most of it does wash over you, but there is always a place reserved deep in my mind for those who sought to end their life after receiving a terminal diagnosis. I did not get called to those who chose to die on their own terms by refusing medication or sustenance. Deaths in hospitals and deaths in care were not my remit. I would go to the most traumatic and the most harrowing.

The image that is burned into my mind is from well over 20 years ago—an elderly gentleman who, following his diagnosis, saw no other option but to jump from the window of the bedroom he now occupied at his daughter's house. It was not so much that he would be a burden to his daughter and her own young family but that he could not stand the indignity of what lay ahead of him in front of his children. His family were devastated. The scene was gruesome, to say the least. They were prepared for a long and painful journey they thought would ultimately be his death. What they were not prepared for was a man determined to go on his own terms. The choice that was left for him was devastating for them.

With the paramedics long gone, the undertaker gone and my partner taking the necessary particulars to lodge the body, I was left to do my best to clean the scene before the kids arrived home from school. This is not necessarily something that is in a police officer's job description, but no family should have to clear the remnants of their relative from their driveway. It was all I could do at the time to lessen the trauma that this family were now dealing with. I cannot recall exactly the ailment that this gentleman had, but I do know that when we lodged him and submitted the cause of death certificate it said 'suicide'. This is not unique. Several speakers have already mentioned the statistics on those who opt to end their lives early after a diagnosis, and many submissions from the committee were from first responders who told similar stories.

This one job has stayed with me—this experience and those visuals. That family does not live there anymore. Could you imagine remaining in that house? I am reminded of this job every single day—this house, this driveway. I drive past it every day on the way to my kids' school. I drive past it thinking, 'What is it that went through that man's head when he made that decision? It certainly was not an easy task for him physically to climb out that window. Did he know how his actions would impact his family? When he made the decision, what other options could have been available to him? What if he had had a choice?' That is what this bill is about: choice. I would like to think that if this VAD framework had been in place, the death of a terminally ill loved one might not have been avoided but certainly the trauma around his death could have been.

It has been said many times that the subject of this debate is a deeply personal issue and people from all sides hold strong views, and I respect that. I am happy to admit that I approach this issue with a very open mind, albeit one that comes from a position of supporting personal choice and agency. I do not stand here subscribing to a particular dogma which will dictate or colour my views or stance on this bill or the issue more broadly. The only approach that I have is a pragmatic one and, obviously, mostly from a policing perspective. It involved the safeguards. I raised these particular issues when I first met with the Clem Jones Foundation a few years back.


I am happy to outline to the House that my initial concerns were twofold: firstly, around the possession and storage of a lethal drug in a domestic setting; and, secondly, the vulnerability of terminally ill patients to elder abuse, particularly when there are assets and wealth to be passed on. I have a wealth of experience working in the vulnerable persons unit and with the elder abuse staff there. Having gone through the QLRC report and the subsequent bill in front of us, I am content with the safeguards in place—firstly, with respect to part 4, division 3 and, secondly, by the specific eligibility criteria around the terms 'voluntary' and 'without coercion', not only at all stages of the request but also to be contained within practitioner guidelines and training as well as the safeguards mentioned in clause 21. With these somewhat pragmatic but no less essential concerns allayed, I do feel comfortable in supporting this bill and supporting it without amendment.

Like other members, I have consulted my electorate. I know the statistics on the support in my electorate and throughout Queensland. I was contacted by hundreds of people in my electorate. Just last Friday, on the eve of this debate, I had another community forum. I have had two in the past two years—one when the committee first submitted its report last term and one since the legislation was introduced to parliament. Over 80 per cent in attendance were in support of this bill. In fact, the most common comment I got was that this bill was too long in coming and that they wished it had been in place earlier, as they told me their stories. This is not a kneejerk reaction to lobbying, as some others would have indicated. I have confidence in the journey that this piece of legislation has taken: two parliamentary inquiries and a QLRC review. This is not kneejerk or flawed legislation. This legislation has drawn on the experience of every other relevant jurisdiction. This will likely be the most considered

piece of legislation that this parliament has ever considered and in the country. I am so sorry for those for whom this legislation has come and will come too late and I am sorry for those who live with the trauma left behind by those who felt they had no choice, but we can change that now.

I will make some comments in relation to issues raised in the debate so far. I do not see this as a zero sum game. I do not see this as a palliative care versus voluntary assisted dying issue. If for a moment I thought the most well funded and resourced palliative care system in the world could take away suffering and pain, maybe I would think differently and I would have half a mind to join your cause, but since it cannot and it never will why can't we do both?

Finally, I would like to touch on some comments made in the QLRC report and by others who have spoken about the data and statistics around people who are prescribed the substance but then never take it. In doing so, I would like to reflect on the Deputy Premier's words about the human need for the concept of control. I cannot say for sure, but I would imagine that receiving the news of a terminal diagnosis would very much be accompanied by an absolute feeling of loss of control. As humans, we seek comfort in being able to control our environment and circumstances. To be able to decide the time and place of a certain death is an amazing amount of control for anyone to possess. The QLRC's comment, that simply having the substance available and in their control can reduce suffering, is an amazing insight into the human condition—the need for some semblance of control and the peace that that can bring when at the last you actually have a choice. That is what this bill is ultimately about: choice. I commend the bill to the House.

 **Mr PURDIE** (Ninderry—LNP) (2.57 pm): I rise to speak on the Voluntary Assisted Dying Bill 2021 and to thank the Health and Environment Committee for their deliberations and consideration of the many emotional and at times heart-wrenching submissions from 6,000 people and organisations who provided input. The very existence of this bill reflects a seismic shift in the way we prepare for and face our mortality, the treatment of terminal patients, our personal rights and freedoms. Our views on death and dying are formed early in accordance with our moral compass and are later greatly influenced by our experience of watching a loved one's journey to death which may involve lengthy periods of suffering or, for others more fortunate, a relatively swift end to an inevitable journey.

For some of us due to our upbringing, or for those who have sworn an oath to protect and serve, helplessly watching people needlessly suffer feels incongruous to love and compassion and duty of care. Indeed, it feels criminal to witness a death and not intervene. In its simplest terms, the bill seeks to remove the moral components of this feeling and create the legal components to observe or take part in another person's death. On the basis that we are living longer because of medicine, if an individual no longer has access to life-saving medicine, should they have access to life-ending medicine and, if so, what does that look like? The premise of this bill is that the latter option in some circumstances is more humane and that ending our suffering at a time of our choosing is our fundamental right.

Over the past six years in Australia the dying with dignity movement has gained traction, effectively and convincingly challenging the data that has come from other jurisdictions post VAD laws being introduced with anecdotal evidence. Victoria, Tasmania and Western Australia have passed VAD laws. Around the world the movement to legally give an individual the power to end their own life began as early as 1997 in Oregon, USA. Belgium and the Netherlands enacted euthanasia laws in 2002 and Canada in 2016. Although anecdotal evidence is valuable, it is reasonable to review data from other jurisdictions and consider and address any lessons in the drafting of this bill.

The human condition is complex and pain and suffering are inevitable. Life-changing scientific breakthroughs have taught western cultures to expect miracle medicine, the miracle of palliative care and now the miracle of painless death. There are no debates more polarising than beginning and end of life. Palliative Care Queensland said that a person's choice to explore VAD should never be based on a lack of access to palliative care. In addition, just two per cent of dying patients will access VAD yet almost 100 per cent will require palliative care in some form. Many would argue that, due to a lack of public funding, terminally ill Queenslanders have not had fair and equitable access to these services, giving rise to the demand for a legal, lethal alternative.

At the same time as announcing the VAD scheme for Queensland, the Premier committed to boosting sector funding by \$170 million over six years or \$28 million each year. This was not before VAD; this was at the same time, which begs the question: if VAD is a last resort, then why has it been offered to Queenslanders before the frontline service is fully operational and accessible? Palliative Care Queensland has calculated the sector's true need to be \$275 million per annum, \$247 million more than the government would have you believe.

The genesis of this bill is worth understanding as it relates to why VAD is being considered in Queensland before an adequate palliative care service has been delivered. On 14 November 2018 the Legislative Assembly referred an inquiry into aged care, end of life, palliative care and VAD to the health committee. The committee reported 15 months later on 31 March 2020. Among other findings, it found that some Queenslanders experienced profound suffering as they die, in part due to the challenges of accessing palliative care. It also highlighted the results of opinion polls that VAD is supported by the majority of Australians. Conversely, of the 5,672 submissions received by the committee, 51 per cent were opposed to the bill.


The committee made 21 recommendations which were passed on to the QLRC to draft VAD legislation. Included in the terms of reference was that the provision of compassionate, high-quality and accessible palliative care for persons at the end of their life was a fundamental right for the Queensland community. In spite of this, it was decided to separate the aged-care, end-of-life and palliative care reports and prioritise VAD. Surely a combined assessment would make more sense. It could be argued that the separation of the reports and the prioritisation of this bill over the other changes that would have improved the palliative care system could be read that the government is prioritising VAD over palliative care. I am sure Queenslanders would agree that VAD must be a last resort.

An AMA survey of some 1,250 doctors revealed 98 per cent believed that they should be able to offer palliative care options before VAD yet, as has been highlighted earlier in this debate, Queenslanders will have access to VAD nine months before they can access palliative care. It is worth noting that in a recent survey I conducted in my electorate of Ninderry, although the concept of VAD was generally supported, 100 per cent of respondents wanted improvements and better access to palliative care. As always, the details of the bill are what we as parliamentarians must ultimately vote on. It is as much about what is left out as what is left in. We do not vote on a motion; we must vote on whether the bill will operationally protect Queenslanders from harm and protect their human rights.

So who is eligible to access VAD? A person must have an eligible disease, illness or medical condition that is advanced, progressive and will cause death. In the bill a specialist is not required to sign off on this, just two doctors, not necessarily involved in the patient's usual care, and the experience of the doctors is not in question. A person must have decision-making capacity. Voluntary assisted dying requests must be made voluntarily without coercion. Examples from other jurisdictions show this is extremely difficult to ensure. Elder abuse is an obvious area of concern and something that this government has invested heavily in to try and stamp out. Communication errors are of paramount concern. Data from Belgium reveals that one in six who have been euthanised did not expressly request it. It is well documented in the committee report that the support for VAD expressed by some patients comes from a place of burden that they wish to remove from their family. In Oregon, 59 per cent cited a feeling of burden as a factor to access VAD. We must be careful as we face the challenges of an ageing population that we do not create a culture where our elderly and sick feel they are not wanted.

The lack of provision for faith based hospitals and nursing homes to refuse a doctor approved to administer life-ending drugs is unique to Queensland law. In fact, it comes with a seven-year jail sentence. Not surprisingly, the sector does not support the bill. A medical practitioner is able to initiate a discussion about euthanasia providing that, if at the same time, they inform the patient of the treatment options available. The Australian Christian Lobby said that doctors and nurses are trusted authority figures in a vulnerable person's life. Is it ethical for them to discuss VAD and how much influence will that have on the patient's decision? Data from Victoria as to the reason for a person's request for VAD reveals that few cases relate to actual physical suffering and most cases relate to existential issues such as feelings of burden, loss and the ability to participate in enjoyable situations.

I share the Premier's concerns around the ability for faith based institutions that have a conscientious objection and I support those amendments being moved by the member for Toowoomba South. These sensible amendments will close definitional gaps, require specialist medical involvement, prohibit coercion, secure conscientious objection and enhance reporting measures, including annual reporting on palliative care spending. Queenslanders deserve the best legislation possible and I submit that the amendments tabled by the member for Toowoomba South improve safeguards and generally enhance the bill. In closing, people should have a right to choose. Currently, particularly in areas outside Brisbane like my electorate of Ninderry, there is no legitimate choice as palliative care is often not an easily accessible option. As it stands, I do not believe that this is the best possible legislation available and I will therefore not be supporting the bill.

 **Hon. LM ENOCH** (Algerie—ALP) (Minister for Communities and Housing, Minister for Digital Economy and Minister for the Arts) (3.06 pm): I rise to contribute to the Voluntary Assisted Dying Bill. I want to start by acknowledging the huge amount of work and personal sacrifice made by the members of the health committee from all sides of politics, in particular the member for Thuringowa who has

remain dignified, compassionate and dedicated in his role as chairperson. I know that the kinds of stories that we have been hearing just in this last 24 hours have been multiplied by hundreds for those committee members and I am sure that that has taken a toll personally. I want to acknowledge all of that and acknowledge the chairperson, the member for Thuringowa, for all of his work. I also acknowledge the leadership of the Premier and the Deputy Premier.

At this point in the debate it is important to reflect on the contributions of so many in this House. The courage it takes to share very personal stories of loved ones and the respect it takes to share the stories of others should be recognised. It is the lived experiences of my family and friends and the lived experiences of people from across my electorate who have shared their stories so freely with me that have collectively informed my decision to support this legislation. I know that there will remain differences of opinion, but I am so proud of the respectful way that we have all discussed this very personal and very confronting issue.

I come from what some would regard a very large family. My dad was one of 15, I have more than 40 first cousins and an extended family that numbers in the hundreds. My family knows death very well and we know it in all its forms—slow and painful death; short, sharp and unexpected death; murder; suicide. Our lived experience is vast and culturally it is a lived experience that is shared. When one hurts, we all hurt. When one is in pain, we all feel that pain. When I was a child I thought my dad was the strongest man on earth. He had muscles on his muscles. He worked incredibly hard six days a week driving bulldozers and other heavy machinery in quarries and mines around South-East Queensland for over 40 years.

He had excitedly planned to retire on his 65th birthday. That is all he talked about. In his eyes a man, a Quandamooka man who was not even counted as a citizen of this country even though his family had lived here for thousands of generations, reaching retirement age was a massive achievement, something that he wanted to boast about to everybody who would listen to him. Exactly two weeks before his birthday my dad was diagnosed with advanced lung cancer. It was unfair. It was a destruction of his dream and all that he had worked for. He had worked so hard for more than 40 years thinking that one day he would retire and then that day would be the day where he could relax and enjoy his life with his family.


He fought every day for the next 10 months to stay with us, but it steadily took him away. He became weaker and weaker as he wasted away right in front of us. I do not think I will ever be able to erase that image of the blank stare he had in those last days. It was a look of resignation and a mask of sadness I had never seen him wear so publicly before. Our whole family felt the pain of losing him. We had the ability to care for him at home. He was not in excruciating pain. My mum was with him in those very last moments. That is not the experience of so many others in my family and from across the community that I represent where hospitalisation is unavoidable and choice is dramatically diminished. I cannot even imagine how my father would have coped if he did not have the choice of being at home when he passed. He regularly begged to not go to hospital, even when he probably should have. He did not want to die there. He did not want to spend his last weeks and days away from his family and in a place that was not of him.

I have spoken to my mum and other family members many times since Dad's passing. We have pondered how Dad could have coped if extreme intolerable pain was part of his journey. We thank God every day that he did not have to endure that kind of physical pain, but reflect on his constant laboured breathing and the weak state that he was in towards the end—such a difference from my childhood images. I do not know if he would have pursued voluntary assisted dying if the pain was intolerable, although I have a feeling he would have, but I know 100 per cent that he would have wanted the choice. This legislation provides choice.

This bill seeks to provide eligible people who are suffering and dying with the choice of requesting medical assistance to end their lives. Importantly, the bill will ensure that the process is accessed only by persons who are assessed to be eligible; protect vulnerable persons from coercion and exploitation; provide legal protection for health practitioners whether they choose to participate or not; and establish a Voluntary Assisted Dying Review Board and other mechanisms to ensure compliance with the act. It is these safeguards and protections that make this a responsible bill. Consistent with the Queensland Law Reform Commission's recommendations, the bill provides that to be eligible to access voluntary assisted dying the person must be diagnosed with a disease, illness or medical condition that is advanced, progressive and will cause death within 12 months and is causing suffering that the person considers to be intolerable. The person must also have decision-making capacity in relation to voluntary assisted dying and be acting voluntarily and without coercion. They must be at least 18 years of age

and meet Australian citizen and Queensland residency requirements; however, I note that residency exemptions may apply where the person has a substantial connection to Queensland and there are compassionate grounds for granting an exemption.

With the inclusion of these provisions, the bill balances the need to protect vulnerable people with the rights of a person who meets the eligibility criteria to access a lawful end-of-life option should they choose to do so. Ultimately this bill speaks to values and our ability to see the world through the experiences of others. The stories of so many and their courage to share them is at the heart of this legislation. The valuing of those brave voices forms the compelling reason to see the legislation passed. I reflect on my family and my lived experiences. I reflect on my culture as an Aboriginal woman and my relationship to death and the spirit world. I reflect on my family's contributions in conversations that I have had with them and the cultural practices that we undertake every day. I reflect on the member for Cook's contribution as a Torres Strait Islander woman. These are hard conversations. These are hard decisions for families and for individuals, but choice is at the heart of this and that is why I support this bill. I commend the bill to the House.

 **Mr KELLY** (Greenslopes—ALP) (3.14 pm): 'I want to die.' 'I want all this to end.' 'I can't take it anymore.' 'Please just let me go.' These are the words I have been hearing from people I have cared for as a nurse since I started my career just a few days after my 18th birthday. These words invoke a natural reaction to care more for the person, to explore why they are feeling that way, to see if there is more I can do. I became a nurse to care for people, to make people healthier and to make the world a better place. Since I first heard these words and cared for a dying patient just weeks after my 18th birthday, I continue to have a natural reaction to explore a person's feelings. Now I believe I have a professional and ethical obligation to do so. I also believe I have the capacity to help people.

Under this legislation if those words are uttered to me in the form of a request for voluntary assisted dying I have only one option: to refer the patient on. If I follow my ethical and professional obligations, if I follow my natural human and compassionate instincts, if I attempt to use my skills and knowledge I have gained over three decades of nursing, under this bill I could stand accused of attempting to coerce a patient into or out of VAD and this carries a significant penalty.

I have spent years working at the Royal Brisbane and Women's Hospital rehabilitation unit, often caring for people who have experienced the most horrific trauma. That unit was just a kilometre from the main hospital campus, but we were often without medical cover and there was certainly no nurse practitioner and no palliative care on-call team. There were many times when a patient wanted to die. Probably one of the most distressing situations I have experienced is to be alone in the middle of the night with a patient in deep existential crisis. You cannot call for backup. You cannot call a team in. There is nothing acute to fix. You have to dig deep and provide comfort and care.

I can see that in that situation you might want to discuss a range of options, including VAD, with a patient in this situation. Imagine my mum in a nursing home in Coolumb. Even with Parkinson's disease slowly robbing her of her voice, Mum likes a good yarn. Imagine she asked the Saturday afternoon nurse about VAD and the nurse explores that with my mum; not necessarily because the nurse supports VAD, but because they know there will be no doctor for days and certainly no palliative care available without a complex referral process that will take time. That nurse, like me, would feel an ethical and professional obligation to provide Mum with a full range of options. Unfortunately, under this legislation that nurse is exposed to an allegation of coercing a patient into VAD and that carries a significant legal risk that could end a career.

It is rare that I agree with the member for Mudgeeraba, but the member is right: this issue and this bill presents a real conundrum for nurses. The member is also right that it is an absolute privilege to care for people who are dying. You care for the person up to and beyond the point of death. You care for their family and you care for their friends. I have cared for people who have experienced death in so many different forms.

This debate has been difficult and I thank all those who have shared their personal stories. I have lived my own personal stories: my nanna, my father, my father-in-law and I am living it every day with my mother. Nearly every story I have heard in this chamber and in the community has taken me to a place and a time when I had to care for someone in a very similar situation. I have nothing but the deepest sympathy for people who have experienced difficult death. I have seen good death and I have seen bad death. I have also seen good life and I have seen what I hesitate to call bad life—let us just call it difficult and challenging life.

Many of the most distressing situations I have had to deal with, situations where I hoped death would release the person under my care, would not meet the criteria under this bill for VAD. It is my strong professional view, based on years of experience, education, research, numerous conversations

over 33 years with nurses, doctors and other healthcare professionals in real life-and-death situations and many conversations with patients, families, friends and constituents, that we can provide dignified death when we provide good palliative care. Other nurses and healthcare professionals will form a different view. I know that. I respect that. Professionals disagree all the time.

One of the last patients I cared for died in a four-bed bay separated from the three other patients by a curtain. That is much better than it was 30 years ago when I would care for people in a 20-bed bay with just a thin curtain to provide dignity. Everyone hears the noises, smells the smells and perceives the grief. Many times I emerged from behind that curtain to have a patient or relative ask me what is going on and I cannot tell them.

In that instance, that went on for two days. There was little privacy for the family and no space to allow for proper religious or cultural activities. We provided the best care we possibly could. We were all experienced nurses with hundreds of years of combined experience, but certainly there was no qualified palliative care nurse. Every patient and visitor who saw that death from outside the curtain may have formed a negative view of death. The family members inside the curtain may have had similar views about death, but I hope we helped them. I can assure people that the patient died peacefully, surrounded by loved ones. Sadly this continues to be the experience for many people.

I want to reemphasize that on many occasions I have participated in providing positive death experiences. We help people to live and die with dignity. We help their families to say goodbye, accept and heal. I believe that we need to work harder to ensure that every patient has access to good quality palliative care. I want to acknowledge all the nurses, midwives, doctors, health workers and volunteers involved in end-of-life care. I acknowledge the significant funding announced by the health minister and the Premier and I thank them for that. However, the fact is that we just do not have adequate palliative care. There are complex reasons for that and I am not going to explore those now due to a lack of time and for fear of being accused of politicising this issue, but just ask any nurse or doctor. It is a fact and it impacts people's perceptions.

I have many other issues with this bill that time will not allow me to explore, such as the qualifications of the staff who can coordinate care and the need to transfer care away from a treating team. I have raised my concerns with the Deputy Premier and I thank him for listening. I respect his position. We have been mates for over 20 years. He knows I will keep pushing for the things I believe in. I believe in palliative care and I believe that this bill can be fixed, but I will not try to amend the bill as it has been widely consulted on and considered. I will use future reviews and other mechanisms to correct the problems that I perceive in this bill. If this bill passes—and I believe it will—like many nurses I will feel an ethical and professional obligation to ensure all patients have access to all services that our society deems legal.


I want to thank the committee. I respect the member for Thuringowa's passion and his years of experience as a health professional, which have led him to views that differ to mine. I thank the member for Lytton. Our views also differ, but the member has been my conduit on this bill and has never shied away from a difficult conversation. I thank all the committee members and secretariat staff. I thank all the advocacy groups who continue to pursue these issues passionately on behalf of society. It gives nurses and other healthcare workers great comfort to know that there are people in our community who want to see a healthier society and a continually improving health system. Mostly I want to thank the people who made submissions, contacted me, shared stories and challenged my thinking. It is never easy sharing stories of loss and grief.

Due to the extremely serious legal implications for nurses and other health workers in this bill, and the other issues that I have not explored fully in this contribution, as well as my strong professional belief that palliative care can provide dignified death and that that should be our priority, I cannot support this bill. I know this will be very disappointing to many people I care about: my parliamentary colleagues, family, friends, fellow unionists, branch members and the majority of my constituents. I hope those who are disappointed know that I come to this issue with a huge amount of compassion, experience and thought. I hope nobody ever accuses me of not caring.

You do not, at two in the morning, hold the hand of a 14-year-old dying of leukaemia; you do not spend days with people who have attempted and failed suicide only to recover enough to know they are going to die in a few days; you do not sit with a person whose family has rejected them because of the terrible things they have done, knowing you are the only human being who will be with them at the end; you do not work with people who awake with third-degree burns to nearly their entire body; you do not clean teeth, feed, bathe and comfort a 90-year-old with dementia; you do not, over a year of care, apply the prosthetic nose for a patient who has survived meningococcal disease and now faces a life with no legs, no arms, no ears and no hope; you do not try desperately to get a First Nations person to

stay in a whitefella hospital because you know they are going to die of a hypoglycaemic episode if they are discharged; you do not get punched in the head by people who are demented or sick; you do not listen non-judgementally to people who ask you to keep a relative alive so that other relatives do not have to interrupt a holiday; you do not see people dying of end-stage liver failure, AIDS, leukaemia, stroke, heart disease, cancer or as the result of trauma caused by accidents, stupidity, alcohol or domestic violence—you do not see that and not care. You do not see that and keep turning up if you do not genuinely care. You do not keep trying and wishing the world would be different. You do not do those things unless you genuinely want to end suffering. You have to genuinely want to end suffering. You certainly do not experience that stuff and forget it.

I have probably shared more than I wanted to. I desperately care about people and that is why I am a strong advocate for palliative care. I will continue to care about people. I hope the good people of Greenslopes do not send me back to full-time nursing anytime soon, but I hope I get back there at some point to help people. I thank everyone for a deeply respectful debate. It is a debate Queenslanders want us to have and I fully acknowledge the Premier for leading the debate. I will respect the will of the people expressed via this parliament. I hope, whatever we decide, that we can help people to have a better end-of-life experience. I am sure that is what every nurse and health professional wants. I know that that is what the majority of Queenslanders want.

 **Ms BOLTON** (Noosa—Ind) (3.24 pm): It has been over three years since I first stood in this chamber asking when an inquiry into voluntary assisted dying would commence. It has been three decades or more for those who have fought to give dignity through choice to Queenslanders. The Voluntary Assisted Dying Bill 2021 is highly emotional as it deals with the part of our lives we most fear: the end of our life, our hopes and our dreams. However, as we have heard, read or experienced, there is a greater fear than death: that of intolerable suffering. We all know someone who can share the stories of their loved one's desperate pleas to spend their last weeks and moments as they wished, not as determined for them.

This bill does not negate the need for increased palliative care, including at our wonderful hospices such as Katie Rose Cottage Hospice at Noosa. We do need extra funding and it must be a priority. A consistent message in submissions both for and against VAD was that best practice palliative care be accessible for all, regardless of locale and financial means, from the date of a terminal diagnosis. Contrary to some claims, this bill does not create an avenue for coercion from family members to end someone's life nor is it a pathway to suicide as those much loved Queenslanders are already dying from a terminal disease, illness or medical condition. As John shared with us on Monday, he is not choosing death over life, just the manner of his passing.

Several states in Australia have passed VAD legislation, including Victoria, Western Australia, Tasmania and South Australia. Other countries to have done so include New Zealand, Canada, the Netherlands, Belgium and Luxembourg, as well as several states in America including California, Colorado and Hawaii. In its first 18 months of operation in Victoria, 405 eligible patients registered for VAD with only 224 participating. That suggests that choice alone may have given the comfort sought. VAD does not mean you will or have to use it. As has been shared many times, terminally ill Queenslanders desperately want to live.

With over 6,000 individuals and organisations providing their views through submissions and five public hearings, on top of the 4,700 submissions to and 34 hearings by the former committee, Queenslanders, from the border all the way to Palm Island, provided clarity around the arguments both for and against the legislation, with the vast majority arguing for it. Those who support it range from those who have watched their loved ones die in extreme pain and those who are themselves terminal, to individuals and institutions that, through their beliefs, do not support VAD but support the right for others to have choice.

There have been many heartbreaking as well as heartwarming stories shared by the families of those who have passed and by members of parliament in the chamber this week. Diane Gray suffered an intolerable battle with cancer in 2019 but could not access VAD. Her diary states—

... there is nothing humane about this ending...this is not my life or my body anymore, I am a shell and you have taken control of me.

Nicole Robertson, whose mother did access VAD, said—

Before this happened I was afraid of death, but Mum was incredibly brave and the way that she died gave me a whole new perspective on death itself.

Many submitters sought empowerment for those who suffer intolerably, not from a lack of palliative care but from the reality as has been relayed by many medical professionals. At a recent panel, specialist palliative care physician Dr Will Cairns and specialist palliative care nurse Bev Young shared specific cases where the very best of palliative care could not and cannot stop the patient's pain, indignity and suffering. That was devastating to hear.

QUT's Australian Centre for Health Law Research believes that the bill is a safe and measured law, and that VAD can be safely regulated and should be passed. However, it does warn against adding ad hoc safeguards that may lead to inconsistency, which was echoed by Dying with Dignity Queensland and other advocacy groups. Similarly, last minute amendments that have not passed through the extensive scrutiny, research and analysis that this bill has been through could have unintended consequences and should not be supported.

The Clem Jones Group simplified the reality: this law provides for both sides of the argument, for and against, through personal choice. Catholic, Australian Christian churches and others outlined their reasons for not supporting the bill which included religious and operational ethos, potential wrongful deaths and insufficient protection for individuals.

The seeking of respect was important for these entities and organisations who provide medical and aged care, and I agree, as the work they do is paramount and deeply appreciated. However, though this bill limits the ability of institutions to object or block access to VAD, clinical guidelines will be developed with them that specifically address their concerns. In addition, the provisions will allow any medical practitioners, including nurses, who have a conscientious objection, the right to refuse to participate in any stage of the process.

Visiting practitioners must be registered specialists or GPs, with years of practising experience and approved training. Eligible doctors will also be accountable in real time to the review board. There will also be an oversight board and a statewide care navigator service to provide information and assistance to patients, families and health practitioners in navigating the process which is long and complex.

The Australian Medical Association remain opposed and are concerned with the lack of organisational conscientious objection. However, ultimately should not the overarching consideration here be the right of the patient versus an organisation?

During this debate, we have heard about the sanctity of life. What about human rights? Compassion, respect and care should not have ideological, operational, territorial or interpretive boundaries.

The Queensland Law Reform Commission's review into VAD had a number of objectives, including ensuring safeguards and protections. It took 12 months to compile, resulting in an extensive 900-page report. The recommendations for implementation were clear, evidence based, well researched and consulted on exhaustively.

Over these many months, I have asked that VAD not be politicised with viewpoints shared respectfully and compassionately. I am deeply appreciative that in my community and across Queensland this has been achieved as well here during this debate. Thank you.

The Vote Compass data of nearly 1,300 people in my electorate showed support for voluntary assisted dying of 82 per cent. For those who chose to nominate a religious faith, their support ranged between 75 to 95 per cent. Over the last four years, the annual Noosa electorate survey showed over 90 per cent of respondents were in support. My office had only a small number of emails in opposition, and I appreciated being able to meet or speak with many of these and hear their concerns.

I now ask all MPs to disregard what you believe a conscience vote is to one that it should be. As representatives of our communities, our role is to bring into this chamber the wishes of our constituents, not our own, nor that of a party policy. The polls were clear across Queensland. At the end of the day, we all need to look in the mirror and ask the question: did I serve my community or myself? Life is precious. Is there no greater demonstration of love and compassion than to empower others at their end of life?


As relayed in submissions, choice takes away the angst, fear and anger that comes with the unknown and loss of control. I am truly blessed to live in a community where those that would never consider VAD for themselves would not deny the right of choice to others.

In closing, there are so many to thank: Dying with Dignity Queensland, Go Gentle Australia, VALE, Doctors for Assisted Dying, the Clem Jones Group and Nurses Supporting VAD are just some. I thank advocates Andrew Denton, David Muir, Everaldo Compton, Lindsay Marshall, Jos Hall, Fiona Jacobs and so many more. Professors Ben White and Lindy Willmott, thank you. To Justice Peter Applegarth and team, you took into account not only the objectivity but also the humanity.

To both health ministers and departmental staff, chairs and members of both health committees and your secretariats, we appreciate the enormous amount of work you undertook, as well as the emotion that went into this. To all submitters and the hearing attendees, I offer gratitude. To the Premier and government who listened to the call from Queenslanders, again, thank you.

To all over many years who fought for their voice to be heard, as well as your loved ones, including those from my community who had to fly away overseas from all that you knew and loved to end your suffering, and those who used means too devastating to mention that left your family, friends and community traumatised, you may not be with us now; however, your pleas for compassion, love and hope have now been heard in this chamber, loud and clear. May you now be able to rest in the peace that you so deserve.

To those who are still with us, there are no words—just enormous gratitude and love for your bravery, dignity and wisdom. You will be forever in our hearts. It is on all of your behalf that I commend this bill to the House. Thank you.

 **Hon. SJ HINCHLIFFE** (Sandgate—ALP) (Minister for Tourism Industry Development and Innovation and Minister for Sport) (3.34 pm): In the face of impending death and intolerable pain and suffering, it is clear there are many people who wish to choose the time and manner of their death. While this can be passed by a wide range of philosophical perspectives, and during this debate we have heard some of them, ultimately this is an intensely personal matter.

We have before us, I believe, extensively considered legislation establishing regulated access to voluntary assisted dying which provides wideranging safeguards for both those facing death and suffering, might they choose it, and those who morally and ethically are opposed to it.


I note public opinion research consistently demonstrates widespread community support for choice in this matter. Many constituents have communicated to me their support or opposition to the bill and I wish to thank everyone who took time to do so. I have discussed the bill with varying advocates, including my friend Everaldo Compton and Catholic Health Australia's Rebecca Burdick Davies. I spoke to local health professionals who advocated for person-centred care at end of life and came to different outcomes. However, the most powerful conversations were with those with lived experience. I want to thank every person who shared their own or a loved one's story.

In particular, I sat down with Del Wilson, who told me that she had never before sought to speak to a politician about anything. She asked me to tell her husband's story during this debate.

Terry was diagnosed with motor neurone disease in 2012 and ultimately passed in January 2017. His suffering was clearly intolerable at the end, to the point that he tried to hide it from those around him to protect them from emotional pain. What he did not hide, when he could express it, was his wish to stop the suffering. He did this on several occasions in the presence of Del and their general practitioner. While this legislation is too late for Terry, Del wants others to be allowed to have choices about the time and manner of their end.

Let me reiterate: I respect those who would not choose an assisted death and those who do not want to be a party to one. That is why I welcome the proposed guidelines tabled by the Deputy Premier yesterday, but I will be supporting the bill.

As this is a matter of conscience and not subject to a caucus vote, I believe it is very important that I explain my position on the record so my constituents have plain sight of my decision. During my time in public life, I have consistently maintained that it is not the role of this place, the parliament, to dictate moral positions that are not broadly held in the community. There can be no doubt that euthanasia, something that has occurred throughout human history, is the subject of divergent moral views. I respect those in our community who find it morally repugnant. However, the reality is that it is not a view so widely held that it is justified to use the power of the state, the authority of this parliament, to enforce it. I commend the bill to the House.

 **Mr POWER** (Logan—ALP) (3.38 pm): I rise to speak against the Voluntary Assisted Dying Bill because, in my view of looking at the evidence, it fails to give full protection to the most vulnerable patients at their most vulnerable time. With this bill, there is part of me that would keenly want to be with the majority of my party, but in my party I am not alone, of course. Paul Keating felt so strongly that he wrote a powerful open letter that you all should read that challenges us to consider the deeper meaning of the legislation. Keating wrote—

What matters is the core intention of the law. What matters is the ethical threshold being crossed. What matters is that ... there will be people whose lives we honour and those who believe are better off dead.

Keating further said—

One of the inevitable aspects of debates about euthanasia is the reluctance on the part of advocates to confront the essence of what they propose.

Before we vote, let us accept Keating's challenge and directly confront what we are doing here today. He defined it as—

It means permitting physicians to intentionally kill patients or assisting patients in killing themselves.

It is of course extraordinary to take such a drastic policy action to seek to end the lives of Queensland citizens, even if they have been diagnosed with a terminal illness. If we are to take such a step then it must be for an extraordinary reason.

As many in this place know, I sought out as many advocates for euthanasia as I could, including Andrew Denton—taking his advice to listen to his podcast. In that podcast he played the recording of his father, Kit, in 1986—11 years before he died—where he called for euthanasia by defining it as 'it means not dying in a screaming welter of pain'. We all agree that this was our original policy goal—to end traumatic, painful, bad deaths. However, looking at the evidence, I am not convinced that this version of VAD is dedicated to achieving that goal.

It is not just me saying this. White and Willmott, in the University of New South Wales Law Journal, agreed when reviewing the Victorian act, which is very similar. They stated about alleviating human suffering—

Compassion was a significant driver at the macro policy level ...

They go on—

This policy goal aims to alleviate the suffering of individuals at the end of their lives. However, as the Panel shifted to operationalise its recommendations, compassion appeared to assume a less significant role.

They continue—

This may indicate that compassion—

for suffering during death—

played an important role in deciding whether or not to enact a VAD law, but then had less influence on the shape of that law ...

I asked advocates of euthanasia VAD laws what percentage of people might take up the law. Professor White said that from the evidence in Oregon it would stabilise at one-third of one per cent. If this percentage of people were facing death in a 'screaming welter of pain' then that would go at least a small way to meeting the goal we set out to achieve. However, I asked oncologists and palliative care experts if they could predict 12 or six months out if a patient was likely to face a bad death. They clearly said to me that, with all their experience of hundreds of patient deaths, they could not predict this. Palliative care specialists said that with good care these deaths are also very rare. Instead of asking those who spend their lives helping those who are facing death, this legislation places the burden of this decision up to 12 months out on a patient who has almost always never experienced the progress of the terminal illness they have.

I recently spoke with a wonderful woman in Park Ridge who took it to me. She thought I had it wrong. She told me that she intended to ask for euthanasia when she got a terminal diagnosis, but she was bright and healthy when I spoke to her. I asked her why and she said that she had lived through the trauma of an aunt dying over 60 years ago. I know that there have been enormous and ongoing improvements in palliative care in that 60 years.

I fear that all of this information may not be part of her decision. I fear that a patient may be given and act upon incorrect information about the time frame of their terminal diagnosis. Specialists have told me that doctors are trained primarily to cure disease and they are not trained to predict survival. They are not able to accurately predict if someone could die within the next 12 months. In the case of cancer patients, 10 to 15 per cent of the time a patient will live three times longer than the predicted best estimate. Not only is the patient not clear about what pain they will face at the end of life; they may also live far longer than was predicted.

Further, doctors can sometimes give patients the wrong information about a diagnosis. A specialist told me, 'Diseases are hard to predict and doctors can make dramatic mistakes.' This doctor bravely spoke of his own failings of misdiagnosing a patient with a lung condition as a terminal condition and the patient being unable to walk because of the wrong treatment and misdiagnosis. Time luckily gave the doctor the chance to realise his mistake and 13 years later this patient still lives a rich life. This is not unique. Every doctor makes serious mistakes because diagnosis and treatment is an imperfect

science. How many Queenslanders will, based on this misinformation, start the VAD process, be facing pain and take their own life? The truth is probably not many—partly because so few Queenslanders will take this choice. We know that, if we pass this bill, then it will happen.

If we give the patient the wrong information or there is great uncertainty about prognosis, we fail to give patients what they need to make such an important and irreversible decision. If the people making the decision to access VAD laws were already experiencing unmanageable pain—and some of them will—then the patient would have much more knowledge of the progress of their illness. However, under similar laws in Victoria the evidence is that people were not accessing VAD because of any unmanageable pain but instead for other reasons. In one survey, 36 out of 37 people said they were not experiencing any unmanageable pain.

Quotes from those accessing the Victorian VAD drugs in an article in the *Australian* gave as reasons for accessing the drugs and beginning the journey to end their lives: 'I want to be in control'; 'It's an insurance policy and I may never cash it in, but it is there if I need it'; so that family can 'remember me as I am, not as I will be if things get worse'. The *Weekend Australian* summed up why people are accessing the system—

Rather than unmanageable pain the impetus for those accessing the law ... is usually what doctors term 'existential suffering'. As people lose function, independence and joy, they yearn above all for a sense of control.

These are really important things, but let us be clear that this is not the reason we started on the journey to make this extraordinary policy. We have heard from experts—none less than the member for Greenslopes—that with good care we can treat some of those feelings.

I recognise that individuals do not immediately end their lives and only they know how they experience their personal terminal illness. I find this a genuine conflict and recognise that for many on both sides this personal decision during this period is enough for them. We also know that patients facing a terminal diagnosis can be some of the most vulnerable Queenslanders. We as Labor people—much more than the conservative side of politics—understand that we do not and cannot design laws for an ideal citizen with perfect information. My father taught me that Labor people instinctively understand that the law is not equal for those whose lives have been damaged by poverty, abuse and fear of our institutions, even our medical institutions.

Keating in his letter reminds us that between two and 10 per cent of older Australians experience abuse in any given year. The bill recognises that abuse will happen. In the first assessment there is a tick box for doctors to assert that the person seeking end of life does so without pressure from others, but there is no standard. We know that doctors can be treating patients for years and not learn of the horrendous elder abuse they suffer. That is not the fault of the doctors. However, this act expects the doctor assessing the eligibility criteria to make this judgement instantly, often meeting the patient for the first time as they make the assessment.

We could design a different bill that ensured patients had better information, better support through psychological support and through understanding of the process they face. However, this is not this bill. Honestly, after looking at all the evidence, I am not sure that, with so few people facing terminal diagnosis taking up this option and the disconnect between that decision and profoundly bad deaths, any VAD law would fulfil the objective we had set ourselves.

Having listened to this debate, I can see that this bill will pass the House. However, we should not forget that we have much more to do to empower those diagnosed with a terminal condition through advance health directives, great palliative care and importantly a focus not just on what the disease will do to the patient but what great things the patient can do in the valuable time they have left. I listened to Andrew Denton's podcast and an interview with Dr Roger Hunt, who said of palliative care—

Good things can happen, perhaps restoring relationships, maybe estranged family members come into the scene, the love and care that can be provided in a hospice can brighten a lonely person's existence. I've heard some people say these have been the best days of my life ... but bad things can happen in those days as well.

It is our continuous job, especially after the passage of this legislation, to ensure that palliative care is the best that it can be. If we had asked those people who told Dr Hunt in their final days of palliative care, although disabling and difficult and uncomfortable, that their final days were 'the best days of my life', they would not have anticipated this. They undoubtedly would not. This is what makes a patient's decision so difficult, if not impossible. Together let us not take this extreme option that does not eliminate pain, but instead create great palliative care for Queensland.



Mr MICKELBERG (Buderim—LNP) (3.49 pm): I rise to address the Voluntary Assisted Dying Bill. At the outset I would like to acknowledge that many Queenslanders have strongly held views in relation to this issue. Despite the efforts of others, I have always sought to deal with this issue with respect and an acknowledgement that my view, while deeply held, is not necessarily shared by all people. At no

stage have I sought to politicise this issue, and I resent that some individuals have felt the need to do so for their own selfish reasons. I agree with the contributions of many other members that this is an issue that should be above politics.

In my maiden speech to this place, I spoke of my mother's fight with breast cancer—a fight which she ultimately lost. Like so many others, those that I love have suffered while battling cancer, and it would be disingenuous to suggest that such experiences have not coloured the lens through which I approach issues such as these. While that is understandable, as parliamentarians I believe that we must look beyond that and consider the needs of our entire community. In my contribution today I will seek to explain why I will be voting to support providing Queenslanders the right to hasten their own death when suffering from a terminal illness.

My starting point in considering the issue of voluntary assisted dying is that I believe every human being has the right to live and to die without unnecessary suffering. Any democratic society needs laws to ensure appropriate standards of behaviour, but I struggle with the logic that says that such a society should deny an adult who has sufficient capacity the right to end their own life under circumstances of their own choosing when they are suffering from a terminal illness. Why should the government deny someone the ability to hasten their own death so that they do not suffer miserably in their final days?

It is clear that the majority of Queenslanders support voluntary assisted dying in principle. I have conducted a number of surveys of constituents in my electorate—the most recent of which specifically asked questions around the provisions contained in this bill. When I asked my constituents if they thought voluntary assisted dying should be legalised, over 82 per cent of respondents were supportive of legalising voluntary assisted dying. I also asked questions around the adequacy of safeguards and eligibility provisions contained within the bill. While there were diverse opinions, it is clear that support for the safeguards and eligibility requirements were broadly in line with the level of support and opposition for the legalisation of voluntary assisted dying.

We talk a lot about values in this place. The LNP constitution details that as LNP members we believe in 'freedom of citizens to choose their own way of living and life, subject to the rights of others and the laws of the land'. Essentially, among other things, we believe in individual freedom and individual responsibility. We believe in 'the worth and dignity of every individual'. To that end, I cannot reconcile a circumstance where that same freedom and dignity is not extended to an individual when they reach the end of their life. If we believe in individual freedom then we should believe in those same individuals having the freedom to voluntarily hasten their own death.

This legislation is about providing choice. It is about providing compassion at a time when it is needed most. In recent months, I have had some deep discussions about the virtue of suffering, but I have to say that I am not convinced of the virtue of someone suffering in prolonged pain when they do not want to and when they do not have to. Submissions to the health committee make it clear that not all people suffering from a terminal illness are able to be palliated to the extent that their pain is sufficiently minimised so that they have any meaningful quality of life. I acknowledge that such cases are the minority but, regardless, in my view Queenslanders should have the right to minimise their own pain and suffering, including by hastening their own death.

I place a strong weight on the understanding that providing individuals with access to voluntary assisted dying provides peace of mind. I note that, in the Victorian experience and in the European examples, most people who access voluntary assisted dying do not end their life using the assistance of voluntary assisted dying but instead die from natural causes. If I were suffering from a terminal illness and in intolerable pain, I know that I would want the peace of mind that comes from knowing I could end my life if the suffering became too much. As an elected representative, I do not think it is reasonable for us to deny others that same peace of mind should they want it.

I acknowledge concerns in relation to the adequacy of palliative care which is available to Queenslanders. All Queenslanders should have access to properly funded palliative care. The reality is though that voluntary assisted dying and palliative care are not mutually exclusive. Data from Victoria shows that, of the 900 people who accessed VAD up to 30 June this year, 82 per cent of them used palliative care. To conflate the issue of palliative care funding and voluntary assisted dying and to suggest that one cannot exist without the other is, in my opinion, a false argument. Palliative care needs to be more available for every Queenslanders, but so too should those Queenslanders have the right to access provisions to hasten their death when suffering from a terminal illness should they choose to access such an option.

Having established that I think an individual should be able to choose to voluntarily hasten their own death when suffering from a terminal illness, the next question for me is: does this bill contain adequate safeguards to protect the vulnerable? I believe it does. The bill has been subject to

considerable scrutiny and analysis both through the committee process and through the Queensland Law Reform Commission report, and I think it strikes the right balance between facilitating individual choice and protecting the interests of the vulnerable.

The process that this bill establishes to access voluntary assisted dying is far from easy, and it is true that many who justifiably want to access voluntary assisted dying because they are suffering from a terminal diagnosis will not be able to do so for a variety of reasons. I would have liked this bill to include provisions that allow voluntary assisted dying to be available to people who have capacity and make a clear decision to access voluntary assisted dying but subsequently lose their decision-making capacity as they approach their end of life.

Many of the individuals who are the subject of some of the most harrowing stories that have been told in this debate and during the committee process will not be able to access voluntary assisted dying because they will lose cognitive capacity or the ability to communicate as their condition deteriorates. Dementia is the most common of these conditions. Out of the 93 seats in Queensland, the Buderim electorate is projected to have the third highest prevalence of dementia by 2050.

I note that the committee report states that the issue of advance health directives and the loss of capacity will be considered in future reviews of the voluntary assisted dying legislation. However, I am concerned that this process has given false hope to many who will be ineligible. I accept that such issues are complex and have second and third order effects, but I ask that the government expedite a solution to address the 'inherent discrimination' against people with dementia and other conditions that result in cognitive impairment.

In consulting with my community on the issue of voluntary assisted dying, I have met with countless Buderim constituents who have told me heart-wrenching stories of loved ones suffering during their last days on earth. I have also met with many Buderim locals who are vehemently opposed to this legislation and what it seeks to achieve. I acknowledge that many people of faith are opposed to this bill. Many people whose opinions I trust and respect deeply are opposed to this bill, yet I have not found anyone who can convince me that an individual should not have the right to control how and when they die.

I would like to acknowledge the work of former Northern Territory chief minister and Buderim resident, Marshall Perron. Marshall has been a tireless and fierce advocate for voluntary assisted dying. I have been on the receiving end of more than one fairly direct conversation about voluntary assisted dying from Marshall. While they were not pleasant and we have not always seen eye to eye, I appreciate his passion and commitment to seeing something he believes important implemented for the benefit of all Australians. I would also like to make special mention to David Muir of the Clem Jones Trust for his counsel and friendship.

The process that we have gone through to get to the point of legislating for voluntary assisted dying has been necessarily circuitous. It is through the commitment of Queenslanders who have told their stories and made submissions to the various inquiries, along with the advocacy from people from both sides of this debate, that we have a bill that provides appropriate protections while going a significant way to protecting Queenslanders from unnecessary suffering.

Finally, I would like to thank all members of the parliamentary committee and the parliamentary staff who have worked so diligently to assist the parliament in its deliberations of this bill and its predecessor inquiries. In particular, I would like to mention Jacqui Dewar from the secretariat. Jacqui is someone I deeply respect and whose opinion I genuinely value. I am sure the recent committee process would have taken a significant toll on Jacqui, who is a consummate professional, and I would like to say thank you.

In conclusion, I know that many of those I trust and respect will be disappointed by my support for this bill, but I will be voting in support of the bill because I believe that every Queenslander deserves the freedom to live and to die with dignity.



Hon. CD CRAWFORD (Barron River—ALP) (Minister for Seniors and Disability Services and Minister for Aboriginal and Torres Strait Islander Partnerships) (3.59 pm): I rise to speak in support of this bill. The purpose of this bill is to ensure that Queenslanders have a choice over the time and circumstances of their death. It provides an individual who is suffering and dying with the option of requesting medical assistance to end their lives, it provides a lawful process to exercise that option, and it establishes the necessary safeguards and legal protections to ensure that only eligible individuals can exercise this option. At its core, this bill is about choice.

I rise today not only as an elected member of this House but also as Minister for Seniors and Disability Services and Minister for Aboriginal and Torres Strait Islander Partnerships. While this bill will be very important to older people, it is important to note that this is not just a matter for seniors alone.

For the three cohorts of the Queensland community I represent under this portfolio, this bill gives those who are seeking the option of voluntary assisted dying the choice to do that with dignity. It ensures that they are able to practise self-determination in that choice and that they have access to all of the information and supports necessary to enable that choice.

For seniors and people with disability in particular, the critical element of this bill is that it provides a clear legal framework which ensures that, in order to access this option, the person considering enacting VAD must have demonstrated decision-making capacity at all stages of the process. This is most important to alleviate the possible concerns of the disability and aged-care sector where there is diminished capacity or potential exposure to elder abuse. If a person at any of these three stages has lost their decision-making capacity, the process cannot go forward.

For Aboriginal and Torres Strait Islander Queenslanders this will be a sensitive issue. We know that First Nations peoples are more likely to die almost 10 years earlier than non-Indigenous Australians. Our efforts are focused on increasing life expectancy and preventing early death resulting from disease and terminal illness. Self-determination is also a right that is important to Aboriginal and Torres Strait Islander people, and determining the timing and circumstances of their death in cases of terminal illness is possibly the greatest example of an individual's self-determination in practice. This may include, for example, the ability to return to country to pass peacefully on their traditional or ancestral lands.


I note that VAD laws came into effect in the state of Western Australia on 1 July 2021. A Wongatha-Yamatji Aboriginal woman was one of the first people to end her life under Western Australia's new laws. This lady was a 63-year-old grandmother who lived with motor neuron disease for more than six years. She chose to end her life with medical assistance surrounded and supported by her family and community. Aboriginal and Torres Strait Islander representation has also been encouraged during the implementation process of the voluntary assisted dying scheme in Queensland.

The Bar Association of Queensland suggested that the term 'family member' be drafted in a way that would provide consistency with the cultural understanding of family within Aboriginal and Torres Strait Islander cultural groups. This recognises a person who, under traditional custom, is regarded as a parent of a child. Similarly, a family member is a person regarded by custom as parent, grandparent, sibling, child or grandchild. In this context it will be important to ensure that an Aboriginal and Torres Strait Islander person as well as a disability advocate is represented on the proposed Voluntary Assisted Dying Review Board. This is to ensure the board takes into account the social, cultural and geographical characteristics of the Queensland community.

In my role as minister I have a responsibility to ensure that terminally ill seniors, people with disability and Aboriginal and Torres Strait Islander people who are suffering intolerable pain and dying can exercise their right to choose to die with dignity. This scheme is not a choice between life and death. It does not replace the need to provide properly resourced and supportive palliative care. It does, however, allow those who are dying to choose the time and circumstance of their passing. It is a matter of choice for all adult Queenslanders. It is a matter of choice for those diagnosed with an advanced and progressive illness that will cause them to suffer intolerable pain and death within 12 months.

I want to commend the committee and in particular my good friend the member for Thuringowa. There was a huge amount of work done by the committee under Aaron's leadership, members from all sides of this House and the committee secretariat. I certainly want to make mention, as other members of this House have, of our good friend Duncan Pegg and his words of leadership for us.

As an ex-paramedic, I can tell you that I have personally encountered hundreds of cases of patients suffering through the final stages of their lives with a terminal illness. Their stories are all unique, personal and both traumatic and inspiring. I often thought that if I was ever in their situation I would want options, to be able to have a say and to know the law gave me that say. It is out of respect for them and the many more who face a similar agonising end that I support this bill.

 **Mr MELLISH** (Aspley—ALP) (4.05 pm): I rise to contribute to the Voluntary Assisted Dying Bill 2021. In Australia, a girl born in 1900 could have expected to live, on average, 55 years; if she were born today she would live to 85. A boy born in 1900 on average would live 51 years; now it is 81. These increases in life expectancy mean that now most people will live to old age, and once they reach old age they will live much longer than they used to. In just over a century that is a more than 50 per cent increase in the most important quantitative measurement of our lives: how long it is. Humans have been around for somewhere between 200,000 to 300,000 years—to put it another way, 2,000 to 3,000 centuries—and in just the last one of those centuries in the Western world we have almost doubled how long we live. People are living longer, and we are living longer well after we retire and enter old

age. As a society, we still have not fully come to terms with what that means for how we value people as they get older. Where is the right place for them to live? How are they are viewed? From our specific perspective, how do governments fairly allocate resources to them?

What is this bill trying to achieve? Broadly and crudely categorised, I can see that firstly it is seeking to alleviate mental anguish; secondly, the physical suffering of people at the end of their lives. There is a third goal: giving greater individual control over people's end-of-life choices. All three of these goals are admirable, but it is whether the bill achieves these safely and equitably that interests me the most. There are very smart people on both sides who are well-meaning and have good arguments. I have met with many of them. There are people with personal stories that matter, and I have spoken to them at length. It is clear from reading the submissions and talking to people locally that fear of emotional anguish at the end of their lives is a key driver behind this legislation, and that is commendable.

In 2020 when we were experiencing lockdowns I set out with my office to speak to as many elderly people in the area as I could. We tried to speak to every single one of them. When I spoke to people the first thing they said was, 'Thanks for the call,' and then thanks to those people who were keeping them safe, including the Premier primarily. When you scratched below the surface, another issue that sometimes came up is anxiety about what the end of their life would look like. There was a fear of being forgotten, of not having any visitors, of being a burden. Whether VAD is the solution to these fears is a question worth asking.

Genetic pressures over 300,000 years have equipped us with a brain and a set of emotions and behaviours that are not designed or naturally suited to the modern world. Not all fears, desires or strong emotions in our lives can be ameliorated. In almost every aspect of our lives we recognise and realise that not all urges, emotions and desires are healthy or productive if they are followed through. It sounds very callous of me to say that. Perhaps Paul Keating said it better when he said—

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.

Regarding the second goal I mentioned earlier, alleviating physical pain, specifically the 12-month prognosis aspect of the bill, it is clear that could lead to discrepancies in access for many people. As stated in the submission of Palliative Care Queensland—

Most people with a life-limiting diagnosis can't get access to specialist palliative care until they're an estimated six to three months from death—which leaves a potential massive gap of six to nine months with little to no access to specialist palliative care for most Queenslanders who want to consider VAD as an option.

I have spoken to constituents both for and against the legislation who have had loved ones receive sub-par palliative care. In one case I clearly recall it was in a private institute they paid a lot of money for. Better palliative care is what we should be focussing our efforts on, and I do not mean purely in a budgetary sense, as obviously funding decisions in health are always very difficult. Of course I acknowledge the substantial investments in this space our government is making going forwards. But for someone who is undergoing substandard palliative care treatment whose options are presented as months of pain and loneliness or a quick solution, they are not being given a fully informed choice. The two are clearly linked and are not separate matters. In no way am I suggesting that all pain can be relieved by good palliative care. Submitters to the inquiry such as the AMA Queensland have said that palliative care services should be provided universally before VAD is offered as an option, and I agree with that position.

I go to the final issue of giving greater individual control for people at the end of their lives. Where we live, what we look like, who our parents are and how much money we make are arguably to some degree due to either chance or the decisions of other people. We can work hard and try to objectively make good decisions at the fringes, but even having the right intellectual ability and mental frame of mind to make good decisions is not something we have a great deal of control over. I may be wrong, and we may all be controllers of our own destinies, but there is no doubt that we are at least partly the result of thousands of years of genetic drivers pushing us to convince ourselves that we have agency.

Maybe some of the support for this bill is tapping into some subconscious desire to finally wrest control of our own destiny, right at the end of it all. I cannot fault that as a goal, but in practice I do not think this bill does that equitably. This bill only gives proper choice to some people—people who have a good relationship with a good GP, people who have a loving and supportive family who are not making them feel like a burden. It may work very well for people of wealth and people of means and people who are not at an informational disadvantage. It may not work well for all people, and it is those people we need to consider as legislators.


I have heard people such as former AMAQ presidents—and of course I acknowledge that there are not universal views either way in the medical profession—say that people with limited information and limited support networks could essentially have no-one on their side, no-one advocating for them, should they be reaching end-of-life decisions under this bill. Those are the people we should be seeking to protect.

What is this bill specifically trying to fix? Is it physical pain, is it emotional anguish or is it giving greater personal control? I think this bill does mostly good work in all three of these areas, but when it is a matter as fundamental as our ultimate demise mostly good is not good enough. The intentions behind this bill are entirely honourable, but it may not work for everyone in practice and, very importantly, it disincentivises advancements in palliative care.

We have come so far in medical advancement in the last 100 years alone. We have almost doubled our life expectancy. Crossing a substantial moral and ethical threshold assuming palliative medicine will not advance any further is a shortcut.

I do thank those many people who have engaged constructively with me on these issues. I spoke to everyone in the Aspley electorate who wanted to meet with me about this issue. I also thank those like Andrew Denton, my mate Everaldo Compton, Catholic Health Australia and my colleagues here, specifically those on committees who have dealt with this at length. Of course I thank the Premier for allowing this conscience vote and for bringing this debate forward in a respectful and tolerant manner to allow for a positive public discussion.

Given moves in other jurisdictions in Australia and public sentiment, this is the right time to bring on this debate. I am sure this is deeply personal for many here, as it is for me, and I acknowledge those very personal contributions many members have made. I have tried to make the best objective decision I can on this legislation, but I know many people may not agree with me. My decision has to be for what I believe is the best one for the people I am here to represent, but I do not begrudge any other member's journey or their own decision in this conscience vote. I do not support the bill.

 **Mr BOOTHMAN** (Theodore—LNP) (4.12 pm): I rise to make a contribution to the debate about voluntary assisted dying. As always, I would like to thank the committee members for their extensive work on this bill and all of those who took the time to make a submission on such an emotive issue.

Life is certainly sacred. Those who are terminally ill fundamentally do not want to die. They want to live to see loved ones, to see the sun rise and to see the sun set. They want to know that they are not alone and that they have loved ones around them. My grandfather died on my 18th birthday after fighting cancer for many years. He died with family standing around him at the Gold Coast Hospital. Cancer slowly ate his body away to a point where he was just skin and bones. He was a proud man who served king and country in many theatres of conflict, a man who was truly stubborn and never knew how to give up.

My grandmother, the anchor of our family, passed away a few years later in Beaudesert Hospital after suffering a debilitating illness. Like my grandfather, she died with family around her. I wish to thank the hospital staff for all their efforts in making their final days as comfortable as possible. These hospital staff are the true heroes of this debate. Their care and compassion should not have a dollar value, as it was certainly priceless to my family and everybody who was attending.

As highlighted in this debate, there are many who do not actually have access to suitable palliative care, especially in regional Queensland. This is an issue that desperately needs addressing. The care we have in South-East Queensland, you could say, is second to none, but those in regional areas miss out.

I class myself as a Christian, but that does not stop me believing that people should have a choice over their own life. I regularly meet with a local pastor who is a great friend and I enjoy a good philosophical debate with him. Being a Catholic and him a Protestant certainly does make things very interesting.


Life and death matters are always an emotive issue and that can bring out a variety of differing opinions. I felt it appropriate to discuss this legislation with my local LNP members at a special meeting and to take their guidance. Their decision was unanimous—that is, put the question to the people of Theodore. In a recent newsletter, I gave residents a brief overview of the legislation and asked them to vote yes or no and add their comments. Interestingly, many opinions showed they did not actually understand the bill itself. They lacked a clear guidance of what the bill was trying to set out. There were also those who wished to expand the bill and take in other illnesses and severe disabilities.

I noted that many health practitioners were vocal with their thoughts. The majority were against the proposed laws on ethical or religious grounds. Some reinforced the argument of better palliative care as they felt it was a more humane option. They also felt the legislation needed further amendments—similar to those amendments which will be moved by the member for Toowoomba South—to further enhance safeguards and limit the chances of abuse.

I have always believed government should get out of the way of ordinary people and allow them the right to make the decision to live their lives as they see fit. However, these decisions should not impede on the rights of others. Therefore, it leaves me with a dilemma. Whilst I personally agree with the right of the individual to take charge of their own life, I also do not believe you should force a medical practitioner who has a conscientious objection to this course of action to search for and provide another medical provider who would be in favour of this action. This also relates to care facilities which have an objection to voluntary assisted dying on their premises.

In addition, I may not personally agree with euthanasia but I do respect the residents of the Theodore electorate—the overall, yet very, very slim, majority of whom voted in favour of the legislation. Furthermore, I have deep concerns that the VAD laws will be abused by a small minority.

In closing, as I stated, I have a fundamental belief that we all should have a choice to live our life and end it as we see fit, but we need to respect the rights of others who wish not to participate. All I ask is for members in this chamber to give the doctors the option and the facilities the option to opt in and opt out without repercussion. No matter how minor their involvement, it is all about choice. It is all about giving the person the final say if they wish to participate or not.

 **Ms HOWARD** (Ipswich—ALP) (4.19 pm): I rise to support this bill. In so doing, I want to thank the Premier, the Deputy Premier and the health minister for bringing it to this House and for allowing us to vote with our conscience. I particularly want to thank the Health and Environment Committee in both iterations, both times led by the member for Thuringowa, who did an outstanding job. It was a long and emotionally arduous inquiry into voluntary assisted dying. We cannot underestimate the toll that that inquiry would have taken on every single member of that committee, past and present, as well as on the committee secretariat. Today's bill is testimony to the effectiveness of our parliamentary system and in particular the committee system. I want to acknowledge the Queensland Law Reform Commission. Their review was excellent and I thank them for their work.

Every year more than 20,000 Queenslanders die from an illness that cannot be cured. Research gathered in a 2016-17 survey showed that nearly every four days here in Queensland a person suffering a terminal illness is forced into a position to take their own life. The Voluntary Assisted Dying Bill is the outcome of a lengthy and sensitive conversation that Queenslanders have been having over three years about whether people should have a legal and authorised choice over the time and conditions of their death. Victoria, Western Australia, Tasmania and South Australia have already enacted VAD laws in their states and now it is our turn.

The official inquiry read thousands and thousands of submissions, and these heartbreaking stories that people relayed about their loved ones dying were fundamental in the process of establishing an official pathway for people to exercise this option to end their lives. I, too, had a lot of constituents reach out to me to share their deeply personal stories. I heard from many people from both sides of the debate and I want to acknowledge each and every one of them for taking the time and drawing on that deeper level of energy to do so. These were tough conversations, just like this debate is a very tough time for all of us. I listened to carers who were worried about their loved ones, who were vulnerable to coercion or exploitation. I also heard from medical professionals in the aged-care industry who were concerned about their own legal protection. Other members of the public were uneasy about guaranteeing that a lawful route would be offered. I myself had very real concerns about this.

After extensive deliberation and much soul searching and in no small part after listening to our dearly loved friend Duncan Pegg's final speech, I believe that this bill has robust mechanisms and safeguards in place to ensure that the process is accessed only by people who are eligible. There have been strict fortifications positioned around this bill to ensure compliance with the law: a voluntary assisted dying review board, the Health Ombudsman, the Queensland Police Service, State Coroner's office, Queensland Health and disciplinary proceedings.

Many of the stories from people shared a similar theme, mostly filled with the torment and anguish of watching their loved ones lying in agony in a bed, being unable to walk, speak or move and eventually being unable to breathe. One constituent, Susan, visited me at my office to tender her thoughts on this bill and to share what she called her 'horror' story. Her very fit and vibrant 74-year-old mother had suffered a massive ischemic stroke four months previously and was lying powerless with almost

complete unresponsiveness in a nursing home bed. The medical community had done everything they could to keep her alive, yet she had begun to refuse food and was slowly and deliberately dying in the most painful and agonising way through starvation.

Susan spoke about the heartache and a feeling of helplessness watching her mother's once strong body lying motionless. She said that once you stare helplessly into the desolate eyes of someone you love who is pleading for peace, you will be haunted forever. She experienced an overwhelming feeling of dread to see someone she loved in a state of complete paralysis—immobilised—it was horrifying. She justified her support for the bill, and her words remained with me over the course of my own research into this bill. Susan said that in certain cases we should not view voluntary assisted dying as a choice between life and death but a choice between peace and despair. In these dreadful circumstances a person should be gifted that opportunity to surrender with dignity instead of suffering an inhumane, painful end.

More than anything else, the majority of Ipswich people I spoke to told me that they felt comforted and relieved that they were going to be given a legal option of medical assistance to end either their own life or the life of family members who are tragically terminally ill and in pain. For me, this word 'option' is underscored. There was a time when I felt I could not support the bill, but overwhelmingly the take-out for me from these difficult conversations is that the Voluntary Assisted Dying Bill is the best legal framework to provide Queenslanders with another option. When people are dying it is essential and just that they have all kinds of choices available to them.

Like many Queenslanders and like many members of this House, I lost my own mother to terminal cancer. I cannot say what her view would have been on voluntary assisted dying to be quite honest, but here is what I do know about her. She was incredibly strong and determined. She was undoubtedly one of the most organised and intelligent people I have ever known. Her edict when diagnosed with a terminal illness was that when she died, she wanted to have no possessions at all except maybe a spare pair of undies in her drawer and this she achieved. The other thing that was incredibly important to mum was her desire to die at home, a desire shared by most people. Sadly, this was not achieved. The last few weeks of mum's life were so fraught that we became unable to care for her at home. Despite the unending support of her wonderful husband, Keith Jones and my sister Laura's strong compassion and constant presence, I will never forget the look on mum's face when she opened her eyes and realised that she was not in her own home anymore. I felt like we had betrayed her. It was heart-wrenching.

As I said, I really do not know what mum would have done had voluntary assisted dying been available to her. However, based on her ordered personality and her deep desire to die at home, I think she would have valued the choice to die under her own terms in her own home. There are options in good quality palliative care—and my mum had great palliative care—and these options are available right across Queensland. In 2020-21 the Queensland government will spend approximately \$149 million on palliative services across the state. This government is committed to delivering significant additional funding to palliative care and by 2025 will increase spending on these critical services to \$247 million. These innovative reforms include developing a specialist palliative care workforce, supporting practitioners and providing public education and advocacy for either people who are dying or their carers.

I have concluded that this Voluntary Assisted Dying Bill should be seen as another option in a wideranging list of choices for people who are dying from a terminal illness. In Ipswich we are fortunate to have the much loved Ipswich Hospice Care, which provides first-class palliative care in a private, homely environment. It offers a seven-bed guest wing for inpatient care and a wonderful community nurse practitioner service. This amazing community organisation also offers grief and bereavement support to the whole community of West Moreton.

In addition, we are privileged to have an outstanding palliative care unit at Ipswich Hospital run by our very own local health hero Dr Ross Cruikshank, who is a medical oncologist and palliative care physician. He is a very well respected man in our community. Dr Cruikshank is a clinical leader in his field. His foresight is to provide a truly integrated model of care where those approaching the end of their life move seamlessly through the service receiving care in their place of choice—and that is the key word once again, choice.

Some of the most significant conversations I had were with the frontline aged-care medical professionals in our nursing homes. A Queensland Nurses and Midwives' Union survey in February 2021 reported that 87 per cent of nurses support voluntary assisted dying. They specifically said that their members believe that patients should not be compelled to suffer beyond their wishes. A 2020 AMAQ survey of 1,200 doctors and specialists found 97 per cent were in favour of those in regional and remote communities having access to voluntary assisted dying.

Many of us do not really place much time or thought on our own deaths until we get to a point in our life where we have watched a loved one dying. These sad conversations and accounts of death and dying are, I firmly believe, good for us to be having. In fact, they should happen more often. I know that I will want to have had all of the tough conversations with my children out of the way and all of the essential administrative paperwork completed with my wishes about my own death. If I was in pain, immobilised or connected to life support, I would want to at least feel empowered enough to be officially authorised to choose how my life ends. More than anything else, I would want the whole process to be filled with love, tranquillity and made stress free for my friends, family and my children. I commend the bill to the House.



Hon. MC de BRENNI (Springwood—ALP) (Minister for Energy, Renewables and Hydrogen and Minister for Public Works and Procurement) (4.28 pm): Mr Deputy Speaker, as you know, this is a debate about compassion, dignity and choice—matters that are core business for good government. Before the last election we promised to help ease the suffering of those with terminal illness—and, like every promise we make, we keep it—more funding for palliative care, which we are delivering; and, of course, this reform to establish a framework for voluntary assisted dying. Of course, the latter brings us to this House today.

As other speakers have done, I thank the Queensland Law Reform Commission for working with our government on these important reforms. I recognise the significant work of several ministers on this important reform, particularly the Premier and Deputy Premier. I also acknowledge the chair of the Health and Environment Committee, the member for Thuringowa. I know that he has travelled far and wide listening to Queenslanders about voluntary assisted dying, and I acknowledge his ongoing leadership. He came to the electorate I represent, sat down with locals, listened and helped me listen. We listened to the strong views of locals on this issue. We see those strong views on our TV screens, on our social media and outside this building. We receive them in emails and letters sent to all of us. Especially, we have seen those strong views in this House during the debate—entirely appropriate, all of the contributions. We have listened to them all. I think it is a real credit, as others have said, to our Premier that we are having an incredibly respectful conversation about something so deeply personal to those we represent.

It seems that every one of us has a story about watching a loved one suffer and pass away. In the last few years and more so months, like everyone here, I have listened to the community that I represent. I say to the members of the community I represent: I have heard your stories, I have heard your fears, I have heard your pain and I have heard your trepidation. I say to the locals in the community that I represent: I appreciate the time you have taken to write to me and meet with me about what is a sensitive, complex and deeply personal issue. Your stories help me explain my position on this important reform.

They are stories like Peter's. Peter, from Rochedale South, was 18 when his father was given a terminal diagnosis. Peter says that for 48 months his dad lived a shell of a life, one of suffering and dependence. He had lost his ability to speak, eat and control his bowel. Peter's father had no prospect of recovery and no quality of life and died less than half his normal weight, unable to recognise his family and in severe pain. Peter, like others, says this has had a profound impact on who he is and what he stands for. He, of course, stands for the introduction of voluntary assisted dying and just wanted his position on the record.

Georgia is 18. Georgia is a member of my Springwood Youth Advisory Committee. In July 2020, Georgia's nanna was diagnosed with stage 4 lung cancer. Georgia says that the last few months of her nanna's life are not something she will ever forget. Georgia's nanna spent the last week of her life in hospital unconscious. Georgia says about her nanna's death—

I know this is not how she would have liked it. I'm unsure whether Nana would have made the decision to use voluntary assisted dying had it been available to her. But I do know that no person should ever have to go through what she did. And no family should have to watch on knowing there was absolutely nothing they could do to help. Everybody should be given an option to die with dignity.

Then there is Julie. Julie wrote to me shortly after I held a forum to discuss these views locally. She said that she would like her story to be on the record. Julie said—

My life, since being diagnosed with stage 4 colon cancer on June 10th 2019, has been anything but a party. But I've done everything I can to stay alive. I quite like it here, cancer or not.

My life is obviously different these days. I don't work and I spend an inordinate amount of time either asleep or in a doctor's office. But never once have I thought about ending my life prematurely.

When and if the time comes where pain is no longer controlled, where I'm unable to care for myself, where I'm simply existing waiting to die—aware that these memories are what my family will take with them for the rest of their lives—then I'd like the choice.

I cannot explain to you the emotions that run through you when you are diagnosed with a terminal illness. The many thoughts that run through your head in the stillness of the night. Will pain medication be sufficient? Will it take a week or a month for me to die? How much will my family suffer watching me in agonising pain on drugs that keep me asleep until I starve to death?

I know it might take 18 months after the Bill is passed for voluntary assisted dying to become law. And I realise that means I probably won't get to use it. But I'm hopeful that sharing my story will help people in the future.

It is incredibly difficult not to be moved by stories like Julie's, and my thoughts are with her and her loved ones at this time.

Right now, Queenslanders and their families are not empowered to consider all of the options available when it comes to dying. Being powerless is wrong. There has to be a more dignified way. While it is too late for Peter's dad and for Georgia's nanna, I hope it will not be too late for Julie—but, as Julie says, she is in no rush to die. Of course, no-one is.


For many, this reform cannot come soon enough, though. Something that has really struck me in the last few days is the stories about people who chose to take their own life—sometimes violently, typically alone—far too soon because they did not have a choice. I think about how precious every moment is, and I think about the extra time that people diagnosed with a terminal illness might have missed with their family because they did not have a choice. I know that is not every scenario, but it does make one stop and think—that we have an opportunity to make real change, to give Queenslanders more time with their loved ones. This is the sort of change that brought many of us to this place.

I also want to acknowledge another perspective on this that many other speakers have spoken about—that is, the recognition of Queensland workers who support people towards the end of their lives. I worked for many years supporting health and aged-care workers before being elected to this place and I saw workers pushed to the limit, working around the clock trying to provide decent care to their patients. I saw patients suffer and workers suffer because there was nothing they could do. Regardless of the resources at their disposal and how hard they worked, still they could not ease their patients' suffering. I acknowledge that my union, the United Workers Union, has supported those workers to pursue dignity in their work. In turn, many of those members have asked that we support dignity in death for their patients—not to make their work any easier but only to relieve the suffering of the patients that they care deeply for.

Leadership means being able to take the hard decisions, and this is hard for many, no doubt. It of course takes leadership to understand both what matters and what to do about it. These rights we intend to give to Queenslanders is what we should do. In saying that, I recognise the strong views of the Queenslanders I represent when it comes to voluntary assisted dying, including the right not to engage in this option.

Based on all of the conversations and meetings I have had and all of the letters I have received, it is clear that most of the people I represent support the right to choose the circumstances of their passing where that passing is imminent. I believe that, on balance, the appropriate thing to do is to allow individuals and families to be empowered to consider all of their options—all options available in consultation with medical professionals—when faced with the particular circumstances which are in fact quite carefully defined in what is a very sophisticated piece of legislation. Those carefully designed provisions and definitions are designed to address the concerns of those who are opposed. On the other hand, I acknowledge that for some in our community they are too narrow. Let me say this: they are all comprehensively considered. I am quite satisfied of that. Both are perspectives that are comprehensively catered for. Maybe these reforms do not give everybody comfort, but please know that we have genuinely listened to everyone and we have genuinely tried to address your concerns.

All of us come to this place committed to tackling what are incredibly important issues. We come here knowing that we will be making difficult decisions, and this is a very difficult decision for many but I believe it is the right one. This is the right thing to do because, fundamentally, it is about rights. I commend the bill to the House and encourage all of us to empower all Queenslanders in their passing.

 **Mr PERRETT** (Gympie—LNP) (4.37 pm): I rise to speak on the Voluntary Assisted Dying Bill 2021. It is cliché to say that there is a lot of emotion in arguments for and against this bill. There is grief in any death—for the dying and for those left. We cannot take away the pain of grief. It is concerning that some supporters of this legislation feel that having the opportunity to terminate a life will alleviate that grief. While as legislators we understand and empathise with that emotion, it is vital that we think clearly and objectively about the full ramifications of this bill. Euphemistically calling it 'dying with dignity' or 'voluntary assisted dying' does not remove the brutal reality: we are discussing terminating lives.

If we are honest, we know that current guarantees can always be watered down or tweaked and new reasons added. It is our responsibility to protect and care for the sick and vulnerable. It is also our responsibility to ask whether we are embarking on undermining the fundamental principles of our society. The true measure of any society is found in how it treats its most vulnerable members. The consequences of this bill are far reaching. This legislation imposes onerous penalties, including seven years imprisonment, for even discussing with someone revoking their decision to die. That is why it is opposed by many institutions and medical practitioners who care for those at the end of their life.


The amendments proposed by the member for Toowoomba South aim to protect Queenslanders from the overreach in this bill. They will provide stringent eligibility requirements for those seeking to access voluntary assisted dying; strengthen decision-making capacity and the provision of informed consent, including through enhancing the quality and range of advice; provide additional protections for those under coercion or whose decision-making capacity is impaired; align provisions with Australian and international jurisdictions; and enhance research, reporting, monitoring, investigation and compliance. This will be achieved by requiring those acting under the act to have regard to each principle governing the act; strengthening eligibility requirements to access voluntary assisted dying; requiring a psychiatrist or psychologist to determine decision-making capacity; minimising obligations imposed on relevant entities relating to transfer of a patient; creating offences regarding advertising and publishing material to the general public relating to voluntary assisted dying; and prohibiting a person from coercing or taking detrimental action against someone who exercises a right of conscientious objection. I support these amendments.

Human life is precious and all lives should be precious. That is why I support better resourced palliative care. In my electorate of Gympie, Little Haven is second to none in Australia as one of the best examples of palliative care. Little Haven provides a hospice model of community-based palliative care and takes a holistic approach to patient care. Every patient has different needs and care is tailored to address all of the patients' and carers' physical, social, emotional, psychological and spiritual needs. Little Haven values early intervention to support patients from their point of diagnosis, supporting patients undergoing active treatments and shaping compassion by community engagement in care of the dying.

The government's support for palliative care is poor. Queensland ranks among the lowest in Australia for the number of publicly funded inpatient palliative care beds per capita. In regional and remote areas, it is almost non-existent. The Premier's recent \$170 million allocation is spread over six years. It equates to only \$28.5 million per year. It is not enough compared to the \$275 million needed annually. Queensland AMA President Professor Chris Perry warned that the lack of funding means that specialist palliative care services may only be available to those with a prognosis of less than three months, yet under this bill someone can access VAD with a 12-month diagnosis. That is a nine-month disparity between being able to access either palliative care or a termination. It can lead to wrongful deaths from wrong prognosis, wrong diagnosis, elder abuse, coercion, suicide ideation and poor or no access to palliative care services. It exposes the vulnerable, elderly, terminally ill to real or imagined pressure to do the right thing so they are no longer a burden.

We have been given a conscience vote on this matter. I object to arguments from VAD supporters that somehow this obliges me to support it and override my conscience. That is treating legislators as box tickers. I respect that people have differing opinions, but I do not agree. I am guided by my support for human life and not by meeting some arbitrary conditions about which human life should be valued. The priorities should be on ensuring and better resourcing the highest standards of palliative care and end-of-life health conversations.

I have been contacted by numerous constituents about the bill. Constituents and community leaders have spoken to me directly and I have been overwhelmed with emails and letters outlining their position. Almost two-thirds of them have been fiercely opposed to the bill. I can assure members that most were not part of some campaign with a template which merely asked constituents to press the button and send. They spent time writing pages on why they do not support this legislation. I have made my position publicly clear. During last year's election I publicly stated my position to the *Gympie Times*, the *Gympie Today* newspaper and at a public candidates forum. If someone asked, I told them. I am guided by my support for human life, and my position has not changed. Our laws should always protect the most vulnerable. This does not. I oppose the bill and support better resourced palliative care.

 **Ms BUSH** (Cooper—ALP) (4.44 pm): I rise in support of the Voluntary Assisted Dying Bill. I started writing this speech weeks ago when I developed the clear and unequivocal position that I would be voting this way and I have to confess that until today I was still editing these words. This is my first conscience vote in this House and I have felt the weight of that responsibility greatly, as I know we all have. Being a member of parliament is an opportunity afforded to so very few. We have unimaginable

power, not just influence but actual power—power to create change for people that, if not enduring, at least matters greatly to some for a moment in time. Having worked with people and met and loved people who wanted so desperately for a moment in time, I know how important moments like this can be.

I want to formally acknowledge those who were influential in my decision today: the work of both committees and the members of the QLRC who have listened with such competence, care and sensitivity to the testimony given to them; professors Ben White and Lindy Willmott, who provided great assistance through the inquiries and throughout the debate; Andrew Denton, Frankie and their peers at Go Gentle Australia for their information, stories and connections to people and their evidence from jurisdictions that have had operational voluntary assisted dying legislation in place for decades; Craig Glasby from Dying with Dignity Queensland and his team—people like Craig have been advocating on this issue for a very long time and I appreciate their endurance; and Shyla Mills and her team from Palliative Care Queensland for giving me such honest insights into palliative care in Queensland currently.

I heard Professor White speak recently about the role that values play in this debate and I would like to take up his challenge to speak to the values that make me comfortable with the decision that I am making. Before that, I do want to be clear that it was paramount that my vote echo the sentiments of the community that I represent. Early in the debate I wrote to every household in my electorate communicating this intention and since then our office has heard from over 1,200 people who participated in a formal survey. Hundreds more have emailed me or called our office, dropped in, visited me at a mobile office or stopped me on the street. The views in my electorate reflect the broader national trend that the overwhelmingly majority of Australians support a safe, regulated, accessible voluntary assisted dying option in the circumstances where they have a terminal illness for which they are suffering and cannot recover. I want to place on record my thanks to everyone in my electorate who took the time to share their experiences with me on all sides of the debate. Comments like this from Leona in The Gap were not uncommon—

I am making this submission to support the bill so that myself and my family and friends have the legal framework in which to make important life decisions for themselves and have the support of the medical profession when they most need it.

Beata in Paddington simply said—

I believe this bill is extremely important and I completely support it.

It is imperative that our legislation reflects community standards and I am satisfied that this bill achieves that.

There are four values that I want to speak to in this debate. The first for me is truth telling. Both parliamentary committees and the QLRC inquiry and indeed interstate and international inquiries have well documented the reality that some people who do not have access to a voluntary assisted dying scheme are forced to make impossible choices between continuing to live their final weeks or months in pain and anguish or choosing a death by suicide, often in pain, mostly alone. My heart broke for the people behind the stories of those who had committed suicide and for those who loved them and for those who discovered their bodies. What stood out to me was the silence between the person dying and their family, between the patient and their treating practitioners. Whether that silence occurs through a sense of shame or through fear of their loved ones being prosecuted for assisting suicide, the result is that people are grappling with literal life-and-death choices alone. I have now heard and read many stories, including the woman who returned home from grocery shopping one day to find her husband had drowned himself in their backyard pool; of the gentleman with terminal cancer who took his life in his backyard, with his intellectually disabled son discovering his body. We have before us an opportunity to legislate in a way that creates the space for honest and lawful conversations to occur between people who are dying, for people who do not have time to spare.


I also value shared power. What stood out to me in the report, in the submissions and the stories of those who spoke to me was the urgent need to distribute the decision-making power towards those who are living with a life-limiting illness. As a patient you do not have any legal right to insist that a doctor gives you more or faster pain relief. That decision is entirely up to your treating practitioner whose personal beliefs or risk profile you may not share. The introduction of voluntary assisted dying expands the range of choices available to people at the end of their life. It does not remove palliative care as an option. It does not erode palliative care. In fact, it is my opinion that it enhances it. Voluntary assisted dying provides a choice to people; an option that, according to evidence, is palliative in and of itself. The evidence from Victoria is that two-thirds of people who are approved and prescribed an approved substance actually do not take it. It remains voluntary until the end, the decision beginning and remaining with the person, and this is important.

The third value driving me is the importance of lived experience. I draw from 20 years of both strategic and social policy and community development direct experience when I say that the most important voices in the room on debates like these are the voices of people directly impacted. Until then, and in the words of Ygritte, you know nothing. Prioritising the voice of those with lived experience takes discipline. You have to listen without interruption. You have to be comfortable in suspending your own beliefs. You have to be wise enough to recognise them as the context experts in this debate, which they are. They are the experts here.

Finally, I value the importance of an evidence based decision-making framework. Throughout my personal and professional life I have dealt with difficult and emotional topics, topics which cause such strong reactions. I have had those reactions too. It is both the beauty and danger of being human. But feelings and opinions, no matter how firmly held, are not objective facts. Here is the reality today: in Queensland right now it is legal, if you are dying and suffering beyond medical help, to end this suffering by committing suicide, often violently and almost always alone. It is legal to refuse all medical treatment, food and water and to die slowly of starvation or dehydration while your disease takes its course. It is legal for a doctor to provide a combination of approved drugs knowing that it will likely put you into a coma while your family waits for days or weeks for you to die. It is possible, and we have heard the stories, that this can happen without your consent. However, it is not legal, if you are dying and suffering beyond medical help, to end that suffering medically and with the supervision of a doctor.

Consequently, we know that a person with terminal illness dies by suicide each week in Queensland, that many more attempt suicide and survive, often with additional health complications as a result of their injuries, that individual doctors are absorbing all of the risk of having to provide the correct combination and amount of pain relieving medication that accords with a person's wishes while still remaining within the boundaries of their professional ethics without a formal legal framework for even talking about euthanasia, and that terminal sedation is occurring, at times without the informed consent of the person or their families. We have an opportunity to make this better.

This bill proposes to provide people who are suffering and dying and who meet strict eligibility criteria the option of requesting medical assistance to end their lives. The bill and the proposed broader voluntary assisted dying scheme in Queensland is based on the recommendations of the Queensland Law Reform Commission's report and fulfils the Palaszczuk government's 2020 election commitment to introduce voluntary assisted dying legislation in this term of government. At the outset the QLRC aimed to develop a draft law for Queensland that was compassionate, safe and practical. I do believe it has achieved that and arguably, if passed, it will be the most well considered legislation on this issue in Australia and I commend it to the House.

 **Mrs GERBER** (Currumbin—LNP) (4.53 pm): This is the most emotional and complex issue I have considered in this parliament since I was honoured to be elected as the member for Currumbin last year. The range of views as expressed to me on voluntary assisted dying have often been grounded in very heartfelt and lived experience and the passion with which these views are held is so divergent that it is impossible to bring people completely together on this issue. Nevertheless, it is incumbent on all of us as legislators to assess and consider every legislative clause, intent, oversight and safeguard in this bill. It is our duty to review the proposed bill before us and determine whether it best reflects the views of the Queenslanders we are elected to represent. This responsibility has weighed heavily on me.

The discussion around voluntary assisted dying has been an extremely difficult one for me. As a healthy young person I have not faced a situation where I have needed to consider my end of life, nor have I had to care for someone in this situation. People I love have and are doing so as I speak, but I have not personally had this experience. Yet right now in this House I find myself in the position where I must vote to decide what is right for a person to do, quite literally, with their life in that exact situation.

Personally, my core beliefs stem from the right of an individual to make a decision in their own interest, free from the influence and obstruction of the state. The rights of the individual and freedom of choice are core values of mine. I also believe we all have obligations to humanity and right now this obligation demands a comprehensive understanding of how this legislation will operate in practice and the ramifications and consequences for all Queenslanders.

I understand that voluntary assisted dying is not just about the person making the decision; though they are, of course, at the forefront. There are many other parties involved, including the patient's family, friends, as well as the doctors and medical professionals who are on the frontline with the patient. This creates an incredibly delicate situation of trying to balance the rights and moral viewpoints of multiple parties with vastly varying experiences.

I was concerned that because I do not have a subjective experience through which to view voluntary assisted dying I might miss something so I relied heavily on extensive consultation with my community as well as key industry stakeholders to help me make my decision. I also believe that because I do not come from an emotive standpoint that I have been able to look at this bill objectively. Of course, that is not to say that others with a subjective experience have not done this, but merely to point out that I have spent a considerable amount of time not just on the concept of voluntary assisted dying but on whether this bill itself is good law. That is why I have spent months talking to and hearing from hundreds of my constituents on this bill. I have raised these proposed laws at every opportunity. I have sent a survey to every household in the electorate. I have collated the results from my survey and mobile offices and telephone canvassing to understand my community's views on this bill.

My consultation, of course, extended to my local LNP party members. They are a passionate group of Currumbin constituents who allow me the privilege to be the member for Currumbin. These are locals who voluntarily want to be part of our political process and are from all walks of life, including students, retirees, professionals and stay-at-home parents. I discussed this bill with them at a dedicated meeting at great length and I sought each of their views. Exactly half of my branch supported this bill and half did not. At the end of our meeting one of the members said to me, 'Laura, I really don't know what you are going to do, but whatever you do you have our support.' It is so important to me to have the support of my branch as well as my community and I thank my LNP branch for putting their trust in me and in my judgement.

I also want to extend thanks to everyone who has been in touch with me and who has engaged in this discussion with me. Many of the conversations I have had with people have not been easy. I am humbled by the candour my constituents have displayed, sharing their own personal journeys and stories on both sides of the debate; from constituents who watched loved ones pass in pain to those currently grappling with a terminal illness to local medical practitioners concerned about the implications of this bill as it stands. I want each person who contacted me to know that I will represent them as best I can when I cast my conscience vote, but I cannot say this without acknowledging that it will be impossible for me to bring everyone together on this issue because the results of my consultation demonstrate that my community is very much divided on this issue.

It was important to me to consult on the specific details proposed in this bill, not just the concept of voluntary assisted dying, because I am not voting on an abstract idea, I am voting on the details in this bill. My community had four main concerns with the bill in its current form. Firstly, the majority of my constituents who took the time to talk with me said healthcare facilities should have the right not to provide voluntary assisted dying services if they have a conscientious objection. My community wanted this choice as part of the bill. When the Premier flagged in the media last week that an amendment addressing this might be forthcoming, I was hopeful that the community's concerns on this issue might yet be addressed. However, this bill as it stands now substantially fails to address the issue.

Secondly, the majority of my constituents said that the time frame within which voluntary assisted dying can be accessed should be amended to align with laws in other states and to align with access to palliative care funding. Palliative Care Queensland and the Australian Medical Association of Queensland point out that, while this bill stipulates patients should have access to voluntary assisted dying at 12 months, specialist palliative care is only available to those with a prognosis of three months to live. It simply did not sit well with my community that someone would be provided with access to death before they are even eligible for palliative care funding.

Thirdly, a significant majority of constituents who contacted me said that only the patient should be able to initiate discussions with a health practitioner about wanting to access voluntary assisted dying. My community were particularly passionate about this. Healthcare workers, whether they be doctors, nurses or carers, provide trusted counsel and are in a position of trust over patients. There were genuine concerns that, should those trusted individuals include voluntary assisted dying as a treatment option, the most vulnerable could be at risk. It would be tragic if the unintended consequences of this bill were to create a duty to die and that at a person's most vulnerable hour they were not protected.

Finally, but perhaps the most compelling result of my data survey, 97 per cent of respondents wanted to see palliative care improved. The bill before us does not address the fundamental underfunding of palliative care across Queensland and this, in my view, is a gross lapse in judgement. Access to high-quality palliative care is of the utmost importance and the lack of access to palliative care is even more pronounced in regional Queensland. I believe in individual choice, but I question whether there is a real choice for all Queenslanders when the option of palliative care is not there for some. Regardless of the outcome of the vote tomorrow, it is my sincere and deepest wish that palliative care and access to palliative care services be improved for all Queenslanders.

I have listened to all viewpoints and I can see merit and flaws in both sides of the debate. I have been brought to tears by the extremely personal accounts that people have shared with me. There were people who wrote to me who support the bill as it stands and who will always support voluntary assisted dying. There were members of my LNP branch who held that view. There were constituents who wrote to me who do not support the bill because it breaches a fundamental tenet of humanity, that life is sacred and that for the state to legislate intentional killing is to erode that fundamental tenet. I thank each of you for engaging with me in this matter and for sharing your story and your view.

I have agonised over how I can exercise my vote for the betterment of my community. Because voluntary assisted dying is a matter that surpasses political philosophy, ideology and religious affiliation, we cannot legislate on personal emotional belief alone, especially on such a considerable and consequential matter. The issues I have raised in the House today are key parts of this bill that my community does not agree with. The amendments put forward by my colleague the member for Toowoomba South will achieve a better outcome for my community and all Queenslanders. The amendments aim to strengthen the protections for vulnerable Queenslanders, minimise the potential for elder abuse, preserve conscientious objection rights and enhance palliative care services across Queensland. I believe in choice but in this situation, when we are looking at the legislation and how it has been framed, it is clear there are gross inadequacies. If the government were to support our amendments or even have moved their own amendments, my decision would be much easier.

My whole being hurts for people facing great pain and terminal illness. No-one should die in pain, alone or afraid and everyone deserves the right to die with dignity. I will use my vote to try to achieve a better outcome for voluntary assisted dying reform in Queensland and for my community.

Debate, on motion of Mrs Gerber, adjourned.

MOTION

Queensland Border Restrictions



Mr BLEIJIE (Kawana—LNP) (5.03 pm): I move—

That this House notes that, with two hours notice, the Premier closed hotel quarantine for returning Queenslanders but allowed sporting entourages to enter Queensland, and calls on the government to immediately provide quarantine opportunities to stranded Queenslanders so that they can return home to Queensland and to their families now.

I wanted to again read that motion into *Hansard* to provide context to the debate. This debate is important because Queensland citizens are stuck over the border and cannot get home. Let me tell honourable members what is about to happen: in a few minutes Labor members will jump up and say that the LNP wants the borders opened. They will scream, 'Sixty-four times!' They will continue their scare campaign. I see a minister nodding over there. They will scare everybody because that is what they do and it is the only thing that they have. They have said it every day.

This debate is not about the border. This debate is about bringing Queenslanders home. Do members want to know the history of the border? They opened the border themselves! They are trying to change history by deflecting; by intimating that they never made that decision. However, in July last year they did that.

Now we have Queenslanders who, having been given two hours notice, have been stuck over the border in New South Wales and Victoria. They are not migrating New South Welshmen and Victorians who want to move to Queensland. They are Queensland residents who have gone to funerals. They are Queensland residents who have been visiting dying family members. They are Queenslanders who are trying to get home. The best advice the Queensland government COVID hotline can give them is to call the homeless hotline in New South Wales or Victoria.

An 18-year-old constituent of mine is stuck in Victoria and is now facing homelessness. His brother was the one who was told to ring the homeless hotline. He is stuck. He works the ski season in New South Wales and Victoria. He does not live there permanently. He went there for work and now he cannot get home.

Lynne and Terry Ezzy, from Parrearra, flew to Sydney to see Lynne's dying mother. They planned to stay in New South Wales for only two days, but now they are stuck. Terry has advanced Parkinson's disease. Lynne tells me that they are getting low on medication. They cannot get home. I repeat: Terry has Parkinson's disease.

Yesterday in parliament I spoke about Joy's son. He is a dancer who was to work at a show in Melbourne that was cancelled due to lockdown. He does not have an income. He is stranded. He is fully vaccinated. He cannot get home to my electorate of Kawana. Do members know what happened

yesterday? He was depressed and stressed and the anxiety was getting to him so he wanted to get out of Victoria and be closer to home. He went online and applied for a New South Wales exemption. Within five minutes, the New South Wales government granted him an exemption to travel into New South Wales. He is now sitting in a granny flat at Tweed Heads. He lives in Kawana, but he is sitting in Tweed Heads.

Dr Miles interjected.

Mr BLEIJIE: Mate, you are laughing. You are so disrespectful to these people.

Mr DEPUTY SPEAKER (Mr Kelly): Order! Member for Kawana, I realise that the debate is instilling great passions in people, but your comments will come through the chair. That behaviour was potentially grossly disorderly.

Mr BLEIJIE: The Deputy Premier sits there laughing and sniggering at Queensland citizens who are stuck over the border. He should be ashamed of himself. He should be absolutely ashamed that he has allowed a policy position that means that Queensland citizens are denied entry into their own home state. They are not visiting Queensland; they are trying to get home.

Bianca is a young girl who also works the ski season and is stuck. Lorraine Teague is stuck in New South Wales. She is fully vaccinated. She has applied to come back home but cannot. Danielle Kaminski resides in Melbourne. Her father has been diagnosed with malignant brain cancer. She cannot come here to see him because of the closure. Laurel and Paul Esselink have been travelling in their caravan, but they have been stuck for three weeks and cannot get home. This policy is a disgrace and the Labor government should be ashamed of itself.

(Time expired)

Mr DEPUTY SPEAKER (Mr Kelly): Deputy Premier, before I call you to speak, I believe I heard some unparliamentary language in one of your interjections. I ask you to withdraw.

Dr MILES: I withdraw.

Mr DEPUTY SPEAKER: I call the Deputy Premier.



Hon. SJ MILES (Murrumbidgee—ALP) (Deputy Premier and Minister for State Development, Infrastructure, Local Government and Planning) (5.09 pm): I move the following amendment—

That all words after “notes” be omitted and the following inserted:

- ‘(a) the Palaszczuk government’s strong actions which have kept Queenslanders safe from COVID-19;
- (b) the federal government’s inaction for months to establish quarantine facilities;
- (c) the federal government’s inability to secure enough COVID-19 vaccines early; and
- (d) the Palaszczuk government’s decision to build a quarantine facility at Wellcamp to support Queenslanders and Australians return home; and

urges all Queenslanders to roll up their sleeve and get their COVID-19 vaccination.’

Queensland has done remarkably well through the pandemic. While economies across the world have been devastated by COVID, Queenslanders are ahead of the rest of the world in our economic recovery, thanks to our strong health response and the hard work of the Queensland community. Our pubs and cafes are open, construction sites are active, and our kids can play sport on the weekend. That we can do all these things is not up to luck. It is 596 days since the beginning of the pandemic and our government, those on this side of the House, have spent every one of those days doing the heavy lifting to keep Queenslanders safe.

On most of those days we have had to call on the Morrison government to do better. In order to ensure our economic recovery, we know we need fit-for-purpose quarantine facilities. Along with vaccination, secure, purpose-built regional facilities are the best way to keep us safe and avoid economically crippling lockdowns. The Palaszczuk government has been calling for dedicated facilities since January, but for months the Morrison government has refused to work with us. When we proposed our 1,000-bed dedicated quarantine facility at Wellcamp, Queenslanders heard all the federal government’s excuses. They said there was not enough detail, so we provided them more detail. They said big planes could not land there, so we showed them a picture of the Prime Minister’s big plane landed there. The Prime Minister even said Toowoomba was in the desert. Perhaps even the members for Toowoomba can support us that Toowoomba is not in the desert. Time and time again, the federal government has failed to take any responsibility for quarantine.

Mr Watts interjected.

Mr DEPUTY SPEAKER (Mr Kelly): Pause the clock! Member for Toowoomba North, I ask you to cease your interjections. They are not being taken.

Dr MILES: Now we have found out that the Morrison government have been secretly planning their own private quarantine facility in the Northern Territory to be built on private land. Wellcamp would be built by now if the Morrison government had put politics aside instead of rejecting our idea.


I wish I could say quarantine was the only thing they have failed at, but it is not even close. With thousands of COVID cases just over our border in New South Wales and New South Wales health authorities effectively ceasing contact tracing, Queenslanders are racing to get vaccinated as quickly as possible. We are racing to get our population vaccinated before the virus enters Queensland.

However, more than 100,000 vaccines were redirected from Queensland to New South Wales with plans to redirect more of Queensland's share in coming months. We are using all the vaccines we are being allocated, yet last week Greg Hunt continued to criticise Queenslanders, despite knowing full well our allocation of vaccines is fully utilised and that his government is taking vaccines that were destined for Queenslanders and sending them to Sydney.

It gets worse. Last week it was revealed that Australia missed out on millions of doses of Pfizer because Greg Hunt refused to meet with Pfizer representatives for over a month last year. Australia could have had millions of Pfizer doses as early as last year, but the Morrison government would not even have a meeting. If the Morrison government had secured a million doses last year, New South Wales might have been saved from this devastating outbreak. If the Morrison government had met its own vaccination targets, our borders might have been able to stay open. If those opposite had the strength of character to put pressure on their mates in Canberra, the federal LNP might not have sent all of Queensland's vaccines down south to Sydney.

The Palaszczuk government will continue to put as many vaccines as possible in the arms of Queenslanders and continue to deliver on our economic recovery plan.

(Time expired)

 **Ms BATES** (Mudgeeraba—LNP) (5.14 pm): I rise to support the motion before the House moved by the member for Kawana. I am a nurse. I, like most Queenslanders, must accept the health advice, even though we do not get to see the health advice. I know there are good reasons to limit movement when required to stop the spread of this deadly COVID virus, but I cannot believe the chaos created by this government with the snap lockdown of the border just south of the great electorate of Mudgeeraba. Hundreds of people have been caught out, lives disrupted and businesses destroyed by the heartless actions of this government. The government has had long enough to sort this out, but they are paralysed with inaction and Queenslanders are paying the price.

I would like to share with the House some of the stories I have heard from desperate Queenslanders trying to get home, trying to get to work and school, and trying to care for their families, all frustrated by the nonsensical and bizarre rulings that let a plane load of sporting entourage and their families in, while keeping children from reuniting with their families and stopping Queensland workers from putting food on the tables of their families.

Laila shares custody of her adult disabled son who is non-verbal and occasionally physical. The arrangements mean that both parents get respite from the demands of caring for him. She has been trying to get an exemption to quarantine at home when he returns from interstate where he has been staying with his father. She knows that the familiar surroundings and spending time with his mother play a huge role in keeping him calm and well. But the exemption unit said no. He is essentially stuck in New South Wales with his father who is rapidly heading for burnout.

It is the same for Sandra's son. He has been locked down at his university in Armidale and his mental health is declining. She wants him home and again knows that the delay in obtaining a room in a hotel and then the 14-day isolation would be devastating for him. This is another case where a remote rural property would be perfect for home quarantine and another young Queenslanders would be safe at home with his family.

There is the case of young Levi who fled a domestic violence situation in Victoria and, on the advice of Victorian authorities, drove straight through the night to the Queensland border at Goondiwindi. His mother says he was devastated to be turned around by police there and told to go back to Sydney, the epicentre of COVID, and then to fly to Brisbane. He had no money and he did not think he would be able to manage in hotel quarantine even if he had been able to get a room. She rang my office in tears, bewildered by the plane load of NRL players allowed to cross the border to quarantine with their children and parents as families.

Then there is the family from the Western Downs. A mother drove to Narrabri to claim her son's remains after police feared he had taken his own life. She drove to the border with her son's ashes beside her in the car. She was turned around and has been put by community members in a hotel for


two weeks. She suffered a breakdown and was admitted to hospital in Queensland and cared for by our terrific frontline staff. When she was discharged, she was sent straight back over the border, unable still to get home with her son's ashes to grieve properly with her family.

Then there is Dayna, a teacher supporting children with special needs who flew to country Victoria for her sister's funeral prior to the state's current lockdown. She wants to come home, but, as a teacher, she is not deemed to be an essential worker. Her students might beg to differ. Why can she not come home and quarantine with her family?

Lesley, a specialist nurse practitioner who is supposed to be working in a remote Indigenous community, cannot get back into Queensland to help some of our most vulnerable community members.

Jamie, a local high school student from my electorate who lives in New South Wales, has missed the lead-up to final exams because the borders slammed shut with just two hours notice. No amount of pleading with exemption teams have worked. He could not get over the border and has missed weeks of essential learning, not to mention time to be spent with schoolmates and teammates.

We have had tradies who had gone interstate to work, stranded when jobs finished with no way to get back, no money and nowhere to quarantine. Young people are living in cars, camping with friends on the arbitrary line that separates our state from New South Wales. They have been waiting for transparency, decency and consistency from this government. The sad reality is that these Queenslanders will be waiting a long time. Thousands of Queenslanders have essentially been left stateless. The Premier has acknowledged the need to do better. Doing better means bringing Queenslanders home.

 **Mr HEALY** (Cairns—ALP) (5.19 pm): I begin by saying that the Palaszczuk government will always put and has always put the safety of Queenslanders first as we fight delta to protect our way of life. All of these stories we are hearing are of people coming from areas impacted by COVID, and we are not.

Opposition members interjected.

Mr HEALY: New South Wales are not. What happened to the lovely, peaceful discussion we were having? Last year the LNP called for Queensland's border—I have to be careful here because I do not want the vision of the member for Kawana to come true—to be opened between 63 and 65 times. That is how many times the LNP asked for the borders to be opened. What a risk it would have been. One of the challenges—

An opposition member: You opened it.

Mr HEALY: When the time was right, when there was no risk. It is all relative. Those opposite have to be able to understand if they were a government—which they are not and which they will likely never be—they would wield the powers of government. It is about responsibility and about making tough decisions.

An opposition member interjected.

Mr HEALY: I will get back to the tourism comments. On Thursday, 2 September in a Sky News interview the current Leader of the Opposition refused on five occasions to support Queensland's strong COVID-19 measures. The Leader of the Opposition, Scott Morrison and the LNP want to open Queensland's border which would let delta in and ruin our way of life. This is a fact that remains undisputed. We are seeing it happen in other states. The LNP put the interests of the Morrison government first, at the expense of Queenslanders and our economic recovery.

Our strong border measures have helped keep delta out of Queensland, preventing long lockdowns and allowing our economic recovery to continue. We have some semblance of normality in Queensland. Our children are at school. Some sectors of the economy are doing extremely well. They cannot build houses fast enough in Cairns. Our mining industry is booming and is unimpeded by COVID.


While our tourism industry is unprecedentedly impacted by the global pandemic, of which I am acutely aware being the member for Cairns and the Assistant Minister for Tourism, there are some pockets of our industry doing quite well because they are not in lockdown. Some of us in regional areas know that. For example, the drive market anywhere within four hours of Brisbane, particularly the Sunshine Coast and Hervey Bay, have strong bookings. I believe Western Queensland, having been out there recently, is doing quite well. There are areas that are doing quite well.

As we all know, the key to normality is vaccination. The federal government's inaction for months on establishing quarantine facilities and vaccine supply has led to the mess New South Wales and Victoria find themselves in. Last week I was very pleased to join my friend the health minister to officially

open the new mass vaccination hub at the Cairns Convention Centre. Over its first three days of operation last weekend the hub administered 3,707 free vaccinations to the people of my wonderful city, including my two teenage children who received their first shots. The centre is accepting walk-ins. I understand that that is happening across the state. All of our hubs will be accepting walk-ins.

We get the importance of vaccination and we are encouraging as many people to do it as we can. In Cairns we are hoping to get as many as 18,000 people vaccinated over the coming month—the next three weekends. The Cairns and Hinterland Hospital and Health Service has delivered 105,000 doses of the COVID-19 vaccine since health services rolled out the vaccine program in February. More than 50 per cent of our population in the region has received at least one dose of the COVID vaccine. We know the vaccine is a crucial part of our COVID defence. Getting our vaccine will help protect our community and will assist us in getting back to some normality. I urge anybody who is in Cairns and the Far North to come forward and get vaccinated at this new vaccination hub. If they cannot get it there they should go and see their local GP or community pharmacy.

The federal government's inability to secure enough COVID vaccines early has led to lockdowns in New South Wales and Victoria. So far the Palaszczuk government's strong stance on borders has kept the delta strain out, which has given us this window to get vaccinated. I thank the House for the opportunity to educate the other side.

 **Ms LEAHY** (Warrego—LNP) (5.24 pm): I rise to support the motion moved by the member for Kawana. In Queensland if you are in a sporting entourage the Queensland Labor government will wave you through hotel quarantine. If you are a WAG you will get the wave through. If you are a child like three-year-old Memphis Francis or a four-month-old baby like Rocka Blacker or 10-year-old Nate Russell or 12-year-old Lilly Camm, expect the first response to be a no—you are not coming home to Queensland under this government. If you are stranded and want to be reunited with your family expect a no. It is only after it hits the media that this government starts to take some notice.

Baby Rocka had to go to Sydney for treatment for his terminal illness. Specialists in Sydney made arrangements with doctors in Dalby so Rocka could go home to quarantine on the family farm. His parents, Jessie and Billy, were refused this option by the exemptions unit. The exemptions unit overruled Rocka's Sydney medical specialist's advice. It seems the health advice is okay for the government when it is aligned with the polling research, but it is not when it comes from the specialist of a seriously ill four-month-old baby.

Mr Weir: No compassion.

Ms LEAHY: No compassion. The exemptions unit wanted the family to split, with Jessie and Rocka quarantining in the Queensland Children's Hospital and Billy in a hotel. Jessie and Billy refused the split and they were bullied into quarantine in an Airbnb in Brisbane. They just want to go home. These parents are unhappy. They are distressed. They are isolated from their local family and their support networks.

This is a government that has no compassion for children or for residents who are left stranded. Like the member for Gregory said yesterday, thank God for the volunteers of Angel Flight who brought Memphis, Rocka, Nate, Lilly and several others to Queensland. Angel Flight volunteers have done more for these stranded children than the Queensland government. It is a disgrace. Despite the Premier saying that the exemptions unit must do better, the first response of the unit to these children has been a no.

This is a cold and heartless Labor government that opens the door for the sporting entourages only to knock back Queensland children and residents. Residents like Deb Hall from Adavale. Deb left Queensland in July for New South Wales with her two dogs to care for her 80-year-old dad who was injured when her mum was killed in a car accident. She is a caretaker for a 90,000-acre property at Adavale. The property owners had to employ additional staff so they do not end up with animal welfare issues due to Deb's extended absence. She applied to come home twice. Her passes have been rejected.

Then there is Erin from Brisbane who travelled 10 weeks ago to support her parents in Victoria. She applied five weeks ago for access to quarantine on compassionate grounds when her daughter fell ill. Due to the snap closure of quarantine, both her border pass and her compassionate passes were cancelled, forcing her to apply again on 5 September. She heard nothing until today about her application for quarantine—five weeks to get through the system.

Mr Powell: Five minutes if you enter New South Wales.


Ms LEAHY: And five minutes if you are in football. How many other Queenslanders have had their border and compassionate passes cancelled due to this snap closure of hotel quarantine by the Premier?

Then there is Geoff from Roma who has a broken pelvis from a farm accident in New South Wales. He is recuperating without family. He is injured and stranded. Then there are Emily and Ben from Bollon and their three children who are stranded in Broken Hill, desperate to get back to Bollon to care for their livestock. Then there is Rachel and Wally from Sarina who are stranded in New South Wales with their working horses on their New South Wales property and needing to get back to Sarina to their home property.

The Premier has acknowledged the need to do better. Doing better means bringing all Queenslanders home, including our children.

Ms Grace interjected.

Mr DEPUTY SPEAKER (Mr Kelly): Order, member for McConnell! You have only just joined us.

 **Ms LAUGA** (Keppel—ALP) (5.29 pm): I rise to speak in support of the amendment moved by the Deputy Premier and against the motion moved by the LNP opposition. The member for Warrego talked about all of those cases but what is interesting is that, if the Prime Minister had got quarantine right and if the Prime Minister had got the vaccine rollout right, perhaps these people would not be stranded. This motion, moved in this place today, is just another example that the LNP have absolutely no idea how to navigate through a crisis.

Ms Camm interjected.

Mr DEPUTY SPEAKER (Mr Kelly): Order, member for Whitsunday!

Ms LAUGA: This is just another example in a long list of examples since the global pandemic came to our shores last year. Thank goodness those opposite are not in government because, frankly, we would all be doomed. Luckily we have the Premier and the Chief Health Officer who are standing up for Queenslanders against the attacks of the Morrison government and against the attacks of those opposite.

Queensland is going so well. Tourism in Central Queensland in my area is booming. Business is booming.

Ms Camm interjected.

Mr DEPUTY SPEAKER: Order, member for Whitsunday! Pause the clock. Member for Whitsunday, I have brought my concerns to your attention on many occasions. I will warn you now formally.

Ms LAUGA: Rocky has never had an NRL game before, but in the last month we have had three! Only a few weeks ago at the Village Festival in Yeppoon we had bands playing and there was a mosh pit. None of this is happening in New South Wales and Victoria right now. If those opposite had their way, they would have opened the borders and let it rip. I do not need to paint that ugly picture.

Australians have been plunged into uncertainty and disruption because of a leaky quarantine system and a slow vaccine rollout. Scott Morrison says it is not a race. It is a race and it always was a race. The Prime Minister had two jobs: a speedy, effective rollout of the vaccine, and quarantine—and he has failed at both.

The LNP federal government and the LNP Queensland opposition are an absolute rabble. You have Senator Matt Canavan, Senator for Queensland, alleging that you cannot catch COVID outside, criticising the borders being closed and restrictions being in place to protect Queenslanders. However, the senator was very complimentary of the Central Queensland Health and Hospital Service medical staff last week on the fortnightly COVID zoom, thanking them for the good work they are doing throughout this global pandemic. That is not what he is saying in the media though.

Then you have George Christensen going off tap and not being reprimanded. The Deputy Prime Minister and also a former prime minister were caught not wearing a mask. These are dangerous places to be—dangerous areas. It is completely irresponsible for Matt Canavan and George Christensen to be using public office, a position of power and influence, to spread misinformation and lies.

We learnt last week that, despite the Prime Minister saying Australia would be at the front of the queue for vaccines, when Pfizer reached out to the Commonwealth health minister, instead of meeting with one of the world's leading COVID vaccine candidates, Minister Hunt sent some junior burgher to the meeting. It was two months later that the health minister finally met with Pfizer when countries like the US and UK had already signed deals and had supply flowing through. It took another four months before Pfizer started flowing into Australians' arms, but the Australian government has had to beg, borrow and steal to get supply from other countries.

We know that, if Scott Morrison had procured enough vaccines for his original vaccine rollout goal, over 80 per cent of the Australian population would be vaccinated today. Let me repeat: if he had procured enough vaccines from Pfizer, over 80 per cent of our country would be vaccinated today, and we could already have purpose-built quarantine facilities in Queensland established if it were not for the Prime Minister's inaction. Our Premier pleaded with him: we need regional quarantine facilities because our hotels are not built for quarantine.


You would think that the opposition would have learnt that playing politics with borders does not work. Playing politics with a global pandemic is irresponsible, it is disrespectful to the expert doctors and medical practitioners and it is just plain stupid. Last week we heard the LNP call for the borders to be reopened—how many times, members?

Government members: Sixty-four!

Ms LAUGA: Sixty-four times. One Nation was doing the same. Disgracefully, Pauline Hanson said all the sick and elderly should lock themselves away so the borders could reopen. She started a GoFundMe page to raise funds for a High Court challenge—which I understand had a goal of about a million dollars but did not even reach the \$50,000 mark. Where is that money now?

Our health is at risk. Our economy is held hostage. Families are being kept apart. Australians deserve better and Queenslanders deserve a better opposition.

(Time expired)

 **Mr BENNETT** (Burnett—LNP) (5.34 pm): I rise to speak on the motion for one good reason: I was hoping that we could have a debate in this House and talk about those Queenslanders who are stuck in other jurisdictions. I have some sympathy about the decisions that are made in this difficult time, but one thing we cannot ignore is those real stories. I am sure every member in this House has constituents who are stuck—

Ms Grace interjected.

Mr BENNETT: I will not take interjections because I am more concerned about how important it is that Queenslanders get home. It may be that this debate could have been about how we could do better and how we could show respect to those making exemption decisions. I think it is also important that we talk about real stories about real Queenslanders, particularly in my electorate, to put a human face to this issue.

I want to talk about Alison and Ben. Alison is desperate to get her son home to the Burnett. They live in Childers. He is stuck at the university in Armidale on his own. He is the only student left in his accommodation wing. Over months Ben has applied for multiple exemptions, and all were denied.

Ms Grace interjected.

Mr DEPUTY SPEAKER (Mr Kelly): Pause the clock.

Mr BENNETT: I will take the interjection from the member for McConnel, who is consistently interrupting. This is a serious issue. I am trying to talk about my constituents and I would appreciate—

Mr DEPUTY SPEAKER: Order! Member resume your seat. Member for McConnel, I ask you to cease those conversations and quarrelling across the chamber. I cannot quite work out, due to the masks, who you are quarrelling with but, whoever it is, can you cease as well.

Opposition members interjected.

Mr DEPUTY SPEAKER: Order, members! That is not an invitation for further interjections.

Mr BENNETT: I want to highlight the issue with Ben and what he would have to go through to get home. He would have to go to Sydney and he would have to fly to Brisbane and quarantine for two weeks. This is a uni student desperate to get home. There are a lot of risks around his mental health.

I want to talk about Brad whose two kids arrived in Brisbane from a non-hotspot in New South Wales. They had their border passes all correct, but at the airport the border police made them fly straight back to Sydney to fill out more forms. He had to book two new flights and all three arrived back in Brisbane. The issue is that they are looking for compensation, and for the last couple of months we have had no response from Queensland Health in terms of restitution.

I want to talk about Gemma. She flew to Melbourne after receiving a desperate call from child protection services in relation to a domestic violence issue. Upon receiving the call, Gemma rushed to Melbourne and assisted her daughter who was escaping from DV. After some time, Gemma was comfortable to come back to Avondale, just north of Bundy. She booked a ticket and flew into Brisbane on 7 September. Unfortunately, Gemma did not realise that the border had been closed while she was

in transit. She quickly filled out an application at the airport, and on it goes. She is back in Melbourne. She had to fill out more forms, stay three nights and now she is stuck in limbo in Melbourne being escorted all over the countryside by well-meaning police, wasting their time as well as everyone else's.


I am trying to get my head around the costs associated with this. Emily came to talk to me. In August her father became unexpectedly ill. She lives in Tweed Heads. She applied for an exemption to enter Queensland to see her dying father up our way. The exemption was finally granted, but sadly it was too late and her father had passed away. The issue then was that she was stuck across the border and left to grieve by herself, as the first exemption was no longer valid. For days she waited for a response and it finally came. I am told that the exemption was granted after she had to cough up an alleged \$10,000 to get that said exemption.

I want to talk about Teagan. Teagan and her partner have been stranded in Moree for weeks. They travelled interstate to provide end-of-life care for Teagan's partner's mother. After receiving multiple rejections to their exemption requests, Teagan and her partner applied for a Queensland border declaration on the understanding that they, as schoolteachers, would be considered to be essential workers. Upon arriving at the border, they were promptly turned around and they are still stuck in some dodgy accommodation in Moree—not that I am saying anything about Moree.

Today I got a call from the federal member for Parkes. Warwick who lives in Woodgate is stuck in Lightning Ridge, which is in the Parkes electorate. The member for Parkes is really worried about Warwick's mental health because this gentleman cannot navigate the requirements around what an essential worker is and his health is deteriorating. We have a lot of politicians all over the country trying to do the right thing. That is why I think debating this motion was going to be important if we could have kept to the original motion and showed real empathy and respect to those people in our electorates—and all of you have such people—who are now caught up in these border issues.

If we could acknowledge that it is not as easy as it should be, I would have expected the motion to continue to be debated instead of being deflected to other issues that are not important. These people from my electorate who are stuck in New South Wales and other jurisdictions are important. It is incredibly frustrating. I give a shout-out to my staff who have to try to navigate these really emotional and serious issues. They wear their hearts on their sleeve every day as we deal with this continuing issue.

We can do better. I ask the minister to put some effort in. We can all work together to make sure those vulnerable people who are stuck in other jurisdictions through no fault of their own can come home to enjoy the people they love and the area they love, which Queensland.

 **Hon. MT RYAN** (Morayfield—ALP) (Minister for Police and Corrective Services and Minister for Fire and Emergency Services) (5.39 pm): There is no doubt about it: these are extraordinary times. COVID-19 has affected the entire world. It has affected Australians; it has affected Queenslanders. Some Queenslanders have paid the ultimate sacrifice. Seven of them have lost their lives. Today 12 people in New South Wales passed away and two Victorians died. So far 1,102 Australians have died. They have made the ultimate sacrifice. We have to continually recognise that to keep people safe, to stop people from dying, we have to make sacrifices. We have to be inconvenienced at times because it is the sacrifices and hard work of Queenslanders in particular that has saved lives. It has been the hard work, the sacrifices and the commitment of Queenslanders to strong action on borders, strong action on hotel quarantine, supporting expert contact tracing, supporting outstanding work by health infection control, police and other government officials in hotel quarantine that has kept us safe.

Mr Millar interjected.

Mr DEPUTY SPEAKER (Mr Kelly): Pause the clock. Member for Gregory, you are warned under the standing orders.

Mr RYAN: The world that Queenslanders live in today is a safe place because of the sacrifices, hard work and commitment of Queenslanders to strong government action. The world we would be living in if the LNP had their way would be quite a different story. It would be a world where they say, 'Let's open the borders'; a world where they put billboards up to say, 'Let's open the borders'; a world where we help people climb over barricades at the border on the Gold Coast; a world where we say, 'Eat some horse worming tablets'; a world where we say, 'Let's not lock down'; a world where we say, 'Let's have dinner parties in the streets in Toowoomba'; a world where we say, 'Mask mandates are insanity'; a world where, when an email comes in from Pfizer saying, 'Here's some vaccine', we right click and mark it as junk; a world where we say, 'Quarantine facilities are not a commitment of the federal government'. The world that the LNP would have us living in would be a very different place


compared to the world we are living in today. The world we are living in today is because Queenslanders have worked hard, Queenslanders have made sacrifices and Queenslanders have backed in strong government action by the Palaszczuk Labor government.

We are safer because of the hard work of Queenslanders. We are safer because of strong decisive action by Queenslanders. It would all be at risk if you took your eye off the ball of keeping Queenslanders safe like the LNP would have us do. If Scott Morrison had done the right thing, if he had ordered enough vaccines, if he had not ignored offers from Pfizer, if he got hotel quarantine and other quarantine facilities right, we would absolutely be in a very different place today. But because he has dropped the ball, because Scott Morrison did not do the things that he had to do, we are in a very different place. That is a shame on him and a shame on the LNP.

The Queensland government will always put the interests of Queenslanders first. That may mean taking strong decisive action to keep people safe. It is because Queenslanders have backed in that strong decisive action that we are safer. We are in a better position than other states. We do have to reflect on the position those other states are in. What is happening in New South Wales and other states is a tragedy. There is community transmission of COVID-19; people are filling up hospitals; people are being put on ventilators; and people are being put in intensive care units, not able to have their families come and visit them in hospital because of that situation.

Because of the strong action of our Premier and because of the strong action of the Queensland Labor government we are in a better place. I pay tribute to the very hardworking frontline workers—the police, the State Emergency Service volunteers, the firefighters and the Queensland Health personnel who have worked hard on the borders, in hotels and right across the state to keep us safe.

(Time expired)

 **Mr STEVENS** (Mermaid Beach—LNP) (5.45 pm): I cannot believe the hypocrisy I am hearing from the Deputy Premier and those Labor members over there. It was actually Scott Morrison who saved Australia by shutting the international borders, and when he shut the international borders the loudest squealer was the fellow from the federal Labor Party, the one with the big dimple with the forgettable name, who yelled about getting all Australians home. That was the loudest squeal from the Labor Party, 'Bring them home!' Yet this Labor government shut out Queenslanders and put no plan in place to bring them home before they shut the borders with two hours notice. Any moron would put in place a system to bring Queenslanders home—

Ms PEASE: Mr Deputy Speaker, I rise to a point of order. That is unparliamentary language from the member for Mermaid Beach.

Mr STEVENS: I withdraw. For this government to lock out Queenslanders is an absolute blight on the intelligence of their organisation in getting ready for a lockdown. They knew a lockdown would be coming; it was a matter of time. With two hours notice down she goes, and Queenslanders are locked out everywhere. I am on the Gold Coast and I get plenty of constituents complaining greatly about their ability to get back to Queensland. These are Queenslanders. They are not from some foreign country; these are Queenslanders who want to come home to the beautiful Mermaid Beach.

I have Chris, Sue, Judith, Marie, Steven, Marilyn, Travis, Stephen, Danny and Rob who are all locked out of our state. How embarrassing is that? I cannot do anything for them because when they go through the health department over there exemptions just do not exist. Except for one thing: I tell them to go to the media because if they go to the media, just like little Memphis, they will have a chance to come home to Queensland. It is an absolute embarrassment. We have 1,000 trucks coming through a day, yet there is no testing for them—

Mrs Gerber: They don't even have to be vaccinated!

Mr STEVENS: Not even vaccinated—

Mrs Gerber: Thanks to the unions!

Mr STEVENS: Would you stop her from interjecting, Mr Deputy Speaker?

Mr DEPUTY SPEAKER (Mr Kelly): Order, members. Pause the clock. I apologise, I was having trouble seeing who that was interjecting. I was looking.

Mr STEVENS: Yet we have Queenslanders locked out of our own state. We are Australians first and Queenslanders second but we cannot get our own people back into our state. Yet if I was the good-looking WAG of a footballer I would be invited in here by the Premier for a photoshoot. Get the lads in! This government has been absolutely incompetent in their methodology of looking after Queenslanders and locking them out of our state.


It just beggars belief that Queenslanders are stopped when we have 30 spin doctors over there. With 57,000 calls, those spin doctors could be trying to get those Queenslanders home. Give them their 1300 number so the spin doctors can save the media from getting those Queenslanders home. There are people like Chris, who was locked in Murwillumbah with no notice and cannot get home. I have Sue, who went down to Melbourne to pick up her son and cannot get home. These are genuine Queensland problems that will not be addressed by this incompetent government which did not put any system in place.

To blame the federal government, which is their easy 'get out of jail free' card is absolutely ridiculous. Without Scott Morrison and that shutting of the borders, we would be like the other countries in the world where there would not be the single-digit numbers that the minister was talking about earlier; there would be thousands and thousands like other countries throughout the world. Scott Morrison did a wonderful job in terms of shutting those borders. The Pfizer was kept back from us because other countries needed it more. These people over there frightened everybody, including me, about getting AstraZeneca. When I realised it was just more rubbish, I went to my GP and got my AstraZeneca.

Opposition members interjected.

Mr DEPUTY SPEAKER: Order! Pause the clock. Member for Mermaid Beach, I am having trouble hearing your speech over the interjections. You have the call and I ask everyone else to stop interjecting.

Mr STEVENS: The mixed messages and the incompetent organisation have led to this terrible situation where we have Queenslanders locked out of their own state. That is absolutely shameful. It is a bad indictment on the government. When those Queenslanders get back, I hope they know which way they are going to vote.

 **Hon. DE FARMER** (Bulimba—ALP) (Minister for Employment and Small Business and Minister for Training and Skills Development) (5.50 pm): It is about 18 months since we saw the pandemic sweep across the globe, and we have seen the death toll for individual countries climb. It is more than 4.6 million people worldwide now, which is the equivalent of nearly 20 per cent of Australia's population and almost the population of Queensland. The deaths and the positive cases are not just in some country overseas; they are in our country. They are in New South Wales, they are in Victoria, they are happening just across our borders. There are over 14,600 active cases in New South Wales today. In Victoria, there are over 4,000 cases. Every single one of those deaths is a human tragedy that leaves some devastated family or community behind.

Every single day that each of those states is in lockdown is another stab in their economy. It is another day when kids do not go to school. It is another day when families are not out and about. It is another day when friends cannot enjoy each other and businesses cannot stay open. It is a time when hospitals are crippled under the weight of the health crisis—when doctors are being told they will probably have to make a choice about who they put on ventilators. No-one wishes that on another place. We feel desperately for our friends and colleagues in New South Wales and Victoria for what they are going through, but it makes us treasure all the more the place we find ourselves in in Queensland.


We are out and about in our communities. Everyone in this House has had that experience of people saying to them that they cannot believe that we are open and we are safe. Our health recovery has been strong, and because of it our economy has been strong. Although a lot of people say we are lucky in Queensland, it is not about luck. It is because every single Queenslander has put their shoulder to the grindstone when it was asked of them, and it is because the Premier has stood so strong.

Not once has anyone on the other side done a constructive thing to support the Premier in her job to keep Queensland safe. When we needed to close the borders to keep Queensland safe, the opposition called for the borders to be opened 64 times. The opposition leader is always happy to tell the Premier what to do, but when he was asked what he would do he had no idea. We all know the embarrassment of that interview on Sky News.

When we asked the Prime Minister to set up a regional quarantine facility—the very thing that would help those Queenslanders get back to Queensland now—there was not a word. When we begged the Prime Minister to send vaccinations our way and not truck them all to Sydney and that would save us from the lockdowns and the delta virus that is coming our way, there was not a word out of them. When we asked the Prime Minister to keep JobKeeper for some struggling businesses, there was not a word out of them—which is surprising because they obviously liked a bit of JobKeeper themselves.

When businesses were buckling under the impact of COVID, we were the first state to introduce a COVID economic stimulus package. We have invested billions of dollars, including for those border businesses which are really struggling. The opposition ignored them and they went to an election in the middle of COVID and did not even have a plan for small business—so inconsequential. When the border businesses started buckling, I heard not a word from the members on the border—and there is one in particular. All I heard was the criticism of our government and what was not happening, but not a word to me about what we could do in a representation of her community.

We are safe in Queensland because the Premier is strong. We are safe in Queensland because Queenslanders make sacrifices when it hurts them. We are safe because we have leaders like Dr Jeannette Young who, because of her opinion, solid research and dependability, every Queenslanders trusts. We are safe because we have contact tracers who work 24 hours a day and save us even when we cannot believe we can be saved. We are safe because we have health workers who are buckling under the pressure. We have police officers who are going into communities, supporting us to stay safe and strong. We have paramedics who are doing their job. Everyone is so stressed but they are working so hard. We have people who are making sacrifices because they know it is worth it for Queensland to be safe. We do not need people on the other side tearing Queensland down, criticising all the time, attacking. What we need is people who want to build Queensland up, who have got Queensland's best interests at heart, who want to work with us and not against us.

 **Mr POWELL** (Glass House—LNP) (5.55 pm): I join with the member for Kawana and members on this side of the chamber and call on the Premier to bring the Queenslanders home. The Premier and those opposite will try and twist what we in the opposition are calling for in parliament tonight. They will claim we are calling for open slather on the borders, that the borders should be opened. That is simply untrue. They will claim we are calling for residents wanting to relocate from southern states to Queensland should be let in. Again, untrue.

Ms Grace interjected.

Mr DEPUTY SPEAKER (Mr Kelly): Order! Member for McConnel.

Mr POWELL: They will claim their decision to slam shut our borders here in Queensland is the fault of the federal government. That is not only untrue; that is downright farcical. They will claim it is because we do not have enough vaccine. Once again, false. The Chief Health Officer is on the record herself saying there is plenty. Perhaps the Premier should not have scared everyone out of taking AstraZeneca. What we are calling for is to allow Queensland residents to come home. My office, like others, has been inundated since the moment the Premier, with two hours notice—

Mr Millar interjected.

Mr DEPUTY SPEAKER: Sorry, member for Glass House, I am going to ask you to resume your seat. Member for Gregory, if you think there is another member in this chamber being disorderly and you would like to bring it to the attention of the Speaker or Deputy Speaker, you have the option of rising and taking a point of order. I am well aware of the member's interjections and I am dealing with that when I get a chance, without interrupting the speaker, but I have done that now. Member, you are warned.

Mr POWELL: My office, like others here, has been inundated since the moment the Premier, with two hours notice, slammed shut hotel quarantine to everyone, stranding countless Queenslanders across the border. Initially, some of them were happy to wait and make that sacrifice that the member for Morayfield called for, until they learnt the Premier had let in sporting entourages. Then the outrage at the double standards opened the floodgates. Let me share just a couple of the confronting stories from residents of the Glass House electorate.

One of my residents is worried sick about her daughter who was in a southern state for university until lockdowns forced her to defer her studies. The daughter had already shipped her things home and had handed in the keys to her apartment when the Premier slammed the border and hotel quarantine shut. The daughter is homeless, spiralling into depression, and her counsellors have presented evidence that being alone in hotel quarantine would be very harmful for her. My constituent, the mother, lives on an isolated, remote property and details of that isolation, including aerial photographs, have been provided to the Chief Health Officer. She can easily do self-quarantine there, at low risk to the entire community. The mother again contacted me today, desperate, and has asked—

What is the evidence that Queensland Health is using to delay making a decision on this case? Who are the delegates delaying this decision and what is their experience and expertise in mental health? Do these delegates understand that their non decision, compounds mental health issues with feelings of helplessness?

Please, Premier, you need to do better. Then there is Joan and Allan, from Glasshouse Mountains, stuck in Central West New South Wales. Joan and Allan were travelling in New South Wales in their caravan and did not hear about the border closure until it was too late to reach it. They have chosen to sit it out in a caravan park because they cannot afford the hotel quarantine, nor the expense of shipping their caravan and vehicle home. They are both fully vaccinated and COVID negative and just want to come home. I quote—

“Let me get this straight we are fully vaccinated and negative, and have no right to go home to Queensland without hotel quarantine and flying in, but we [can] transfer our car and caravan to an unvaccinated driver who has the right to cross the border?”

Then there is Lily and John from Maleny, who travelled to Sydney back in June for their granddaughter's birthday. The following day COVID cases were announced in Bondi, more than 40 kilometres from where they were staying in Glenwood. Yes, they miscalculated that the subsequent lockdown would be short and chose to stay and enjoy time with their family. However, both Lily and John have had two AstraZeneca shots and all of their family they are staying with have been vaccinated. There are apparently no COVID cases in the immediate neighbourhood in which they are confined. They have tried to get a pass to re-enter Queensland but were rejected because they fall into a hotspot. They are pensioners; they cannot afford hotel quarantine. They live in a smaller community within a community with neighbours who would happily shop for them and leave the shopping on their front verandah. At this stage their short visit to New South Wales back in June looks like it will extend indefinitely.

If it is good enough for sporting entourages, it is good enough for my young university student. If it is good enough for sporting entourages, it is good enough for Joan and Allan. If it is good enough for sporting entourages, it is good enough for Lily and John and everyone else that members on this side of the House have mentioned tonight. Bring the Queenslanders home.



Hon. YM D'ATH (Redcliffe—ALP) (Minister for Health and Ambulance Services) (6.01 pm): This is a serious debate. This is a serious issue and it is a complex issue. Those on the other side like to make out as if all these stories are black and white, but they are not; they are complex. We do have clinicians, psychologists and health experts in that exemptions team working through these particular issues. We have heard a lot of names and a lot of stories in this debate. Can I add a few more?

These people do not have names. A woman in her 60s from south-eastern Sydney died at home. A man in his 60s from south-western Sydney died at Liverpool Hospital. A man in his 70s from western Sydney died at Liverpool Hospital. A man in his 90s from western Sydney died at Westmead Hospital. A woman in her 80s from western Sydney died at Blacktown Hospital. A woman in her 50s from south-western Sydney died at Westmead Hospital. A woman in her 80s from south-western Sydney died at Campbelltown Hospital. A woman in her 70s from south-western Sydney died at Campbelltown Hospital. A woman in her 30s from south-western Sydney died at Royal North Shore Hospital. A woman in her 70s from south-eastern Sydney died at Prince of Wales Hospital. A man in his 60s from western Sydney died at Westmead Hospital. A man in his 50s from south-western Sydney died at Westmead Hospital.

This was all in the last 24 hours in New South Wales. These are mums and dads, husbands and wives, sons and daughters, grandmothers and grandfathers. Who is telling their story? Who is fighting for them? What about the pain that their families are feeling, the fact that they died alone without a loved one holding their hand but some stranger covered in full PPE trying to support them as their life slipped away from COVID? These are just the deaths in the last 24 hours. They make up 198 people who have died in New South Wales alone from one cluster that started with one person on 16 June—one person from 16 June. That has now turned into 41,177 positive cases, 4,034 in Victoria—all linked to the same New South Wales cluster—and another 243 in the ACT. There are 1,241 people in hospital and 234 people in ICU. They deserve a voice as well in this debate.

These are real lives and these are real people. So when members want to stand up and talk about real stories and real people, I will talk about real people. We are trying to save lives here. We are trying to save lives here.

Mr Bleijie: Let's talk about Queensland.

Mrs D'ATH: I take that interjection. I am talking about Queensland. I am trying to make sure that we are not standing here in parliament announcing that 12 people died yesterday because we let the virus loose.

Mr Bleijie interjected.

Mr DEPUTY SPEAKER (Mr Kelly): Pause the clock. Resume your seat please, member for Redcliffe. Member for Kawana, you are on a warning.

Mrs D'ATH: We have heard throughout this entire debate from those on the other side, 'Bring back Queenslanders. Stop letting sports stars in. Stop letting essential workers in. These Queenslanders should be treated with priority.' I am sorry, but 18 months ago the Morrison government closed the borders. As the member for Mermaid Beach said, 'Shutting the international borders has stopped Queenslanders coming home.' However, every week they let in the same number of people as actual Australian residents. They let in people who are sports stars, celebrities, diplomats and everyone else above the cap. That is decided by the federal government.

We have no control over who is coming in on charter flights above the cap internationally that the Commonwealth lets in. They are letting in people above the cap over Queensland residents who are trying to come back to Australia, who have gone overseas for funerals and who have missed funerals here or who have not been able to be here for loved ones who have died. The same sacrifices are being made by Queenslanders and Australians trying to get back to our own country, so why is it so outrageous that in the last 3½ weeks we have put into place a process for the first time to actually cap how many people can go into quarantine at any one time to manage it and keep it safe? We have been waiting for 18 months for the Morrison government and those on the other side said nothing. Shame on you! They need to recognise that people have lost lives and how many lives we are trying to save in this state.

(Time expired)

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

AYES, 50:

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

NOES, 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.

Pair: Furner, Langbroek.

Resolved in the affirmative.

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

AYES, 52:

ALP, 50—Bailey, Boyd, Brown, Bush, Butcher, Crawford, D'Ath, de Brenni, Dick, Enoch, Farmer, Fentiman, Gilbert, Grace, Harper, Healy, Hinchliffe, Howard, Hunt, Kelly, A. King, S. King, Lauga, Linard, Lui, Madden, Martin, McCallum, McMahon, McMillan, 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.

NOES, 38:

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.

Ind, 1—Bolton.

Pair: Furner, Langbroek.

Resolved in the affirmative.

Motion, as agreed—

That this House notes:

- (a) the Palaszczuk government's strong actions which have kept Queenslanders safe from COVID-19;
- (b) the federal government's inaction for months to establish quarantine facilities;
- (c) the federal government's inability to secure enough COVID-19 vaccines early; and
- (d) the Palaszczuk government's decision to build a quarantine facility at Wellcamp to support Queenslanders and Australians return home; and


urges all Queenslanders to roll up their sleeve and get their COVID-19 vaccination.

VOLUNTARY ASSISTED DYING BILL

Second Reading

Resumed from p. 2724, on motion of Dr Miles—

That the bill be now read a second time.

 **Mr MARTIN** (Stretton—ALP) (6.15 pm): I have heard many people say that the vote members cast in this place will be one of the most significant votes of their parliamentary career, and I agree. I understand that this is a very emotional issue for our community, especially for those who have lost a loved one to a terminal illness. I have been moved by the stories shared by members of this place about the loved ones they have lost. After thoughtful consideration, I have made the decision to support this bill.

The end of life invokes some of humanity's deepest questions. These questions have formed the basis of religious and moral debates for thousands of years. I firmly believe that these deeply personal and spiritual matters should be resolved by individuals in the examination of their own conscience. To me, it is about giving individuals faced with certain death a choice—an option—that they can discuss with a health professional, a choice to avoid unnecessary pain and suffering. It is not a choice about life and death but a choice about what kind of death you will have, or a choice to fight to the end no matter what.

Importantly, I respect the views of those opposed to euthanasia who would never choose it for themselves. I would also say that I similarly respect the views of those who believe differently, which includes an equally legitimate choice that a terminally ill patient should be able to make.

An individual's struggle with terminal illness is a journey. It can start with a feeling that something is not quite right with your health and an initial trip to the doctor, then proceeding through diagnosis, treatment, palliative care and, in the end, death. Throughout that journey the person will have many different choices to make—how to tell their family, how to spend their last months or years, their treatment options. As the illness progresses, the choices inevitably narrow.

My views regarding this legislation have been profoundly influenced by my friend and former member for Stretton, Duncan Pegg, and his journey with cancer. Duncan faced the end of his life with courage and dignity. I was present at the beginning of Duncan's journey, when he received his cancer diagnosis. I will never forget the look on the doctor's face or the look on Duncan's face. I will never forget how I felt. Family and friends who have been in this situation will know well the initial feelings of shock that come with this kind of news. For myself, it was shock followed by denial. It is this experience which has informed my view that these laws are just as necessary for terminally ill patients at the beginning of their journey as at the end.

After hearing that life-changing news, a patient is then faced with their first choice: how to live with terminal cancer or another illness. This choice is very personal and different for each person. For some it means quitting work to spend time with family and friends. For others it means ticking things off a bucket list. For some, like Duncan, it means focusing on work. Being the member for Stretton and serving his community was part of Duncan's identity. Earlier this year Duncan was faced with the news that his cancer had become resistant to treatment. As the hardworking and loyal servant of parliament and his local constituents, he chose to make that public announcement in this place and to handwrite a personal note to the people of Stretton. His final speech in this place was one of the most powerful and dignified speeches I have ever heard. He stated clearly what he knew: that people with a terminal illness do not want to die; they fight to live every day. Duncan fought to live. He fought hard. He stated clearly that he would not tell people how to vote as it was a matter of conscience, but he was clear. He said—

People with terminal illnesses want to have an option. ... I encourage every MP in this place to make sure they speak to, and listen to, people with terminal illnesses and their families. I think if you do that you will get a clear consensus view.

As those in this chamber know, Duncan's journey ended on 10 June.


What this legislation says is that the individual should retain that one last choice at the very end but, importantly, it gives people at the beginning of their journey some comfort that they will have some control over how they die.

After many discussions I have had with constituents, there was a notable concern that introducing assisted dying legislation might have a dangerous effect on others, especially people in a similar position who do not want to end their life. Might they feel pressure to do so? To address this concern, there are safeguards that include strict eligibility requirements and processes that must be followed. This means that the eligible person must have decision-making capacity and be acting voluntarily, without coercion. The proposed law sets out strict processes for how voluntary assisted dying can be accessed. It includes many safeguards to ensure only eligible people access the scheme and to protect the vulnerable from coercion, abuse and exploitation. A key point is that a person may choose not to proceed at any stage in the process.

More than a choice, this bill also gives comfort to the terminally ill that they have an option as they approach the end. The Victorian experience highlights this point. Over 30 per cent of patients who accessed life-ending medication did not go ahead. The option was there to ease their mind and ready if chosen. This experience indicates that many people want to have the emotional safety net of knowing they can resort to getting help to die if their situation makes life intolerable but find that they never reach that stage. I believe that the legislation effectively balances these important points.

For my final comments I would speak directly to the Queensland people. While we debate this legislation in parliament, we must remember that there will be Queenslanders across the state who have today learned from their doctor or physician that they are facing a terminal diagnosis. Let us put ourselves in their shoes. They are now contemplating how to return home and break the news to their families—their parents, their partners or their children—their friends and other people in their life. At the same time, they are wondering how long they will have left and what they should do with their time remaining. Maybe they cannot at this stage think clearly about those matters.

Perhaps tonight those people will turn on the news and see politicians are debating euthanasia. For those individuals I want to say to them that I am conscious of the pain and uncertainty you are going through, as are many members in this place. Many of us have had loved ones who have been on the same journey. When I vote for this bill, I am thinking of you. I am also thinking of Duncan. I hope you beat this, but I also want you to have the choice if things do not improve—the choice of how to conclude your journey here on this planet and the choice of how you move beyond this life. I want you to have an option to avoid suffering. That is there for you, if you so choose. I hope there is some comfort in that.

 **Mr WEIR** (Condamine—LNP) (6.22 pm): I rise to make my contribution to the debate on the Voluntary Assisted Dying Bill 2021. Like all members in this House, I have received a great deal of correspondence and feedback with regard to this particular piece of legislation. Due to the very nature of the bill, much of the feedback received has indicated a very strongly held position on both sides of the debate. This is not surprising at all. I fully expected that this would be the response to the legislation before us. This is the reason the Leader of the Opposition, David Crisafulli, has offered all members of the LNP party room a conscience vote on this contentious bill.

The policy objectives of the bill, as outlined, are to: give persons who are suffering and dying, and who meet eligibility criteria, the option of requesting medical assistance to end their lives; to establish a lawful process for eligible persons to exercise that option; to establish safeguards to ensure voluntary assisted dying is accessed only by persons who have been assessed to be eligible and protect vulnerable persons from coercion and exploitation; to provide legal protection for health practitioners who choose to assist, or not assist, persons to exercise the option of ending their lives in accordance with the bill; and to establish a Voluntary Assisted Dying Review Board and other mechanisms to ensure compliance with the act. The bill states that, for a person to be eligible, the eligibility criteria includes: suffering from a disease, illness or medical condition which is advanced, progressive, causing intolerable pain and will cause death within 12 months; a person must still possess a decision-making capacity; the person must be acting voluntarily and without coercion; the person must have reached the age of 18 years; and the person must be an Australian citizen.

Like all members in this House, I have heard many tragic stories of family members who have had the distressing experience of watching a loved one suffering a painful and lengthy death. These stories are heartbreaking and there would be few in this House who have not experienced this situation with someone who is dear to us. None of us know how or in what circumstances we will leave this earth. We only know that at some time our turn will come and we hope it will be merciful and pain free. Regrettably, this is not always the case. The intent of this bill is to give a person enduring intolerable

pain the choice to hasten the end of life and bring their suffering to an end. None of us could disagree with that sentiment. The question is: is this bill the vehicle to achieve this outcome and does it have sufficient safeguards in place?

To gain an insight into the support or opposition to the bill, my office started collating all constituents' opinions from when the bill was first introduced to the House. A survey was also conducted within the electorate of Condamine. I met with welfare organisations, aged-care and palliative care providers, medical practitioners, religious groups and concerned individuals to discuss the intent of this bill. They all provided me with information from both sides of the argument. The objectives of the bill raised issues ranging from inadequate safeguards to unintended consequences to religious and ethical grounds. I come from a family with a very strong Catholic faith, both on the Weir and the Coonan sides, and I can fully understand those concerns. Those reservations are genuinely held. I do not doubt anybody's faith. There are a number of issues which fall into the concerns that are raised on religious grounds. Firstly, any person who finds themselves in this unfortunate position can refuse end-of-life treatment and instead opt for palliative care or simply let nature take its course. It is a voluntary based scheme. That decision remains with the patient.

For the faith based health providers, it is a little more complicated. I have heard government members state that these health providers would not be forced to participate. This is at odds with what these health practitioners are saying to me. There are very real concerns that the legislation does not adequately ensure this. Whilst it is a voluntary opt-in scheme for the patient, it also needs to be a voluntary opt-in scheme for the health service providers and staff asked to administer the life-ending drug. If staff are forced into a situation where they feel they have no option other than to participate in ending a life, this will have significant mental health impacts.

The qualifications of the referring medical practitioner were raised as a concern, mostly by those in the medical fraternity. There were some questions regarding the experience of a graduate after only practising for, say, five years to make this important decision. The bill states that the referring doctor must ascertain that the person is suffering with an incurable disease and would die within 12 months, is of sound mind and has decision-making ability. This decision is not dependent on a recommendation from a psychologist or a psychiatrist; it rests with a general practitioner.


This decision would also need to include that the person had not made the request under duress or coercion. How can this be 100 per cent guaranteed? I think this decision could possibly be open to some conjecture or challenge on a number of fronts. We need to also acknowledge the family and the patient may not be completely in agreement on a particular course of action. As one doctor who has worked mainly in the palliative care area said, 'You often have to balance the wishes of the patient with the wishes of the family,' which leads to another matter which was raised by a large number of constituents. The bill states that the person must make the decision voluntarily and without coercion. How can anyone guarantee that? The likelihood that there has been a certain amount of coercion and pressure is very real. This is what the doctor I quoted earlier was speaking of when he said that you are often treating the family. As we have heard many times in this debate, it is a deeply distressing experience for the family to endure. It is a sad fact that elder abuse is a reality, and I am sure all members in this House would have had to deal with this sad issue on some occasion when constituents request assistance from them as the local member.

As a regional member, it is important that I comment on palliative care. In many areas of rural and regional Queensland, palliative care provisions and options are sadly lacking. Whilst a substantial funding increase is necessary, this is not simply a monetary issue. Accessing suitably qualified staff to live and work in the regions is a very real challenge. We are seeing this in our aged-care facilities, and a number of them are facing closure due to staffing issues.

Regional Queenslanders are fiercely independent and hate to think they are a burden on their family, aged-care provider or anybody else. They like to soldier on in surroundings familiar to them and are loathe to ask for help. Given the shortfall of palliative care in the regions it is a very real possibility that our rural patients may see VAD as their only option.

As I stated at the beginning of my contribution, we have kept a tally of all constituents who contacted the office of Condamine on this issue. We only recorded those who reside in the seat of Condamine. Unlike some of the results we have heard from other members in this debate, the final result in Condamine was 64 per cent opposed to the bill with 34 per cent in favour. Given the concerns of my community, which I also share, I cannot support the bill. I am aware that some will be disappointed at my decision, which was always going to be the case whichever way I voted. I just ask for your understanding. I value all opinions, but this is the position that I have taken.

There will be a number of amendments moved by the member for Toowoomba South in consideration in detail. It is vitally important that these amendments are debated. During the debate on this bill we have heard many truly tragic and sad events which members have witnessed or relayed on behalf of others. We have heard very little during this debate on the actual legislation which this bill is comprised of. I cannot remember in my time in this House so little debate devoted to the actual legislation. We need to have this opportunity in the consideration in detail.

 **Hon. CW PITT** (Mulgrave—ALP) (6.32 pm): I rise to contribute to the debate on the Voluntary Assisted Dying Bill 2021. The debate on voluntary assisted dying, or euthanasia, has been well canvassed in the Queensland community. Through two committee inquiries and the Queensland Law Reform Commission process, there have been three processes of public consultation. Views for and against voluntary assisted dying have been discussed at length in this place for three years. Given the issues of life, death and dignity which are intertwined with this issue, debate in the community and within our families has been had for much longer. I believe that the outcome of the debate on this bill will reflect the culmination of this long debate on voluntary assisted dying in our state and that will reflect the community consensus. On this issue, the broad message I receive from the community is that Queenslanders value human life and also the inherent belief that we should all live with dignity.

In relation to the principle of voluntary assisted dying, I have had a long-held view that where palliative care is ineffective and people face a future of intolerable pain and suffering then voluntary assisted dying may provide an opportunity for those suffering to die with dignity and on their own terms. I do not consider voluntary assisted dying suicide. I find the reasoning set out in the Queensland Law Reform Commission report persuasive in this regard. Voluntary assisted dying only changes the time of a certain death at the choice of the terminally ill person. I support the rights of capable and informed individuals to make their own choice on what is a very complex issue.

I consider that the bill before the house provides an ethical and robust framework to allow for voluntary assisted dying that will not compromise our belief in preserving human life. The bill as it stands only gives the option for voluntary assisted dying if a person is diagnosed with a disease, illness or medical condition that: is advanced, progressive and will cause death; is expected to cause death within 12 months; and causes suffering that the person considers to be intolerable. In short, the bill provides a way to end a person's life only if their death is near and they are in intolerable suffering. I believe in these circumstances the humane choice is to allow the terminally ill the choice to end their own lives to prevent further suffering.

Some members during their contributions have suggested that the laws could be the thin edge of the wedge—a slippery slope, if you like. I believe that the current bill does not create such a situation for the following reasons. Voluntary assisted dying is only for the terminally ill who are in intolerable pain. The bill excludes voluntary assisted dying as an option only because of mental illness or a disability. Under the bill, doctors assessing voluntary assisted dying requests must be satisfied that the person making the request is acting voluntarily and without coercion. If a medical practitioner cannot do this then they must refer the request to access voluntary assisted dying to another practitioner with the skills to do so. The test of ensuring persons are acting voluntarily and without coercion will be assessed at each of the three request stages in the voluntary assisted dying access process. I am confident that under the bill before the House there are robust safeguards against coercion of people to use this method.

Voluntary assisted dying is also only available for persons with decision-making capacity. The criteria set out in the bill for assessing decision-making capacity are set out in clause 11; namely, understanding the nature and effect of decisions about access to voluntary assisted dying; freely and voluntarily making decisions about access to voluntary assisted dying; and communicating decisions about access to voluntary assisted dying in some way. I believe that this is sufficient and robust criteria to ensure that people who choose to access voluntary assisted dying do so as a voluntary free choice. I also note that persons under 18 years of age will not be able to access voluntary assisted dying under this bill. This is an added precaution to make sure that those who would access the voluntary assisted dying scheme would have sufficient decision-making capacity.

The last point I would make about the framework of assessing requests is the inherent robustness of three assessments by two suitably qualified doctors. Such a process will act as a safeguard against rash requests to use voluntary assisted dying. This whole process is under the supervision of a Voluntary Assisted Dying Review Board to support the safe, practical and transparent operation of the voluntary assisted dying scheme. The functions of the board are set out in clause 117 of the bill, however, its key functions are reviewing compliance for each request for voluntary assisted dying and

to keep records of such requests. I am confident that the scheme established by this bill will ensure that voluntary assisted dying will be accessed in an ethical and robust framework without compromising our belief in preserving human life.

Members would be aware that as Speaker I would not be required to vote on this bill unless to break a deadlock with a casting vote. I wish to place on record that if I had a vote I would support this bill and all that is entailed in terms of consideration in detail.


Finally, I wish to thank the Clem Jones Foundation—David Muir, Peter Johnston and Lindsay Marshall; Dying with Dignity Queensland—people such as Everaldo Compton; and Andrew Denton and Go Gentle for their work. In June 2018 I was proud to host a forum on voluntary assisted dying organised by the Clem Jones Trust and Dying with Dignity. The forum held in the Legislative Council Chamber brought together members of the public with members of parliament to discuss people's lived experience with end of life and to canvass voluntary assisted dying. Through this experience, I found these organisations and their individual supporters represent a core of campaigners who, through personal experience, have come to believe that voluntary assisted dying is a compassionate response to those with terminal illness who cannot avoid intolerable suffering. I pay my respects to people like former ETU Secretary Peter Simpson and my friend Duncan Pegg, who used their respective platforms to make it clear why this legislation is so needed.

While this has been a high-profile issue in Queensland political debate for the past few years, this has not always been the case. It is through the work of the people I have mentioned and these organisations that this reform is before the House today. I wish to thank the work of the Health and Environment Committee and its predecessor in the previous term for their work over two significant inquiries, one for the current bill and the voluntary assisted dying inquiry in the previous term. In particular I want to acknowledge the chair, Aaron Harper, the member for Thuringowa. Numerous public hearings across the state and a vast number of submissions was a heavy workload for a topic that weighs heavy on the conscience of all members.

Finally, I also wish to note that in this debate we have heard from many members the personal stories of their constituents and close family members of how terminally ill loved ones suffered in their final days. Indeed, some members have even considered their own final days.

My family, like so many, has been impacted by cancer. At times I thought we would lose my father to that insidious disease. I am grateful for the treatment and care he received and I am grateful that he won his battle. However, if things went differently, if things did not work out the way that they did, I know that we all would have wanted him to have that choice.

The availability of voluntary assisted dying to the terminally ill, even if not utilised, will provide support and mental comfort to the terminally ill. Indeed, the families of the terminally ill will also find comfort in knowing their loved ones have the choice to end their intolerable pain and unavoidable suffering. The desire to alleviate the suffering of others is perhaps the most human of qualities. It is that intrinsic desire that motivates me to speak in support of this bill.

 **Mr RUSSO** (Toohey—ALP) (6.40 pm): When I was 20 I watched my father die from pancreatic cancer. In the late 1970s being diagnosed with or even detecting cancer was not as efficient as it is today and it took some time for Dad to be diagnosed. I was the eldest so I have a pretty clear memory of what was happening. I remember Dad being sick and no-one being able to tell us what was wrong with him. I recall Dad being laid up in bed and the GP, whose doctor's surgery was just around the corner from where we lived, being dragged out of bed to visit him. The GP was angry that we had disturbed his peaceful night. I remember how he hurt Dad when he examined his stomach as Dad indicated where the pain was. At one point there was talk of Dad talking to psychologists because the consensus by the medical community was that his issue was a psychological one and not a sickness issue.

As I have mentioned in this place previously, we were a big Catholic family. There were six of us. The youngest, my brother, Paul, I think would have been about eight at the time. Once Dad was finally diagnosed, the disease had progressed too far. I am not sure if anyone here knows the stages that someone with pancreatic cancer goes through. If caught very early it can be curable. However, most times, and this was certainly the case with my dad, the disease is incurable. I can assure members that it was very painful to watch him to die.

We are here today to debate the voluntary assisted dying legislation that has been designed to give individuals who are suffering and dying an additional end-of-life choice. To be clear, this is not a way to end life for those who are not dying. It will only be available to people who are dying from an

incurable disease. This will not result in any extra deaths, just less suffering. This is not about taking away from palliative care support. Voluntary assisted dying and palliative care are not competitors. It is not an either/or situation. Both can and should coexist.

My mum was a nurse so she and her mates who were also nurses rallied around to help my dad. They were able to provide him with the care that he desperately needed by the time of his diagnosis, but it was not enough. It never could have been enough. Palliative care cannot do it all. Even with the most modern of medicines there are some situations or patient issues, problems and suffering that cannot be addressed despite the first-class care and support the patient is receiving. This voluntary assisted dying law is about choice. It will allow eligible people who are dying to choose the timing and the circumstances of their death. It will give them an option that can limit suffering at the end of their life.

Like others in this chamber, many people have reached out to me with their points of view on the bill. Some people were strongly opposed to it. Some had researched and formed their views. I want to acknowledge their points of view and to state that I do respect their right to have those views and to make their own choices for themselves.


Sadly, there were others whose point of view was based on incorrect claims and who demonstrated to me that they would not take the time to understand the fallacy of those claims. Those claims included: that the Voluntary Assisted Dying Bill will force people or workplaces to participate in voluntary assisted dying against their will; that nurses and other clinical staff may be forced to handle lethal drugs and be exposed to euthanising vulnerable people under their care; that the Voluntary Assisted Dying Bill will expose people to criminal investigation if they discuss other options to voluntary assisted dying with their loved ones or those that they provide care for; that it will force hospitals and aged-care facilities to act contrary to deep philosophical objections; that people will be forced to go against their will and they will be pressured to take their life; that wrongful deaths will occur from incorrect diagnosis and prognosis, coercion and elder abuse; and that, if passed, the bill will be likely to lead to an increase in the total number of Queenslanders who die by suicide. Those claims are wrong. A review of the proposed legislation shows the error of the claims.

Let me talk briefly about the claim that the legislation will lead to an increase in suicide and why those who call the legislation a 'suicide contagion' are wrong. Let us look at Switzerland to see how suicide rates have changed since they first introduced assisted dying in 1942. In Switzerland the only requirement for providing assistance to someone is that the assistance is rendered for non-selfish purposes. That is it. The hysteria being bandied around about suicide contagion does not mention the suicide rates in Switzerland. That is at best ignorant and at worst deliberately omitting to observe that the general suicide rate in Switzerland has dropped significantly and consistently.

To be clear, in Switzerland there have been zero cases of minors receiving assisted dying and the recorded data shows that cases of people under 35 years are uncommon. The false claim that minors will be forced to choose suicide is just that—false. The Switzerland experience has shown that by helping people get the medical care they need assisted dying is only considered when other avenues have failed to provide acceptable relief. That is what we are talking about here: helping people—helping them to get the care and support they need and to provide them with a choice. It is about being human and compassionate.

To the many people who shared their very personal experiences of losing a loved one, I say thank you. Thank you for taking the time to relive what was a very traumatic experience. At times the stories were confronting. It brought back memories of how Dad died. In my view, on this topic we should not impose our personal views on others; that is, if a dying person is suffering and they wish to exercise the choice of voluntary assisted dying, who are we to say that that is not a valid choice? It is an intensely personal decision.

I live in a multicultural and diverse community and, at least here in Queensland, I believe people should have the freedom to live their lives according to their own values and moral codes as long as they are not causing harm to others. I support this legislation to give individuals who are suffering and dying a voluntary and additional end-of-life choice. I commend this bill to the House.

 **Mr BENNETT** (Burnett—LNP) (6.47 pm): I want to start my speech by acknowledging some of the terrific contributions we have heard over the past couple of days, some of which were very heartfelt. A lot of thought and effort has gone into the contributions. We can all be proud of the way we have conducted ourselves. For me it has been interesting to hear personal stories. We acknowledge those people. Our thoughts are with you.

That said, I believe the bill will pass. I continue to grapple with the issues around protections and safeguards. We know that in this process the Labor government, as is their right, is putting their election commitments into legislation. I believe that this week Queensland will become the fifth state to enact the right to voluntary assisted dying, or other machinations of it, after Victoria, Western Australia, Tasmania and South Australia. In my reading I have been trying to get some facts around Victoria, where the legislation has been in place for only 18 months or a bit longer. I would have liked to have seen the testing and the statistics to understand the full ramifications for jurisdictions in Australia and compare that with jurisdictions around the world. While later in my contribution I will talk about another jurisdiction, I think Australians are smart and compassionate people and that most Australians can get on with the job.

Unlike the other states that I have mentioned, Queensland has no upper house so we need to really look at the amendments and concerns raised by other members. I put on record that I really encourage that amendments be heard and debated in a partisan way. As the committee has provided the only real scrutiny to date, we owe it to ourselves to look at those with due consideration.

I want to acknowledge the significant amount of correspondence both for and against the passing of this legislation. The thoughtful and respectful correspondence into my office has been really well received. I said it earlier tonight, but I really want to acknowledge my staff. The staff in our offices have had to read those emails and deal with those corresponding people, so we need to remember and thank those wonderful staff who have had to go on this sometimes difficult journey with us.

I note that some of the submissions to the Queensland Law Reform Commission talk about the safeguards for the elderly and other vulnerable people. I acknowledge the member for Toohey's critique of some of those issues; there is no need to repeat those. One of those submissions talked about there being inadequate protections for such members of the community and issued some warnings around the draft law framed by Ben White and Lindy Willmott. It talked about the risk to patients who do not possess sufficient decision-making capacity and/or who are not acting voluntarily. In that case they are talking about euthanasia, not voluntary assisted dying. We have all had to navigate some of the emotive issues and language that has come through.

Many have talked about the differences between what happened in Victoria and Western Australia and what we are debating. In Queensland, the situation has changed on the VAD issue and the question is no longer whether there is a right to die or to die in dignity but how. They are the conversations we have heard over the last couple of days.

Of concern to many is that the legislation is based on the Law Reform Commission model, and it has been claimed there is a widening of scope from the Western Australian and Victorian model. Many say that the changes appear minor. Again, it is about the safeguards. That has been one of the key messages for parliamentarians as we have read the mountains of correspondence on these issues.

I do not need to repeat the eligibility criteria: a person must be over 18, must be a resident and must be suffering intolerably from an advanced, progressive, incurable disease. Requests for termination of life have to be signed off by accredited doctors. The process has been talked about and everyone who has an opinion on it has articulated it well.

With reference to safeguards, issues have been raised around medical practitioners who have never had contact with the person before and have no prior knowledge of the patient's health record, let alone their personality, moods, beliefs or previously discussed issues. People have asked: if there was a breach, how would it be detected let alone enforced?

I have read about inconsistencies already emerging between the different state regimes, as I have alluded to. Of course, we should not forget that we need to constantly review how this legislation will be rolled out.

It has been said that, in theory, VAD would not be accessible by patients suffering dementia or any form of mental illness. There was no positive duty in the model bill requiring an assessing doctor to interrogate the clinical history of the patient.

There have been concerns raised in other areas by other practitioners around that issue. I guess time will tell if those concerns become issues as the reviews on this legislation are conducted in years to come.

The issue has been raised of the upper house and its role in legislative reforms. I want to congratulate the committee. I am not being critical of it, but legislative review being carried out by only six members, with two LNP members dissenting, should not give us confidence that we have fully scrutinised the clauses and the issues of this important debate.


I want to talk about the issues around mental illness. I guess everyone in this House has had experience of or has known someone who has had mental health issues. The reason I raise that is to do with the expansion of Canada's euthanasia regime. They moved Bill C-7, which affects everyone in Canada. Included in the bill was the Senate's insertion of an amendment approving euthanasia for those suffering exclusively from mental illness. Our alignment with Commonwealth countries like Canada can be an issue of concern for us going forward. We need to stay cognisant in this place—as will members who are here when these debates are had in the future—of the possible inclusion of mental illness in criteria for approval.

Just six years after legalising its assisted suicide regime, Canada has had a number of deaths—nearly 20,000. It has been said that palliative care in Canada is not as good as it could be. That criticism can be made quite easily as people struggle with that issue.

I want to talk about medical practitioners and their role in making decisions. Out of the blue, I had a young speech pathologist and a couple of her students come to see me. The legislation states that for those who have limited communication abilities a speech pathologist must be engaged to translate for the individual. In addition, a speech pathologist may be requested to determine the intent of the individual, if required. Several speech pathologists and some speech pathology students are very nervous that they may be required to make a determination of what is being intended to be spoken. I do not think we really intended for those young speech pathologists to be caught up in this issue. The problem they raised with me is that Speech Pathology Australia has not been consulted. They claim that the patients need a translator, not a speech pathologist. Their scope is to assist to develop and maintain communication; they do not speak on behalf of patients. I pass on these concerns. I think they are very relevant and important.

My region needs significant hospice care and palliative care funding to alleviate pain. This is in conjunction with the legislation that I believe will pass. I think this is only right and proper for those who want to pursue other courses to maintain dignity at end of life. We must honour the dignity and value of life and help the person die with peace of mind, surrounded by those who care.

I acknowledge that there are different views among my constituents and that some will disagree with my decision, but I have sought to act in good faith and have engaged deeply with many of the conflicting legal, religious, medical and ethical implications embedded in the bill. Informed politicians will vote in accordance with their own conscience. I make no apology for fighting for what I see and believe as the right thing to do, and that is to exercise my conscience vote. I will be voting against this assisting dying legislation.

 **Hon. GJ BUTCHER** (Gladstone—ALP) (Minister for Regional Development and Manufacturing and Minister for Water) (6.56 pm): I rise tonight to make a short contribution to the debate of the Voluntary Assisted Dying Bill before the House. I, too, have heard of the personal experiences of people hopelessly watching from the sidelines as people they love and care for bravely battle day after day through terminal illness. I have heard of people in hospital rooms where the only comfort family and friends can offer are quiet words and a gentle touch. I have heard of the pain on the faces of those looking on as the patient begs for an end to the suffering. I have heard of the futility when, despite the best medical science available and the best palliative care from our health professionals in attendance, there is no respite from pain for some of these people. There are some terminal diseases where the pain simply cannot be controlled.

Like thousands of other Queenslanders each year, I have been left to wish there was something more that could be done. I wish there was another choice that was available to stop the pain and the suffering. I wish that the loved ones who have graced our lives with their light could have the choice to end their suffering on their own terms and in peace and with dignity. Today, through my support of this bill, I get that chance to offer that choice. What I recount is not unique, and many more members will recall similar sad experiences over the course of this debate.

I have also heard countless stories from the people of Gladstone over the past year, some from very close personal friends of mine and others from those I just met in passing. The small details are different, but the anguish from those people is still the same. Sadly, new stories are unfolding in hospital rooms and in palliative care facilities right across the state as I stand here tonight. In those rooms, more wishes are being made. I offer my support for this bill to provide hope for those Queenslanders, many through no fault of their own, whose only options are ongoing pain and ongoing suffering.

To provide a choice for those who can no longer endure the seemingly endless days spent waiting for the inevitable is what we must offer and to put the control back into their hands—giving them the opportunity to die with dignity. That is the essence of this bill tonight—choice. Those who do

not wish to access the option of voluntary assisted dying will be cared for and respected for that decision. Conversely, the same must be afforded to those who want to exercise the option. It is simply another choice—a choice for many Queenslanders who have run out of other options.

No-one in this House or anywhere that I have talked to is suggesting that this is the only choice, and the checks and balances in this bill certainly make that clear. The continued investment by our government in palliative care across the state remains a solid commitment. Our healthcare professionals will continue to offer every option of care that is available to sustain life and certainly to assist a comfortable, prolonged time on this earth.

What this bill is seeking to do is to simply provide one more choice. I cannot imagine being in the terrible position of being terminally ill. I am sure many in this House are in the same position. I cannot imagine how hard it is to tell your family and your friends. I cannot imagine being in so much pain that you cannot even eat or speak or even sit up in bed. I certainly cannot imagine knowing you will die from a terminal illness in the next week, the next month or the next year, with the only other certainty being that you will suffer, despite the incredible and dedicated palliative care services that are available. This is a tragic story for so many Queenslanders and so many families. This is why this legislation is so important because it means this does not have to be your story if that is what you choose. If something ever happened to me where I was in this unimaginable position I would want that choice for myself and for my family.

I did not make my decision to support this bill without many hours of discussion with those who are living the life of known health uncertainties. I have spoken many times with people who say they would never access VAD and I have spoken with people who are holding on to desperate hope that the bill will be passed in time to give them a feeling of control over end-of-life decisions. Some acknowledge that they may change their mind when the time comes. However, almost exclusively those facing the fact that their time on earth is limited by a serious health diagnosis agree that the choice must be theirs—not yours, not mine.

I have a close friend who, at this moment, is out of her hometown waiting on pathology results following major cancer surgery last week. She says the importance of this bill has multiplied tenfold since her diagnosis recently. She now faces a new understanding of the reality of her diagnosis and of the unknown. All that she asks for is the right to make a choice should she need to.

What this bill is seeking to do is, once again, simply provide that one more choice. I commend those who stand up to relate end-of-life stories of loved ones and over the course of this debate, no matter which side of the debate they fall, this is not an easy subject to discuss. These are difficult conversations, but they are necessary ones. I will always be proud to have supported this bill.

I also take this opportunity to thank the committee and my good mate Aaron Harper. I know that his support of this bill and his life has certainly been a bit of a whirlwind over the 18 months since he has been going through this process with his committee. I pay tribute to him for doing that.

Once again, I will be very proud to support this bill. I commend the bill to the House.



Mrs FRECKLINGTON (Nanango—LNP) (7.04 pm): I rise to contribute to the Voluntary Assisted Dying Bill 2021. In the past 10 years on numerous occasions I have stood in this House and said what an absolute privilege it is to stand in this House—a privilege that is only afforded to a select few. We privileged few who are elected by our communities are put here in this place to make laws to make lives better and to enrich our society so our constituents can live a life of freedom, free from oppression and free from fear. My party, the LNP, base our principles on the freedom of the individual. This I will draw on today.

I have found this legislation the most difficult and complex decision that I have had to make in this place. The arguments for and against are compelling and worthy of consideration. Until today, I have not voiced my opinion on this bill as I wanted to know and understand the full extent of the legislation, including amendments. We heard last week that the Premier was going to introduce amendments to address the concerns put by stakeholders. I now understand that this is not the case. This is a shame as the resources available to the office of the Premier to prepare amendments eclipse the resources of any other MP in this House. Therefore, I thank the member for Toowoomba South for his amendments.

The reason I have not voiced my opinion is that, while I do not fundamentally oppose voluntary assisted dying, I have had concerns about aspects of this legislation which have required a great deal of deliberation. I also want to recognise that we live in a society where there are people of different beliefs, different backgrounds and different lifestyles. We are all free to believe in different things and

this philosophy is important because we tolerate each other's beliefs even when they do not match our own. It is what makes our country such a great place in which to live. It is a diversity of which we are all proud.

When it comes to voluntary assisted dying, I accept that my personal view will differ from many. Unlike many in this House—and we have heard tragic stories, particularly of parents—I am fortunate that I have my two parents still alive, still healthy and still active. When I discussed this terribly hard decision that I have to make, my dad said to me, 'Don't forget you represent both sides of the compass. We need to get this right.'

The vote on this bill is a conscience vote; it is a personal vote—a vote that we must make on our own behalf, free from the undue influence of others. I have listened to the voices of my colleagues, those in the medical profession and those of many advocacy groups who represent people both for and against this legislation, and I thank them all for their consideration. I have listened to the voices of my family and friends. I have heard and shared tears of the harrowing stories of dying loved ones and people who are suffering at the end of their life. I would like to thank everyone who has contacted me by email, phone and in person to provide their feedback. I appreciate the time they took to share their personal stories and their strongly held beliefs.

The decision that we make in this House will instigate a major and historic change for all Queenslanders. We must get it right and review this legislation to ensure the legislation is fit for purpose. This issue is not black and white. If it were that easy to answer we would have done it a long time ago.

While we have all arrived at this time and place with the legislation before us, I believe, like all legislation, that there is always room for improvement. The amendments that will be brought forward by the member for Toowoomba South are considered amendments. The amendments seek to tighten the proposed laws by providing stringent eligibility requirements for those who want to access VAD, including to reduce the time that the disease or condition will cause death from 12 months to six months, except where the condition is neurodegenerative; strengthening decision-making capacity and the provision of informed consent, including through enhancing the quality and range of advice provided; providing additional protection for those under coercion or whose decision-making capacity is impaired; aligning the VAD provisions with other Australian and international jurisdictions; and, importantly, enhancing reporting, monitoring, investigation, compliance and research.

In my deliberations I have always been and will continue to be concerned about the pressure on the current Queensland health system with the implementation of this bill. It is obvious to any Queenslanders, particularly those who are facing the current health system or trying to access help right now, that this current system is almost broken. We have no or near no palliative care in many hospitals and no planning or training for this much needed service. This needs to be corrected.

I refer to the Queensland Audit Office report *Health 2020*, which outlines concerns around the health system. It was laid bare. It was reported that this government's 10-year strategy 'does not have a clear implementation roadmap of how its health service plans and enabling plans contribute to achieving the objectives in this strategy'. In fact, this year when our health system is at crisis point we do not even have a budget paper that points to palliative care—so why not fix the system we have, and the people who are suffering in the system that we have, without adding even more pressure?

Many of my constituents have conveyed stories of their loved ones dying in pain, free and in peace in a palliative care setting. This can be remarkable care when the focus is no longer on cure but rather on creating an environment that is comfortable and supportive—one that lets the person spend precious last moments with their family and friends without fear. However, sadly, that is not always the case. Funding must be increased and palliative care must be a priority, not just in rural and regional Queensland.

Chronic underfunding in areas like mine means many are unable to access palliative care until a few days before they pass away, if at all. Make no mistake: the lack of palliative care is not just in country areas. Dr Kym Boon, psychiatrist, submitted to the committee—

There is inadequate, underfunded and inequitable palliative care. I work in the biggest hospital in Queensland and we do not have dedicated palliative care beds.

An AMA survey of some 1,250 doctors revealed 98 per cent of doctors believed that they should be able to offer palliative care options before VAD, yet under this legislation Queenslanders will have access to VAD nine months before they can access that much needed palliative care.


We need to be clear with our community. What we say matters. This bill does not provide an avenue for VAD for patients with Alzheimer's or dementia, nor should it. I further acknowledge the real concerns of our hospitals and aged-care facilities that fundamentally oppose voluntary assisted dying.

Rightfully, they have asked us to respect their experience, insights and values. I do not want this legislation to force institutions to abandon their ethos and duty of care. The amendments address this issue and also address the broadening scope of persons who may exercise a conscientious objection to VAD. These amendments will strengthen this bill.

I agree with the convincing argument of the Leader of the Opposition that this bill probably unintentionally but unavoidably puts a lesser value on the life of the poor, the remote and the sick. As written, it neglects to consider those less fortunate than others.

I have heard it said in this debate that it cannot be a theological argument or matter. I respectfully disagree. I have never let my personal beliefs cloud an objective review of law. In this case, it is a conscience vote—one that can only be made using our conscience. My conscience directs me to consider my morals and the ethics that I live by, and that is life is life. I was not put in this chamber to take away anyone's life or to unfairly prejudice one element of society against another.

Like all in this chamber, I want everyone to die with dignity, in peace and surrounded by love, but those who are vulnerable or coerced deserve adequate protections and safeguards. My dad is right: I do represent both sides of the compass. We need to get this right and until we do I oppose this bill.

 **Mr SULLIVAN** (Stafford—ALP) (7.14 pm): I rise to contribute to the debate on this significant issue and I do so in support of this legislation. I made it clear before the election—and have tried to live by it since—that my fundamental commitment to everyone in this particular debate is to try to ensure a respectful and meaningful debate. I would like to thank the many constituents who have written to me, met with me and spoken to me and my office about this very significant issue. I appreciate that they have also—at least in the vast majority of cases—taken a very respectful approach themselves in our dealings.

I have spoken to people who agree with me and those who do not. I have spoken to doctors and health professionals who are constituents, as well as others who work in our northside hospitals, including those who work in palliative care at the Prince Charles Hospital and the RBWH. I have spoken to people of faith and others who are not. Across all people I have spoken to, there were differing views.

Philosophically, in my view, it is natural that there is a tension between the desire to care for someone in need and to strive to improve their health, as well as the human reaction to recognise the pain of those for whom there is no longer a realistic pathway to recovery. There is a natural tension between the desire to provide for a peaceful end to life for terminal patients in great pain with the need to protect against elder abuse and pressure for patients, especially older patients, to prematurely end their life.

In my view, it is intellectually and philosophically compatible to want to support the best interests of individuals who are literally dying with intolerable pain, as well as being concerned about protecting against a cultural move or underlying pressure that inappropriately would place a sense of responsibility on older Australians to 'not be a burden'. Those two intertwined concerns, in my opinion, not only were considered by the parliamentary inquiry and the QLRC but are in fact settled in the model we have delivered. Indeed, I think that is the core achievement of the QLRC framework. People of all backgrounds come at this issue predominantly and genuinely with love and care. I think this model delivers for those who are genuinely engaged in this issue—those from both points of view.

I talk of process not because I want to be a technocrat but because in this case I genuinely believe it matters. I absolutely love this job. I feel privileged every day to represent my community—the community that I live and breathe. Apart from working hard on the ground in the electorate, I am also determined in this place to be a diligent, hardworking and respectful parliamentarian. Taking that role as a parliamentarian seriously means recognising nuance. It means accepting that fair minds can differ. It means recognising that in any debate, let alone one of this magnitude, it is not always black and white.

That is why I thank the Premier for bringing the people of Queensland along this journey, through this process of engagement, evidence based reform and landing on a sensible framework. It has provided the community with avenues of input, health professional input and input from legal experts in drafting the scheme. In doing so, I think it also gave all of us the room for community discussion as well as self-reflection on this very important issue.

Thank you to the committee—of this parliament and the last—for their hard work, and I also recognise the chair, the member for Thuringowa. I also thank the member for Lytton for her hard work and for her personal strength of character in dealing with the very heavy content that is necessarily involved in this inquiry. Personally, I recognise the compassion she brings to it and the moral compass she has been for many of us.

I also thank the QLRC for their important work. As is the huge task we gave them, they were able to distil an enormous amount of evidence, submissions and complex health and moral questions, applying their extensive legal expertise, in delivering this well-rounded, workable framework. Thank you to Justice Applegarth, the QLRC members and secretariat for that significant contribution.

We all bring our own perspectives to debates in this House, experiences from our upbringing, our education, our values, our working lives. I thank MPs who have shared their very personal stories of end-of-life scenarios, including my good friend and mentor the member for Redcliffe. Like a few other members, including the member for Nanango who has just commented, I am very lucky to still have both parents, not just alive but very active in my life and my family's life. The same is true of my wife.

In my younger days I lost grandparents in nursing home and hospital environments, but my memories are ones I treasure—being able to say goodbye and a final 'I love you'. I was too young to be involved, at least in any meaningful way, in the discussions around medical intervention, palliative care and looming death. My experience with death in health care is, sadly, at the completely opposite end of a life span. I know great loss. I live every day with enduring grief. I said in my first speech that the death of a child is, among other things, extraordinarily grounding. I said that I was determined to see that our great loss would mean that I have more compassion and empathy for those who also suffer, including those who grieve. It is with that perspective that I would like to reflect on one element of the bill—perhaps one consequence of the bill.

As I said in the lead-up to this debate, I have spoken to many people who work in various elements of end-of-life care. One of the insights of people at the very front line of those services is the capacity of those health professionals to not only handle the health components of managing death but also to try to manage the accompanying grief. Part of the strategy of good palliative care, for example, is perhaps bringing forward that grieving process to engage with patients, families and loved ones so that the grief, loss and love is not something thrust on them as a shock at any given moment. In those rare cases where patients meet the eligibility criteria for VAD and are suffering intolerable pain—who are, quite literally, dying—I think one of the strengths of this framework is the headspace and control that it provides to patients and families to proactively start to manage that grieving process.

I think that perhaps my journey on this issue reflects a pathway the Premier set out for the Queensland community more broadly. I believe that through the process the Premier has delivered—the initial committee inquiry, the QLRC developing a workable and suitable framework and the further work of the parliamentary committee in reviewing the legislation—we have landed in a very good place. Because of time constraints I will not go through the framework but other members, including the Deputy Premier, have set out what a good framework that is.

Perhaps I can put my views this way: I hope that VAD will be rare. I hope that fewer and fewer patients will be diagnosed with terminal diseases which would see them told they will die within 12 months and suffer intolerable pain. I hope that fewer and fewer families have to suffer through their loved ones living and dying in such a way. I hope that I never have to personally deal with the very significant considerations involved in these health decisions, whether personally or for a loved one. In the end, whatever health, philosophical or moral considerations I would bring to such a decision, I believe that those in our community for whom that is not a hypothetical scenario deserve the ability to come to their own conclusion.


In terms of the future can I also say that, like all of us in this chamber, I take public policy issues that touch on life and death very seriously. I care about the dignity this legislation provides patients who are, by definition, dying in pain. I also care about the long-term protection of vulnerable people, including the elderly. The committee inquiry raised broad health, moral and practical issues for patients, family members and health practitioners. The QLRC delivered a robust, evidence based framework.

I see this legislation as a complete package. I do not believe we should rush to tinker with it because each element plays an important role. For me, that includes the crucial element of capacity in decision-making; that is, an informed decision by someone with capacity to make that decision. Both in substance and in rhetoric, I want us collectively to ensure we do not slip into language or policy that could suggest that someone with cognitive challenges or someone who loses their previous cognitive abilities is considered any less important or any less human than anyone else. I think the QLRC report landed on the right side of that boundary, and I have been careful in my public discussions to try to be consistent with that approach.

Can I say that, in my humble opinion, I have been impressed with the very respectful way in which most members have conducted themselves in this debate. We have had a wide range of views and conclusions, but I hope at least that the conduct of this debate has done Queenslanders proud.

Can I thank the local constituents and health practitioners who spoke to me with such passion and frankness; my EO staff, who were also involved in that material; the Clem Jones Foundation, including my old friend Lyndsay Marshall; Everaldo Compton, a long-term north sider; and some in our great party who have been passionate about this issue for more years than I have been involved in it as a public policy issue, particularly Mark Bailey, who worked hard on this issue for years. As significant as this debate is in the chamber, it is not the end of the discussions about palliative care.

I made a commitment to those I spoke and met with that I did not see the passage of this legislation as drawing a line under ways to improve palliative care, and I will stay true to that. It is not intellectually satisfying to me to present this issue as opposing choices between palliative care or a legislative framework for VAD. In my view, that is a false dichotomy. Some of those who specialise in palliative care spoke quite candidly to me in this way and said that, even with the best possible palliative care being provided, sometimes, even if rare, some patient's treatment options simply come to an end, their journey is finished and their race is run. I commend the bill to the House.

 **Mr McDONALD** (Lockyer—LNP) (7.24 pm): When I was a young police officer I did not give much thought to someone who took their life by suicide. As a confronting reality of life and death, being exposed to such real-life events was both challenging and difficult to rationalise. It was a coping mechanism not to think about it too much. However, over time and much experience I have come to realise that suicide is a real mental health problem and that, with the right advice and support, nearly all who suffer mental health issues and who are at risk of suicide can be saved and go on to live active lives. Likewise, with more experience in life I have considered the issue of voluntary assisted dying with a lot more thought. Like most in this House, this inquiry and passionate lobbying from both sides have provided an enormous amount of information. I thank those people and your organisations, as I have deliberately spoken with both sides and challenged my beliefs.

Dying is a deeply personal thing for all involved. I have respected both sides of the argument, and I thank our LNP leadership for allowing our members to have a true conscience vote. I was pleased to have served on the health committee, on a few occasions replacing my colleagues Mark McArdle and Marty Hunt, in the inquiry conducted in the 56th Parliament. I thank all who shared their deeply personal and emotive stories with that inquiry and the most recent inquiry. From my experience in those inquiries I remember considering the issues of voluntary assisted dying, aged care, end-of-life care and palliative care together.

As Mark McArdle recognised, there has been no explanation why the committee determined to separate the reasons for these matters. It could be argued that a combined assessment would have achieved greater balance between the desperate need for improved palliative care and its relationship to voluntary assisted dying. The separate report could also be read to advocate voluntary assisted dying over palliative care, and that is a great travesty and possibly the root of much confusion. I too believe we have missed the opportunity to separate this issue from the whole end-of-life process. Having had experience with advanced health directives and statements of intent for some family members recently, I know the medical advice received during that process and the interaction between what is sought by an individual and what is delivered medically can be vastly different. The enhancement of advanced health directives would also allow for improved choices for people affected by dementia and other ailments, which this bill does not cover.

Thanks to all of the palliative care specialists, doctors, nurses and other health professionals, including our Auntie Gail and my sister-in-law Ingrid, who are both palliative care specialists. Thank you to all of the palliative care specialists for the amazing work that you do in caring for those in need and support.

As we have heard through Palliative Care Queensland, our palliative specialists and health professionals have been helping people to die with dignity for decades. It is very clear, however, that there are insufficient palliative care beds across Queensland to cope with the demand. Some say that palliative care is a postcode lottery. A review of palliative care separations by HHSs shows a very large discrepancy in the availability of beds. With a state average of only 38 per cent and a low of 17 per cent in the central west, I do not agree that Queenslanders are getting the choice now, let alone being given another choice of voluntary assisted dying and the potential for coercive potential this bill will have. As our leader articulated on Tuesday, palliative care is now available until somebody has three months to live. Voluntary assisted dying will be available at 12 months less the time taken to make the necessary arrangements and satisfy the safeguards. This alone is inequitable.

Medical advances have occurred across a broad range of areas, and there is no doubt we are keeping people alive longer. Whilst there have been improvements in palliative care, we really have not had the focused discussion on simply improving the process of dialling up the morphine at the end-of-life stage.

I have consulted widely and I have also conducted surveys of my community both in 2019 and this year. I have read every one of the hundreds of personal messages and have called and spoken personally to many. It is clear from my surveys that there is strong community support for voluntary assisted dying to assist in pain and suffering as part of an end-of-life process. This bill, as it stands, allows a life to be taken well before that end-of-life process.

From my conversations with people who support voluntary assisted dying, many have been horrified at the prospect of somebody taking their life before the end-of-life process, but nearly unanimously people consider that, after all the suffering has been done and one is lying in bed nonresponsive waiting to die, that is the time perhaps that minimal intervention could occur at a planned time and with loved ones present. Many religious and medical organisations agree with this premise but some of the most devout do not. This bill, however, allows that circumstance but the bill goes much further than that situation. This bill goes way too far.

For me, I remember the very confronting situation when, as a former police officer, I had to give death messages to members of my community—many of whom I knew personally—and tell them that their son or daughter, husband or wife or other family member was not coming home as they had been tragically killed. The value of life at that point in time does not become clearer. What would those who lost their loved one give for another five months, five weeks, five days or just five minutes? Life is a precious gift quickly taken away.


I have grown most at the time of suffering, being with loved ones who have passed and watching them suffer over weeks. I have counselled many who have lost loved ones and shared in their trauma. Growth comes from many teachers, and one of those is death. All individuals grow at different stages and from different life experiences, and I argue that there is a lot to be done during the act of dying. The act of dying is not just a physical one—resolving demons from within oneself, resolving relationship issues or resolving other matters of the modern world. There is no doubt that the act of dying is complex and full of confronting choices, and people who are dying are vulnerable. I firmly believe in the rights of the individual. I am conflicted with my appreciation and the value I put on life and the risks associated with the voluntary choice being in fact far less voluntary because of an individual's desire not to die with comfort and dignity with family around them but more about other motivations, including not to be a burden on loved ones or the system. Pressure comes in many forms.

Madam DEPUTY SPEAKER (Ms Bush): Pause the clock. I want to issue a general caution about the noise level. I ask members to keep that down a bit. If conversations need to be had, can they be taken outside.

Mr McDONALD: My experience in operationalising legislation has again been tested through this process. I know that there is very well intentioned passion for this bill but its protections are too open to abuse. Despite my personal view, I have listened to my community and other experts and, for that reason, I will be supporting amendments to this bill to get the best outcome. I was encouraged last week when I heard the Premier mention that there may be an opportunity to look at some of the protections for conscientious objections. I was very disappointed to know that the government was not moving amendments and it appears the Premier has been rolled. Now the opposition are moving those sensible amendments and I am sure the Premier would want to support them. The amendments will make the bill better.

This bill is focused on the choice of the individual to access voluntary assisted dying but discounts the opinion of a conscientiously objecting doctor or nurse, and we should restore that balance through the amendments. We should equally respect the right of the faith based associations and entities to object through those amendments.

I would like to place on record my love and thoughts for my cousin, Brad Young, who is dying in Toowoomba from motor neurone disease. I have had the honest conversations with my Aunty Judy, a nurse, who wants to help Brad pass without pain and suffering. I know they will take some comfort from the passing of the bill, but I cannot support it. Thanks again to all palliative care specialists, doctors and nurses, and other health professionals for the work they do for those so much in need of their care.

 **Hon. CR DICK** (Woodridge—ALP) (Treasurer and Minister for Investment) (7.35 pm): I rise to contribute to this important debate on the Voluntary Assisted Dying Bill. At the outset I wish to make it clear that I intend to support the bill at all stages of its passage through the House. I do so, however, with a troubled conscience. I accept that there is strong community support for this legislative change and I intend to reflect that support in how I cast my vote on the bill. At the same time, I have formed the view that this change entrenches a profound and irreversible transformation in how our society regards the preciousness and sanctity of human life. The ramifications of this change are significant, including on the practice of medicine and the delivery of health care in this state.

Having followed the public debate in this country on euthanasia for many years, the reflections of many Australians whom I greatly admire weigh heavily on me—Australians like our former Labor prime minister Paul Keating. Paul Keating observed, when commenting on the Victorian Voluntary Assisted Dying Bill in 2017, that it constituted, in his view—

... 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.

Paul Keating went on to say—

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.

Labor Senator Pat Dodson is another Australian I deeply admire. Speaking as a Yawuru man and a senator for Western Australia in opposing the Restoring Territory Rights (Assisted Suicide Legislation) Bill in 2015, Senator Dodson spoke of a concept of human interconnectedness that transcends across many First Nations groups. Senator Dodson said—

It is grounded in our understanding that human resilience is based on our relationships with each other and our connectedness with the world around us. The quality of life for individuals and for our communities are intertwined, not limited to the wellbeing of an individual. We are fundamentally responsible for honouring our fellow human beings. We are called to carry responsibilities, to exercise duties and to honour those who are in need, who are ill, who are elderly, who are dependent and those of the next generation to value life with love, respect and responsibility. This is true of family members and unknown individuals. Moving away from such principles and values begins to reshape the value of human beings and our civil society, in my view.

Senator Dodson continued—

We exist not as solitary individuals; we exist within a family, a community, our cultures and ethos, and in the kinship landscape.

Through the process leading up to and including this debate, each of us in this House has examined our own conscience, our own individual experiences, the stories and experiences of others, our own experience with death, our interconnectedness as described by Senator Dodson, and our common humanity.

The bill articulates strict legislative criteria for a voluntary assisted dying scheme in Queensland. In short, the eligibility criteria require that an adult Queenslanders, resident in this state, must have an advanced and progressive disease, illness or medical condition that will cause death within 12 months and is causing that person suffering that the person considers to be intolerable. In my view, these criteria are at the outer limits of what the law and our society should permit. I regard free and informed consent and decision-making capacity by adults as immutable parts of the scheme as proposed.

As the Queensland Law Reform Commission has noted, the scheme requires that a person must understand the nature and effect of decisions about voluntary assisted dying, be capable of freely and voluntarily deciding to access the scheme and be able to communicate that decision. I believe the proposed legislative framework, including the strict eligibility criteria, is at its maximum possible limit.


Accordingly, for as long as I have the honour and the privilege of serving as a member of the Legislative Assembly in this, the 57th Parliament, or beyond I will not support any changes to these essential criteria and the scope of the scheme. In particular, I am implacably opposed to the expansion of the scheme to children, being people aged under 18 years, and the application of the scheme to any other classes of individuals, for example, people with a psychiatric or mental illness, dementia or similar conditions. This has happened in other parts of the world, most recently in Canada, a society and a liberal democracy not unlike our own.

While I acknowledge our different legal and constitutional histories, in particular in the Canadian context, the application of the Canadian Charter of Rights and Freedoms, a voluntary assisted dying scheme that began under a framework not dissimilar to the framework currently under consideration by the House, has now expanded to include individuals whose death is not defined as reasonably foreseeable. This means that individuals do not need to have a fatal or terminal condition to be eligible for what is known in Canada as medical assistance in dying. The Canadian scheme now includes patients with mental or psychiatric illnesses, although those provisions will not become operative, as I understand it, for two years to allow for protocols and safeguards to be established and reviewed.

In addition, the new law passed by the Canadian parliament earlier this year also allows people to make advance requests if they fear losing the ability to make a decision about medical assistance in dying. All of this has happened within five years of the initial scheme commencing. While I fully support this bill as drafted, I am and remain opposed to the expansion of the Queensland scheme other than as proposed to be established by this bill.

Can I conclude by saying this: All human life is valuable and all human life is to be valued. The sick, the vulnerable, the chronically ill and, most importantly, the dying should never believe, nor should they be led to believe, that they are a burden or that our world would be better off without them. My fervent hope is that this proposed law will never be seen or used by anyone to validate those sentiments.

Whatever happens to this bill, the message we send to Queenslanders through our institutions and through our culture must always be that no-one's life is ever a burden. In a nation where suicide is the leading cause of death for people aged between 15 and 44 years, 75 per cent of whom are boys and men, this message can never be emphasised enough. Whether you are terminally ill, whether you are old, whether you are very depressed, you should know that your life is a life worth living and that it is not a burden to any of us or to all of us. Your life is worthy and meaningful and valued. I believe this to be the truth, a spiritual and a secular truth, a truth that has rightly been reinforced throughout history and across all religions and by all societies and cultures. It is a truth that is immutable and it is a truth that we must always remember.

 **Mr BERKMAN** (Maiwar—Grn) (7.42 pm): I rise to speak in vehement support of the Voluntary Assisted Dying Bill. This is a bill about choice and compassion. It is a bill about control and bodily autonomy. It is not a bill about dying so much as it is about dignity. I support this bill not only because it reflects my long held personal view and Greens policy, but because it reflects the view of a clear majority of Queenslanders. While there is strong community support for this bill, opinions are diverse and I genuinely appreciate the time of each and every constituent who has made the effort to contact me to share their views whether or not we see eye to eye on the issue. We will never find a universally acceptable position on an issue that is so deeply embedded in our individual values and beliefs. However, we are a secular society and there is simply no denying that the majority of the people we represent support choice, autonomy and dignity at the end of the life.

The truth of it, I believe, is that most Queenslanders and Australians have supported this reform for a long time now. This includes people like Anthea from Toowong, who wrote to me about her father, who died of prostate cancer in 2017. She said that in one incident he was forced to soil himself because the nurses insisted it would be too painful for him to go to the toilet. In Anthea's words—

My father valued dignity above all else. He would never have wanted to be forced into being in this position ... I was relieved when he finally died, but when we saw the body before the undertakers came, his face was in a grimace of horror. I will always be haunted by that.

Alison from St Lucia saw her brother die a long, painful and dreadful death in 2016 as a result of bowel cancer. She said—

He was a euthanasia supporter but the choice was not available to him. I would never wish to have my family see me in similar circumstances & sincerely wish to be able to control my death, if necessary.

As I have heard countless times throughout the committee inquiries, at the vigil earlier this week and throughout this debate, this legislation comes too late for countless Queenslanders and their families. For that and for the needless suffering you are experiencing or that you have witnessed, I want to express my deep sorrow.

My experience as a member of the health committee that inquired into this issue during the last parliament was at times truly harrowing. I approached it with an open mind, but it only served to reinforce for me the need for each person facing terminal illness to have choice and control in their final days. So many others have already said this in this debate, but it bears repeating. The evidence heard by the committee put beyond any doubt that palliative care cannot alleviate all pain and suffering despite the improvements in recent decades and the best efforts of palliative care specialists. That said, I do not know a single VAD advocate who is not simultaneously arguing the case for better palliative care funding.

I, like others, welcomed the government's announcement last year of additional palliative care funding, but it amounts to just under \$30 million a year over four years. That is only about 10 per cent of what Palliative Care Queensland says is necessary to provide universal quality palliative care in Queensland. I implore the government to urgently fully fund the vitally important work of our palliative care sector. It would be completely unconscionable, in my view, to deny choice to terminally ill patients until we reach this benchmark. No Queenslanders should have their choice limited by inadequate palliative care funding, but even where the best care is available, terminally ill people deserve to have control over the end of their life.

I want to take a moment to reflect on concerns that have been raised about the implications of this law for people living with a disability. Like every other person, they deserve the right to exercise individual autonomy, self-determination and the freedom to make one's own choices. The persistent

and pervasive ableism in society, our failure to ensure all people with disabilities are able to live the most autonomous life possible, and the prevalence of abuse and coercion by carers create an entirely reasonable fear around the potential misuse of these laws. Disability advocates addressed these concerns head-on in the recent committee hearings.

QAI in particular highlighted the need to ensure sufficient safeguards including legislative, cultural and resourcing changes that will endure for as long as the voluntary assisted dying scheme exists. The cultural and resourcing safeguards are necessarily outside the scope of this bill, but these are safeguards that, in QAI's view, remain most uncertain and require the strongest focus from government. I would encourage the government to continue to work with these advocates to progress those cultural and resourcing safeguards with the urgency they deserve.

I have thought very carefully about these concerns and about the adequacy of the safeguards to protect people with disability and all vulnerable Queenslanders. In developing the bill, it is clear that the QLRC has been keenly focused on finding the right balance between safeguards that will effectively protect the most vulnerable Queenslanders and ensuring VAD is available to every terminally ill patient who wants this choice. After two parliamentary committee inquiries and the QLRC's consideration, it is hard to conceive of a better scrutinised piece of legislation, and I am comfortable that this bill strikes the appropriate balance.

I will not be supporting any amendments to the bill, and if it passes unamended I believe it will be the most cohesive and comprehensive VAD scheme in the country. The proposed amendments threaten the integrity of the scheme that has been given an incredibly thorough treatment, as I have said, by QLRC and those two parliamentary inquiries. Now is not the time to start unpicking this bill, particularly in ways that will affect only the most frail people at the end of their life. I am referring specifically to the proposed amendments around institutional conscientious objection. Ultimately, some of these amendments simply reflect the position of the most vehement anti-choice lobby groups and hyperpartisan conservative religious organisations.

Groups like ACL and Cherish Life have made it abundantly clear that, no matter what amendments were made to the bill, they would not support a VAD scheme in any form, and I understand some members of this House hold that same view. Honourable members could be forgiven for thinking the intense lobbying over the past few weeks is simply a last-ditch effort to deny some people the choice of VAD once it became clear that its opponents could not successfully deny that choice to everyone. Each of us here who supports VAD should oppose all of the proposed amendments.

It has been a very long road to this point in the reform process but, as others have indicated in this debate, I believe there is more work yet to be done. I refer specifically to the ineligibility of sufferers of dementia and competent minors. I do not accept that the consideration of these issues later is in any way a manifestation of the slippery slope argument. Instead, these are simply the issues that, for practical and moral reasons, are the most difficult to contend with.

I believe that the situation for competent minors is more straightforward. The concept of Gillick competence is well established and commonly applied by medical professionals, and I see no reason young people should be denied access to VAD and made to needlessly suffer where they are able to fully understand the consequences of their decisions.


I can acknowledge without hesitation that deep moral quandary and extraordinary practical difficulties in attempting to include sufferers of dementia in a scheme like this, but that is not a reason for us to put it aside indefinitely. On a personal note, I have seen both of my grandmothers suffer from dementia and, frankly, it is a terrifying prospect to consider my parents, my brothers or myself—anyone I love—facing a similar fate. I know there are dementia sufferers among those who would want to choose the time and the terms of their death, and this is something that I believe we as legislators need to keep working on. It is not clear to me that any jurisdiction has found a way to effectively deal with the complexities of dementia and capacity. Even in those jurisdictions like Belgium and the Netherlands, where loss of capacity does not preclude eligibility, a significant number of VAD practitioners are unwilling or, for ethical reasons, feel unable to honour that request when the patient has lost capacity. Again, these are not reasons for us to simply abandon that issue.

I sincerely appreciate the work of the QLRC, every committee member and the secretariat staff who dealt with this really tough issue in this parliament and the last. I want to especially single out Joan Pease, the member for Lytton, and Aaron Harper, the member for Thuringowa, as so many have. They are the two committee members who saw this all the way through, from start to finish.

I want to express my thanks and admiration for those advocates who fought tirelessly, some for decades, to bring on this reform. Politics and most politicians almost invariably lag behind in delivering progressive change that society demands, and it is only through the tenacity and the persistence of

these advocates that we have made it to this point. In the time I have left I want to specifically thank: Jos Hall, Jeanette Wiley and Craig Glasby by from Dying with Dignity Queensland; David Muir and Lindsay Marshall from the Clem Jones Trust; Sid Finnigan at Doctors for Assisted Dying Choice, who was everywhere; Tanya Battel and Fiona Jacobs from Nurses supporting Voluntary Assisted Dying; everyone at Go Gentle, including Andrew Denton for his work over decades; and the indefatigable Everaldo Compton, who brought colour to every hearing he appeared at. There are so many others. I wish I had time to thank you all.

This is such important legislation that will improve the lives and the dying process of countless people and their families. It has been a genuine privilege to have played a small part in bringing this reform to fruition and I will be very proud to vote in support of this bill.

 **Mr BROWN** (Capalaba—ALP) (7.52 pm): I rise to speak in support of the voluntary assisted dying legislation. I first thank the committee chair, my mate Aaron Harper, the member for Thuringowa; the member for Lytton; and all of the committee members. These two reports have given members in this House so much detail. So much thorough thought has gone into a very respectful debate. I think every member in this House thanks all those members for the work they contributed. The submitters to those two inquiries can rest in the knowledge that each one of those committee members considered their submissions to full effect and that they have been given the respect they ultimately deserve in this debate. I would also like to thank the Law Reform Commission for its extensive work in this process. Again, it has helped frame the process that we have before us today.

Today we are wearing blue badges in recognition of Prostate Cancer Awareness Month. My father had prostate cancer. If it were not for the words of Wayne Swan, telling him to go and get his prostate checked early, he would have suffered with that. I am very fortunate that all of my family members have avoided terminal illness or cancer and I am very thankful for that. The first time I experienced someone I cared about having a terminal illness was the member for Stretton, Duncan Pegg. As has been alluded to in the debate, Duncan did not want to die. He wanted to live. He fought every step of the way. We hold him in high regard for doing so.


Duncan told me about his terminal illness at my 40th birthday party. That is the relationship we had. It was open. He did not hold anything back. When I asked him how he was doing, he told me straightaway. He told me that night that he was not going to make it. Our conversations changed from that point on. There was one question I asked nearly every time I spoke with him. I asked him whether he was in pain. Some days he was; some days he was not. He changed doctors. He changed medication. In the end, I am so grateful he was not in pain. I am so grateful that in his palliative care moments he went out with very little pain, with loved ones around him. So many do not get the same opportunity. No-one is arguing against palliative care. I think it was former premier Campbell Newman who said that you give it a crack: you go with palliative care first up and there is a choice afterwards. If it does not work, then rest assured there is voluntary assisted dying that you can choose in the end. I am glad that Duncan passed on those words in his final speech, because it has helped frame my decision in this debate.

My decision has also been framed by my community. Each time I have surveyed them or consulted with them on Facebook, my community has overwhelmingly come back in support of this legislation. Just to be fair, I will cite the survey results of the LNP in my local area. The federal member for Bowman each year conducts what he calls the Redlands Biggest Survey. In that survey he asks the question: 'Do you support euthanasia?' Each year it comes back with high results in the affirmative. At one point it was 89 per cent in favour. I think the last time it was 93 per cent in favour. I imagine that survey is heavily skewed with LNP supporters returning the reply paid survey to him, but it just shows that in our city, in our local area, there is overwhelming support for this legislation.

While I respect the member for Oodgeroo's position and where he comes from with his deep faith, I do have to mention that it is against the wishes of the people he represents. I respect that his position on many things comes from his faith—marriage equality, abortion and now voluntary assisted dying—but I need to address the fact that this goes against the wishes of the people he represents. One person he represents is Dr Sid Finnigan. Dr Sid Finnigan and I have had so many meetings and phone calls that I cannot count. He has been a fantastic help to me in considering this legislation. Hopefully, I have been a help to him by providing advice in this campaign.

I want to thank him and the many other groups that have worked so hard for so many decades and so many years to bring about this legislation. I hope on Thursday they can have closure knowing full well that they have gone through experiences that hopefully many other families do not have to go through themselves.

This legislation is about choice. It is about choice for people with a terminal illness that some will take and some will not. I want to thank everyone who has spoken in this debate for the respect with which they have done so, especially my colleagues who have allowed themselves to have a true conscience vote. I particularly want to thank the member for Logan for the way he has conducted himself during this debate. Though we have come to different sides of it, I can fully respect his position and how he came to it, as I can for the member for Greenslopes and the member for Aspley. It was disheartening to hear the Leader of the Opposition say that we on this side would not have a true conscience vote, because the results will show the exact opposite. I wholeheartedly support this bill.

 **Mr KRAUSE** (Scenic Rim—LNP) (8.00 pm): This bill is the most significant to come before this House in a long time. It will, if passed, alter the legal landscape in Queensland as it relates to the principles that go to the protection of life and also our collective view of how we care for those who are facing terminal illness. Caring for them until the end comes will no longer be the only option for our society. This shift will create another category of lawful death in Queensland. That is an enormous change.

Over the past few years as this issue has been discussed in the community by the Queensland Law Reform Commission and by two parliamentary committees I have been deeply touched by the accounts of pain and suffering conveyed by those who have witnessed loved ones—or, in the case of doctors and nurses, patients—die as a result of terminal illness. It is hard to listen to. It is difficult to understand what those who are terminally ill go through. Unless you have been there yourself, it would be very difficult to understand what family and friends go through in this scenario.

In this parliament I know there are many differing views on this topic. I also consider that everybody here is genuinely of the view that people should be provided with the best possible care, compassionate relief of pain and released from the suffering that can come upon people when enduring terminal illness. The point of divergence is how that care and compassion is to be delivered. The proposal in the bill to enable terminally ill patients to end their life in accordance with the bill's parameters will go some way towards ensuring those people's suffering is alleviated.

When I consider the accounts provided to the committee, the representations from community members and personal representations made to me by constituents about the impact that terminal illness has had on people close to them, I am not surprised that this proposal has continued to be put forward. As one constituent put it to me—

VAD legislation is about giving Queenslanders the option to end their life when avenues to recovery are closed and pain has become intolerable.

Another account conveyed to me was—

After watching my mum pass away in absolute agony for days at the end of 2019 I wished she could be out of pain and put to rest sooner.

Everyone in the community, including those who support this bill and those who do not, have these concerns about how we should be caring for the terminally ill. I hear these concerns, and as community leaders we all need to hear these concerns and take stock of what we are doing to address them. In short, we need to be better at caring for each other—in our families and in our communities. In most instances, good palliative care can alleviate suffering and yet in much of Queensland it is simply not available.

This bill breaks new ground. It gives the terminally ill an option—an option I am absolutely sure will be comforting for those enduring terminal illness to have, even if they do not exercise the option. However, this bill enables a system whereby others in society are a part of that process through the provision of assistance to die. As a result, there are wider ramifications. If this bill passes, all of us here are enablers of that process. This bill involves everyone because we are chipping away at an absolute protection of life that has been a fundamental cornerstone of our legal system and our society. It is not possible to separate the choice of individuals to access VAD from this wider consideration, nor should it be ignored.

'Dying people are some of the most vulnerable in our society.' So said Kiki Paul from Go Gentle Australia in a letter to me. It is true, and that truth is also an important factor to consider in determining whether or not to support the bill. Dying people are vulnerable, and it cannot be denied that there is a risk that terminally ill people will be coerced into seeking to end their lives under this bill. These deaths will be wrongful, unjust deaths. It is this prospect that presents the biggest challenge to accepting the bill's diminution of the law's absolute protection of life and prohibition of intentional killing, accepted as a cornerstone through centuries of law and societal development. It is an enormous risk. What if it was your mum, your brother or your dad who was subject to such pressure? What if it was you? I have seen

myself in my own family the tendency for older people to adopt an attitude that effectively says, 'I don't want to be a burden on anyone anymore,' and with the passage of this bill that tendency opens up serious risk of people going down the route of VAD because they do not wish to be a burden anymore.

The 12-month period of time until likely death in which VAD may be available—a period far too long in the opinion of 19 former AMA presidents and a period that risks unsafe assessments of terminal illness—also makes it more likely that people will end their own life under these laws when they ought not have done so either through coercion or mistaken diagnosis. Any such death will be a tragedy, just like the one innocent man left to hang in the consideration of the timeless anecdote regarding our legal system.

For the first time in my political life I agree with Paul Keating, who declared when Victorian VAD laws were introduced in 2017 that claims made by VAD proponents of safeguards for the vulnerable expose 'the bald utopianism of the project'. He said that no law and no process can achieve that objective.

This bill exposes our vulnerable terminally ill people to the most dire consequences of coercion and also the prospect that this is the thin end of the wedge when it comes to categories of people to be exposed to this legislation, and we need no better example of that. We have been given a great one by the member for Maiwar in his contribution here in that he seems to be suggesting, if I heard him correctly, that a lack of capacity should not be a barrier to accessing VAD in the case of people who have Alzheimer's.

It is often said that the measure of a society's decency is how it treats its most vulnerable people. It is clear that Queensland has a problem with the amount of funding for palliative care, with over \$200 million per annum extra being required to give all Queenslanders access. As one constituent said to me, such care sees, with consent—

... medication keeping a person alive is withdrawn and other drugs are administered to aid in a peaceful death. This is a lawful and ethical outcome.

As it is, such care is only provided by the state from around three months from the expected end of life. The passage of this bill will mean that it will be easier, more accessible and more affordable for people suffering terminal illness to end their own life than to access care to relieve their pain. What does that say about how we treat the most vulnerable people in our society, to refer to the words from *Go Gentle Australia*? I want to associate myself with the comments made in this House by the member for Greenslopes, the Deputy Speaker, in that care is the way to go when people are terminally ill and that that is what doctors and nurses do.


I hear the concerns of those who seek compassion for our terminally ill, but I also hear the calls for better palliative care to provide real choice. I hear the concerns of those who seek choice for our terminally ill, but I also know that compelling doctors and institutions into VAD against their conscience is dangerous. To go against conscience is neither safe nor right. The VAD process involves all of us in society, but the sheer arrogance and recklessness with which the government disregards these concerns, refusing to amend this bill to take account of these concerns, is just downright dangerous. Private hospitals account for a large degree of health care in this state and this government attacking their autonomy as the custodians of care for people at those hospitals is a disgrace. Removing freedom to act with one's conscience is something that totalitarian regimes do. Is this what members are proposing to support?

More people have contacted my office urging me to vote against this bill than for it. I acknowledge that my decision will not please everyone. There will be a need to agree to disagree. As a member of parliament, we swear to well and truly serve the people of Queensland as a whole as well as our electorate, and I have been mindful of this in my consideration of these matters to give voice to concerns that may not be raised by the majority in parliament but are heartfelt and genuinely held by a significant portion of Queenslanders.

I hope that agreeing to disagree can be done respectfully on all fronts because these issues are extremely complex. They are issues I have considered over a length of time, stretching back to a first meeting I had with a couple from Tamborine Mountain a few years ago. Given the apparent certainty that the bill will pass into law, the amendments to be moved by the member for Toowoomba South should be supported by all members in this House as they remedy quite a few concerns raised across the spectrum.

I close by paraphrasing Paul Keating from 2017 when he was referring to the Victorian VAD laws: no matter what justifications are offered, the VAD bill 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. Opposition to this bill is not about religion. 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. In this case the principles concern our view of human life itself. It is a mistake for legislators to act on the deeply held concerns of many when that involves crossing a threshold that will affect the entire society in perpetuity.

 **Mr BLEIJIE** (Kawana—LNP) (8.10 pm): I will be frank: at times I have struggled to see a pathway through this. I have spoken to many people in my electorate, some with passionate views in support of this legislation and some with passionate views against it. I have listened to these people. I have read their emails. I have sat down with anyone who has requested a meeting. Last Friday in Kawana I had coffee with a lady I have a lot of time for. I recalled a conversation we had five years ago about voluntary assisted dying and an experience she had with her mother. Noting that this bill was going to be debated this week I rang her and I asked her for a catch-up.

Even before the last election, my concerns with a voluntary assisted dying scheme have always been on the record. My electorate would know that. I have been a member there for 12 years. I have struggled with this bill and the debate. One cannot help but be moved by the personal stories. I think all honourable members who have participated in this debate would say that those stories do have a profound impact on you not only as a local member but also as a human. We are all human. We all experience things differently. We have heard in the last 15 hours of debate many personal stories, not only from the experiences of members but also from the experiences of their constituents. I am no different. I have the same stories from my own constituents and my own family.

My natural inclination, as someone who believes in the value of the freedoms of the individual, leads me to a sympathetic view in support of a voluntary assisted dying scheme so far as it relates to the choice of an individual. I am troubled though by the great variety of circumstances of human life. There are many good intentions in this bill and good people who support the bill.

As I said, last Friday I sat down with a lady I have a lot of time for. For about an hour and a half we talked about the bill and the concerns I have and her experiences. Before the last election a lady emailed me and wanted to know my position on voluntary assisted dying; despite the fact that at that stage we had not had a bill but an election promise by the government. I gave her a call and said, 'Let's meet.' Her family had a terrible experience with her father who had motor neurone disease. I struggled to see a perfectly healthy lady in a lounge room with her husband having coffee with me and her talking about her experiences with her father. She did not have motor neurone disease, but she was afraid she would get it as her father did and her quality of life would decline. She is obviously supportive of a scheme.

Going into the last election good supporters of mine asked me for my views and when expressing the concerns I have had for many years about a voluntary assisted dying scheme they said they would not vote for me. They say that there are two certainties in life: death and taxes. There is a third and I think all honourable members will experience this when we vote tomorrow. The third is knowing with a heavy heart that no matter how I choose to vote on this bill I am not going to please everyone. Indeed, some may be upset and angry at me. Some will be satisfied. I wish I could please everyone on this issue, but I cannot. All I can do is explain my reasoning as best I can in the short period we have and hope that my constituents, no matter how they feel on this subject, know that I have considered their views and it has been an incredibly difficult decision to make.

When we look at the elements of the bill and the explanation through the committee report we see the process of signing up to a voluntary assisted dying scheme. It says in the bill the person first makes a request that they want to access the voluntary assisted dying scheme. They go and see a doctor for a first request and the doctor does an assessment. If the first doctor finds the person eligible they refer it for a second independent assessment. Then the second doctor does an assessment. If the second doctor finds the person eligible they may make the second request to the first doctor. The person may make the final request to the doctor and then a person who wants to participate in voluntary assisted dying can either take the option of self-administration or practitioner administration.

That is, in essence, how the scheme works. I have some concerns with that, particularly the self-administration. I cannot fathom a situation where you would have an individual who would be eligible with a terminal illness with less than 12 months to live prescribed the medication—poison—to end their life and they can self-administer it. On my initial reading of that my concern was, 'Can this person do it at home?' Yes, they can. The bill says that it has to be in a locked storage container, but what happens when it leaves the pharmacy? There is no guarantee it is going to make it home. There is no guarantee that when it gets home the individual puts it on the kitchen bench under a lock and key.

There are varieties of locks and keys. I cannot help but think about a situation where someone else visits the household—a kid—they find the key, they unlock this box and they drink it and die. The person who signed up for voluntary assisted dying had no intention for that to happen, but it could be a consequence.

There is nothing to say that the person needs anyone else with them. We could have people signing up to the scheme dying at home, vulnerable Queenslanders, on their own, without anyone. I am told by doctors in other jurisdictions that sometimes it does not work. Can you imagine an 80-year-old lady or man has the drink and it does not work, and two days later family members find them, call an ambulance and the ambulance has no option but to resuscitate them? That situation has occurred in some jurisdictions. I am concerned about the vulnerable in our community. I am concerned about the self-administering process.

I am concerned about conscientious objections from organisations and institutions. The bill is about choice. Where is the choice for those organisations? Many of them are faith based organisations. Everything they do is based on their faith. If we are talking about choice, let it be a free choice.


I am concerned about vulnerable and elderly Queenslanders being taken advantage of. As a former attorney-general and solicitor I can tell the House that in Queensland elder abuse is real. Regrettably, human conditions include good and bad. There are many possibilities for this legislation to be abused. We have all heard circumstances. When people talked to me about supporting this bill I would give them the example of my nanna who went through a process of dementia and stroke, passing away a few years ago. Many of those people thought this bill would apply to people with dementia and Alzheimer's. It does not. People have been given false hope that this bill will be their dying with dignity ticket. It is not because it is restricted.

Palliative care needs more work, more resources and more funding. It is a failure of governments over successive years not to fund palliative care properly. The honourable member for Toowoomba South is moving amendments which I absolutely support, including eligibility from 12 months to six months, having psychological and psychiatric assessment, a specialist palliative care consultation and allowing conscientious objections from doctors.

My mum had cancer. We could have lost her but, God willing, she is with us today. She is in remission. She had melanoma. If she had been diagnosed as having 12 months to live and, as her son, I tried to convince her not to pursue voluntary assisted dying, under this legislation that would be an offence. To try to convince a family member not to pursue voluntary assisted dying would be an offence.

As I have said, I would dearly love to support this bill today for freedom of choice for individuals. However, I am not voting on feelings, emotions or what people think is in this bill. I am voting on what is in the bill. If the Premier had in a bipartisan way worked on amendments, as was advised in the media, it is likely that I would be voting for the bill with all of those amendments. Alas that did not happen. My concerns remain and I am not yet convinced that the safeguards in the bill are satisfactory to protect vulnerable Queenslanders—safeguards for the vulnerable and safeguards for the health professionals. As I have said, I have real concerns about this bill.

I thank my constituents who have put forward their views to me, both for and against the bill. As I said, it is a very passionate debate for a lot of people. All I ask is that people consider what I have said about my concerns. I will be supporting the amendments and I hope all honourable members support them, because that may change things. If the amendments get up it may change the way I vote on the bill. However, at the moment, in good conscience and with my concerns for vulnerable Queenslanders, I cannot support the bill in its current form.

 **Hon. SJ MILES** (Murrumba—ALP) (Deputy Premier and Minister for State Development, Infrastructure, Local Government and Planning) (8.20 pm), in reply: I would like to thank all members for their contributions to the debate on the Voluntary Assisted Dying Bill 2021. This is an important moment for our parliament and for Queensland. At the outset the Premier expressed her wish that the debate be respectful and I believe it has been.

In the course of this debate we have heard concerns that voluntary assisted dying will be used as a substitute for adequate palliative care. The Palaszczuk government is committed to the provision of compassionate, high-quality and accessible palliative care for all Queenslanders living with a life-limiting illness. The Palaszczuk government has committed to providing an additional investment of \$171 million to palliative care. When added to existing funding, the total investment will reach close to \$250 million per year in 2025-26.

Our government is committed not only to an increase in spending but also to developing a new statewide palliative and end-of-life care strategy and workforce plan. Earlier this week the health minister announced the commencement of consultation with clinicians, non-government organisations and peak bodies.

We have high-quality palliative care services in Queensland and we will continue to make them better. However, as we have heard over the course of this debate, for some people suffering from a life-limiting condition palliative care treatment is unable to effectively manage their pain or suffering. This bill is about providing an additional end-of-life choice.

There is one thing about palliative care that has been restated in this debate as though it was fact that I must correct. In fact, I am concerned that if this is not corrected and if Queenslanders believe it to be true it could prove dangerous. A number of speakers stated that palliative care in Queensland could only be accessed within three months of anticipated death. There is no restriction that people only receive palliative care in the last three months of their life.

Patients can be referred to palliative care at any time, including to receive an initial assessment. Specialist palliative care is available throughout Queensland for patients referred by their treating clinician, including referrals that occur early in the course of a patient's terminal illness. Intensive medical and nursing support in a hospital or community setting at the end of life is typically needed in the last few weeks. However, good palliative care should start the day a patient is diagnosed, although obviously it will need to increase in intensity over time and as death approaches.

Palliative care and voluntary assisted dying are different. I believe Queenslanders deserve both. I urge members not to let a desire for more and better palliative care services to stand in the way of providing a choice to terminally ill Queenslanders who want only to determine the manner and timing of their own inevitable passing.

Many members have talked about the rights of entities. The bill seeks to balance those rights with the rights of patients suffering at the end of their lives to have access to what would become a lawful service. We heard from members who implored the House to ensure the bill allowed health practitioners and healthcare organisations to opt out of providing voluntary assisted dying services. The bill does just that. It sets a process for objecting entities and, in the very narrow circumstances where the interests of the objecting entity and the interests of the dying patient cannot be reconciled, it provides a mechanism to ensure access for the patient.

I acknowledge how valued the services of faith based providers are. We have listened to their concerns and we will continue to do so throughout the implementation of these laws. The government has committed to developing a clinical guideline to further codify elements of the bill where those providers have expressed concerns.

I thank all members for their contributions over the course of this debate. I thank those members on both sides who have expressed their support for the bill. I thank those members who have expressed their opposition to the bill. While we respectfully disagree, I have listened intently to your contributions and the debate has been richer for them. To the members for Greenslopes and Logan, whom I have known forever, I have appreciated your engagement and I am pleased to say we agree on a lot more things than these few things that we disagree on.

I want to address the members who have expressed support for the bill but also support for amendments. I will turn to those amendments shortly. I would urge members to stand by their support, even if their chosen amendments are unsuccessful.

I also want to acknowledge the members who I know have grappled with this bill. I know these are not easy issues. I thank them for the honest way in which they have engaged in the discussion on it and for the heartfelt insights they have shared.

This is a bill that has been designed by experts. It has been subjected to three rounds of extensive consultation and input. Those proposing major changes at the last minute rightly face a heavy burden in persuading the parliament that these amendments are essential. Last-minute amendments carry the risk of unintended consequences and the effect of making the bill unworkable. The bill includes a mechanism for review after three years of operation, which is a suitable juncture to reconsider how the elements of the bill have operated in practice. I urge members not to disturb careful work by voting for poorly thought out amendments at the last minute.

The member for Toowoomba South has circulated in his name a large number of amendments to the bill. He has done so while stating that he would still vote against the bill even if all of the amendments are accepted. In doing so he is usurping the right of members who want to vote for the bill as it stands, but with no intention of supporting the bill that would exist if his amendments were passed.

The explanatory notes for the amendments provide little in the way of rationale or justification for the proposed changes. They diverge dramatically from the independent evidence based recommendations of the Law Reform Commission. The five pages of explanatory notes stand poorly as justification when weighed next to the 880 pages of careful deliberation in the commission's final report.

The member for Toowoomba South has also tabled a statement of compatibility with the Human Rights Act. The consideration of the human rights impacts of the proposed amendments are cursory at best. The member for Toowoomba South has claimed that voluntary assisted dying 'continues to be legislated disparately by parliaments across our federation, each siloed from the other in a seeming regulatory vacuum.' That is not the case. In fact, ironically, where other legislatures have adopted disparate laws it is as a result of last-minute ad hoc amendments like those that he has moved.

As we have heard, the bill is the product of three long years of work by the former health committee, the Law Reform Commission and the Health and Environment Committee. The bill as drafted is safe, balanced and measured. I cannot think of a single piece of legislation that has been as thoroughly researched, analysed, consulted upon and considered as this one. The learnings of other jurisdictions have been taken on board and a scheme developed to suit Queensland's unique circumstances.

The member for Toowoomba South and those who have spoken in favour of the amendments have not provided adequate justification for why the bill as drafted, with its long and considered development, should be amended. There is no evidence that the amendments proposed would actually improve the bill. They would only serve to hamper access to the scheme, to prolong the suffering of those the bill seeks to help.

As the member for Clayfield said—

... 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 ...

The true intent of these amendments is not to improve the bill, it is to make it as difficult as possible for people to access the scheme.

Professors Ben White and Lindy Willmott, leading experts in end-of-life law, have considered these 54 amendments. They say the combined effect would be to create an incoherent, unwieldy, inconsistent law. As the member for Kurwongbah said eloquently—

The Gish gallop [technique] focuses on overwhelming a debate with as many arguments as possible without regard for accuracy or strength of argument ... quantity over quality.

For example, the combined effect of the amendments is that to access voluntary assisted dying, a person would have to see a palliative care specialist, two specialists in the person's condition, and a psychiatrist or psychologist. Some who spoke in support of these amendments have simultaneously noted that members of their communities have little to no access to these specialists. Queenslanders who live in regional or remote areas would be greatly disadvantaged by amendments like this, especially given the effect of the Commonwealth's law on the use of telehealth services. This requirement is far beyond that required in any other state that has legalised voluntary assisted dying.

We have heard from John Ancliffe and his family who are in support of voluntary assisted dying. John has motor neurone disease and can no longer speak. He communicates using gestures and technology. These amendments include an amendment to remove gestures to communicate a request to access voluntary assisted dying. That would preclude people like John who retain capacity but who may not be able to speak as a result of their illness. It will silence those with horrendous cancers of the face, mouth and tongue. This is cruel and unjustified. Just because a person cannot speak does not mean they lack decision-making capacity.

These amendments are a clear attempt to prevent people from accessing the scheme and they ignore the fact that the medical professional who will know their patient best and have the most contact with them is their GP.

Professors White and Willmott say this legislation is safe and measured. We have been warned by the experts against weakening the bill with ad hoc safeguards that are not necessary, restrict access and do not make the process any safer. Ad hoc and unnecessary amendments risk undermining Queensland's measured legislation and purposefully create unworkable barriers to access. Professors White and Willmott have stated—

We urge the Queensland Parliament to avoid the situation that other states have experienced where safeguards are awkwardly added to already sound law in an ad hoc way. This would lead to the VAD law being incoherent or inconsistent in important ways.

The amendments would significantly impact on people's ability to access voluntary assisted dying and, for this reason, I do not support the amendments. I will outline my views on the specific amendments during consideration in detail, but these overarching comments apply to all of the proposed amendments and, for that reason, I urge members to vote against them.

Right now I would like to note some of the amazing, moving, heartfelt contributions we have heard this week. Knowing most of you quite well, hearing your personal experiences of death and dying has been moving. There were a number of occasions where our COVID rules restricting us from moving to sit next to a speaker or to put a hand on their shoulder made it harder.

I would again like to thank the members of the Health and Environment Committee for their detailed consideration of the bill. The committee could not have undertaken such an extensive inquiry or produced such a thorough report without the support of the secretariat. I want to acknowledge Committee Secretary Dr Jacqui Dewar and the staff of the secretariat for their hard work.

I would like to reiterate our thanks to the Law Reform Commission, exceptionally led by Justice Peter Applegarth, for their expertise in developing such a thorough, well thought-through bill. If members pass this bill without amendment, as is my sincere hope, it will be the best voluntary assisted dying framework in the country and we will owe the QLRC a debt.

I thank the member for Thuringowa, chair of the committee, for his passionate contribution to this debate and his tireless work across the two comprehensive committee inquiries.

The Minister for the Environment, Minister for Employment and Small Business, the member for Pine Rivers, the member for Redlands, the member for Caloundra, the member for Hervey Bay and many others have shared personal stories of loss and suffering. Members shared stories of their parents, grandparents, siblings, partners and friends. The Minister for Transport and Main Roads, the member for Pumicestone, the member for Lytton, the member for South Brisbane and the member for Burleigh shared stories of everyday Queenslanders and the intolerable, needless suffering they or their loved ones experienced. I thank all members for sharing their views and the views of their constituents. The House is privileged to have heard their compassionate and considered contributions to the debate. Queenslanders are well served by the members of this parliament.

I also want to thank those members who took the time to consult and listen to their constituents and their views. As parliamentarians we are elected to represent and serve the people of Queensland. We have a unique opportunity to use our position to really make a difference this week, to show compassion and to end unnecessary suffering.

I want to congratulate the Premier for her leadership in taking Queenslanders on the journey considering this issue and for bringing this historic bill to the parliament. As she so often does, the Premier has demonstrated that it is possible as a leader to show both strength and empathy. The Premier spoke powerfully of her grandma and her uncle and their influence on her thinking, of her grandma's painful last days and how she regrets putting her work for the state ahead of spending more time with her grandmother in those final days.

I want to thank the health minister and the Attorney-General for their support and collaboration throughout the entire process and the debate this week, and for their own heartfelt speeches. As the Premier said when introducing the bill, we have worked collaboratively across government on this, reflecting the importance of the issue.

I want to thank the staff of Queensland Health, the Department of Justice and Attorney-General and the Office of the Queensland Parliamentary Council and my department who have worked together. I would like to thank Tricia, Sally, Eve, Rashvin, Karen, Hayley, Maggie, Bree, Jasmina and Keith—the VAD Team. I would also like to thank the staff in my office for their efforts, particularly Danielle Cohen, Ali France and Katharine Wright. I note the work of the member for Pumicestone when she was in my office before her own election.

I want to thank professors Ben White and Lindy Willmott from the Australian Centre for Health Law Research and their fellow end-of-life researchers for their commitment to providing measured, evidence-based research on voluntary assisted dying and their support to lawmakers over an almost 20-year period.

I want to thank the many voluntary assisted dying advocates for their tireless campaigning to ensure this bill becomes a reality, including the Clem Jones Trust, Dying with Dignity Queensland, Go Gentle, VALE and Doctors for Assisted Dying Choice.

I want to take a moment to acknowledge and pay tribute to the advocacy of former Brisbane Lord Mayor Dr Clem Jones AO. In his will in creating the trust, he said—

Having witnessed and experienced the trauma of death, I have become appalled that human beings can impose on their loved ones days, months and years of terrible pain and misery by preserving their life causing them not only to suffer that pain but to suffer too, the mental anguish that comes with it.

...

... when that quality of life falls to a level where life is one of pain and suffering or where one's mind can no longer function ... medical practitioners should have the right and the responsibility of releasing persons from that torture, misery and indignity.

I would like to personally thank David Muir, Lindsay Marshall, Andrew Denton, Stuey Trail and Peter Ong for the advice they have provided to me.

I would like to thank the union movement, the ETU, the QCU, United Workers Union and the QNMU for their support and advocacy.

My mate Everald Compton—I have not forgotten you owe me a whisky after all of this. It is timely that Everald was awarded the Order of Australia this week for services to the age welfare sector as the parliament debated laws for which he had advocated for four decades or more.

More than anything, I want to thank the individual Queenslanders who have taken the time to put forward their views on this bill—Queenslanders who are themselves suffering and dying, Queenslanders who have cared for loved ones right up until the end, Queenslanders who have made it their profession to help the dying, Queenslanders who believe in choice and autonomy, and Queenslanders who believe in compassion. Queenslanders are what matter in this debate.


Most of all, I want to dedicate this bill to the many Queenslanders who supported laws like this but who died before seeing them debated here—Queenslanders like Peter Simpson and Duncan Pegg.

As we have heard, this bill has been carefully drafted and reflects the evidence based recommendations of the Queensland Law Reform Commission. It contains robust safeguards. It both provides access and ensures protection of the vulnerable. If members believe in respecting the wishes of people who are suffering and dying and want to have an additional end-of-life choice then they should vote in favour of this bill. I am deeply proud to commend the bill to the House.

Debate, on motion of Dr Miles, adjourned.

JUSTICE LEGISLATION (COVID-19 EMERGENCY RESPONSE—PERMANENCY) AMENDMENT BILL

Introduction

 **Hon. SM FENTIMAN** (Waterford—ALP) (Attorney-General and Minister for Justice, Minister for Women and Minister for the Prevention of Domestic and Family Violence) (8.40 pm): I present a bill for an act to amend the COVID-19 Emergency Response Act 2020, the Domestic and Family Violence Protection Act 2012, the Domestic and Family Violence Protection Rules 2014, the Liquor Act 1992, the Oaths Act 1867, the Powers of Attorney Act 1998 and the Property Law Act 1974 for particular purposes, to repeal the Domestic and Family Violence Protection (COVID-19 Emergency Response) Regulation 2020 and the Justice Legislation (COVID-19 Emergency Response—Documents and Oaths) Regulation 2020, and to make minor and consequential amendments of the legislation mentioned in schedule 1. I table the bill, the explanatory notes and a statement of compatibility with human rights. I nominate the Legal Affairs and Safety Committee to consider the bill.

Tabled paper: Justice Legislation (COVID-19 Emergency Response—Permanency) Amendment Bill 2021 [\[1401\]](#).

Tabled paper: Justice Legislation (COVID-19 Emergency Response—Permanency) Amendment Bill 2021, explanatory notes [\[1402\]](#).

Tabled paper: Justice Legislation (COVID-19 Emergency Response—Permanency) Amendment Bill 2021, statement of compatibility with human rights [\[1403\]](#).

Since the COVID-19 public health emergency was declared, the Palaszczuk government acted quickly and put in place a range of temporary measures to support Queensland businesses and the community. The purpose of the bill is to make permanent and build upon particular parts of the temporary measures introduced during the COVID-19 emergency in my portfolio. The COVID-19 emergency propelled government, business and the community into the digital age, forcing us to embrace and use technology in new ways in all aspects of business, commerce and in our personal lives. The Justice Legislation (COVID-19 Emergency Response—Documents and Oaths) Regulation

2020 enabled technology to be used to make important legal documents. As these temporary measures have been so well received by businesses, stakeholders and the community, the government now proposes, through this bill, to make many of them permanent.

The bill makes tangible, practical improvements to the making, signing and witnessing of documents, which affect people and industry every day. Not only does the bill enable use of electronic signatures; it also provides that the signature of a person and witness do not need to be on the same, singular, original document, in some circumstances. This is an important practical change which prevents parties having to be physically together to sign these documents or post original documents back and forth, which can be logistically difficult.

Tonight I met with lawyers who advised me that the temporary provisions around the use of electronic signatures had significantly increased efficiencies for them and changed the way commercial practices run. For example, talking to a commercial lawyer I met with earlier this evening, Craig, he was telling me that it normally may take up to four weeks for documents to be signed and witnessed and transferred between parties overseas using the post. Instead, under these provisions documents will be able to be fully executed in a matters of days.

The bill allows for electronic signing and witnessing via video link for important documents such as affidavits, statutory declarations, general powers of attorney for businesses, deeds and particular mortgages. Specifically, the bill allows affidavits, statutory declarations and some oaths to be taken over video link by a cohort of special witnesses such as: Australian legal practitioners; government legal officers who witness documents in the course of their work; certain justice of the peace or commissioner for declarations approved by the director-general of the Department of Justice and Attorney-General; a notary public, a justice of the peace or commissioner for declarations, employed by a law practice; or a justice of the peace or commissioner for declarations employed by the public trustee, if the public trustee prepared the document.

For affidavits and statutory declarations that are witnessed over video link, the bill allows these documents to be physically signed or electronically signed and/or made using counterparts if witnessed by a special witness, with procedural requirements to apply to mitigate risk of false statements. For affidavits and statutory declarations that are witnessed in person, the bill allows them to be signed electronically and made in counterparts if they are witnessed by a special witness.

The bill allows powers of attorney for businesses such as corporations, partnerships and unincorporated associations to be signed electronically, in counterparts and by split execution and without a witness. However, if a power of attorney is used for a land or water dealing, it must continue to be executed in accordance with the requirements of the Land Title Act 1994 and Land Act 1994. The bill also provides that a general power of attorney for an individual under the Powers of Attorney Act 1998 or a power of attorney given under a deed must be a physical document that is signed in the presence of a witness unless the document containing the power of attorney given by an individual under a deed is part of a commercial or other arms-length transaction and the power of attorney is given for the purpose of the commercial or other arms-length transaction.

The bill allows deeds to be made in the form of an electronic document, signed electronically, in counterparts and by split execution, provided each of the signatories consents to the method of electronic execution. The bill removes the requirement for deeds to be sealed or stated to be sealed, provided the deed contains a clear statement that it is executed as a deed. The bill removes the need for witnessing of an individual's signature on a deed, except for a deed which contains a power of attorney for the signature in certain circumstances, which I have already outlined. It also allows an individual to sign a deed on behalf of a partnership or unincorporated association without a witness. The bill clarifies the way a corporation can execute a deed, aiming for consistency with execution requirements in the Corporations Act 2001. However, consistent with the approach in respect of powers of attorney, the bill ensures that deeds lodged in relation to land and water dealings must continue to be executed in accordance with the requirements of the Land Title Act 1994 and Land Act 1994.

The bill clarifies that a copy of a mortgage lodged through electronic conveyancing can be electronically signed and does not need to be witnessed, provided it complies with section 11 of the Property Law Act 1974.

The bill also allows nurse practitioners, in addition to doctors, to sign a certificate which forms part of an advance health directive stating that the person making the document appears to have capacity to make the document.

All of these reforms will improve access to justice, reduce the costs for the delivery of legal services, reduce transaction costs, increase efficiency and boost economic productivity. Through these reforms, Queenslanders will be able to make these documents from their home or workplace and will

no longer have to travel to sign documents in person before a witness. These reforms represent a significant step forward for Queensland and represent a departure from centuries' old legal practice—nothing like a global pandemic to make the legal profession agile and modern. They also contain a number of limitations and, importantly, safeguards to protect against the risks inherent with the use of technology and with the changes to witnessing requirements. These safeguards have been developed following extensive consultation with a range of stakeholders.

The bill also modernises and streamlines domestic and family violence proceedings through amendments to the Domestic and Family Violence Protection Act 2012 and the Domestic and Family Violence Protection Rules 2014 to permanently retain the option to use the temporary measures provided under the Domestic and Family Violence Protection (COVID-19 Emergency Response) Regulation 2020, in particular circumstances. The permanent measures adopted allow for domestic and family violence matters to be heard via video or audio link, the operation of alternative verification processes for temporary protection orders and electronic filing, where approved by the principal registrar.

Again, this will modernise and streamline access to justice by providing victims with greater flexibility to participate in domestic and family violence proceedings, including by giving magistrates the discretion to conduct all or part of the proceedings by audiovisual link or audio link. Allowing vulnerable Queenslanders to make documents or give evidence under oath from the comfort of their home or workplace using technology will further support victims in what is a stressful time. These measures help ensure that vulnerable applicants can seek protection from domestic and family violence without unnecessary delay.

The bill will also amend the COVID-19 Emergency Response Act 2020 to provide that a regulation made under section 23 of that act must be made before the COVID-19 legislation expiry day, and expires two years after that date, unless it is repealed sooner. This will extend the operation of the Retail Shop Leases and Other Commercial Leases (COVID-19 Emergency Response) Regulation 2020 to allow the Queensland Small Business Commissioner to continue to provide crucial mediation services in commercial leasing disputes.

The bill also amends the Liquor Act 1992 to permanently retain aspects of the temporary COVID-19 takeaway liquor authorities for licensed restaurants. The Palaszczuk government recognises that consumer preferences are changing and the ability to sell takeaway liquor with takeaway food has assisted restaurants and cafes in what has been an extremely tough time for the hospitality industry.

Ensuring businesses can increase their revenue by selling takeaway wine with their meals has supported them to keep their doors open and keep Queenslanders employed. Consumers have demanded greater choice and convenience in being able to enjoy a meal with alcoholic beverages at home. At the same time, the delivery of packaged alcohol directly into homes does have the potential to increase the risk of alcohol related harm. That is why the government has consulted widely with stakeholders representing the liquor and hospitality industry, as well as community organisations, health research organisations, small businesses and relevant government agencies to strike a balance between commercial interests and alcohol harm minimisation.

This balance is to be achieved by amendments that enable restaurant licensees operating under a subsidiary on-premises licence to apply to the Commissioner for Liquor and Gaming for a variation of licence that permanently authorises the sale of takeaway liquor for their business. This proposed new licence condition will only be available to existing or proposed restaurant businesses which must operate as on-premises dining facilities and not just as takeaway only facilities.

To reduce the risks associated, the proposed licence condition limits the sale of takeaway liquor to a maximum volume of 1.5 litres of wine, or two bottles, sold with a takeaway meal between the hours of 10 am and 10 pm. The provision of a meal with alcohol is a known responsible service of alcohol measure. To maximise the benefits of this strategy and ensure the integrity of this new licence condition, the bill requires a full meal to be provided with takeaway wine. Takeaway wine will not be able to be sold with snacks or other insubstantial food. The Commissioner for Liquor and Gaming will be issuing guidelines around the service of liquor with meals to provide clarity for the industry around these requirements for licensees.

Amendments further provide that licensees will need to establish adequate systems and procedures for the responsible service of takeaway alcohol to be granted approval. An example of this would be systems requiring the identification of online customers to prevent liquor service to minors. Approvals may be subject to conditions the Commissioner for Liquor and Gaming determines necessary

to ensure the responsible service of takeaway alcohol. As per existing Liquor Act provisions, the licence condition can be amended or revoked if the licensee fails to comply. Contravention of a condition is also an offence under the Liquor Act.

To further support our hospitality businesses by reducing the financial burden and assist restaurant operators to transition from the temporary arrangements, the bill waives the application fee for eligible licensees who apply for the permanent takeaway liquor condition on or before 30 June 2022. The fee waiver will only apply if the licensee was eligible for a COVID-19 takeaway liquor authority before commencement of the provisions.

In summary, the bill demonstrates the commitment of the Palaszczuk government to lead innovation and efficiency, embrace technology, improve access to justice, and drive business and economic efficiency. I commend the bill to the House.

First Reading

Hon. SM FENTIMAN (Waterford—ALP) (Attorney-General and Minister for Justice, Minister for Women and Minister for the Prevention of Domestic and Family Violence) (8.53 pm): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Referral to Legal Affairs and Safety Committee

Mr DEPUTY SPEAKER (Mr Hart): In accordance with standing order 131, the bill is now referred to the Legal Affairs and Safety Committee.

POLICE POWERS AND RESPONSIBILITIES AND OTHER LEGISLATION AMENDMENT BILL

Introduction



Hon. MT RYAN (Morayfield—ALP) (Minister for Police and Corrective Services and Minister for Fire and Emergency Services) (8.53 pm): I present a bill for an act to amend the Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004, the Corrective Services Act 2006, the Corrective Services and Other Legislation Amendment Act 2020, the Corrective Services (COVID-19 Emergency Response) Regulation 2020, the Police Powers and Responsibilities Act 2000, the Police Powers and Responsibilities Regulation 2012, the Police Service Administration Act 1990, the Terrorism (Preventative Detention) Act 2005 and the Working with Children (Risk Management and Screening) Act 2000 for particular purposes. I table the bill, the explanatory notes and a statement of compatibility with human rights. I nominate the Legal Affairs and Safety Committee to consider the bill.

Tabled paper: Police Powers and Responsibilities and Other Legislation Amendment Bill 2021 [1404].

Tabled paper: Police Powers and Responsibilities and Other Legislation Amendment Bill 2021, explanatory notes [1405].

Tabled paper: Police Powers and Responsibilities and Other Legislation Amendment Bill 2021, statement of compatibility with human rights [1406].

I am pleased to introduce the Police Powers and Responsibilities and Other Legislation Amendment Bill 2021. This bill is all about keeping Queenslanders safe. This bill introduces the strongest laws in the nation when it comes to keeping the worst of the worst behind bars.

This bill honours our promise to shield victim's families from unnecessary trauma. This bill will mean that those who take the life of a child or who commit multiple murders and are serving a life sentence can be banned from even applying for parole for a period of up to 10 years. No other jurisdiction in Australia has those laws, but we will. Queensland will. Because the Palaszczuk Labor government has always acted to protect the innocent and condemn the perpetrators of the worst crimes, we will have these laws.

The bill has a number of key elements. They include, among others, limiting the retraumatisation of victims' families and friends by introducing a new framework for parole decisions about life sentenced prisoners who have committed multiple murders or who have murdered a child; reducing knife crime by expanding the police banning notice regime to apply to an adult who unlawfully possesses a knife in a relevant public place; strengthening the no-body no-parole framework to incentivise earlier prisoner

cooperation to locate a homicide victim's remains; and creating a new indictable offence where a person wilfully and unlawfully kills or seriously injures a police dog or horse or a corrective services dog, reflecting the seriousness of the offence in line with community expectations.

This is a comprehensive amendment bill. The bill will expand the existing police banning notice regime in the Police Powers and Responsibilities Act so that it also applies to an adult who unlawfully possesses a knife in a relevant public place. For this purpose a relevant public place means a licensed premises; a public place in a safe night precinct; or a public event where alcohol is sold.

The amended law will mean that, in addition to any court proceedings police may commence against a person who unlawfully possesses a knife in a relevant public place, police can also issue a banning notice to the person. The banning notice will exclude that person for no more than one month from the area. This proposal is aimed at reducing the opportunity for people to make poor choices with a knife in high-risk areas and builds upon the government's knife-detecting trial in the Gold Coast's safe night precincts and the Queensland Police Service's 'I live my life without a knife' campaign.

The bill will also create two new indictable offences, punishable by up to a maximum of five years imprisonment, for a person who wilfully and unlawfully seriously injures or kills a police dog or horse or a corrective services dog. The Police Service Administration Act already has a simple offence to injure or kill a police dog or horse. The reason for the new indictable offences is that the simple offence is, quite frankly, inadequate to appropriately deal with the criminality of some serious offending. Sadly, this was the case in February last year when police dog Kaos was stabbed by two offenders after they fled from a stolen motor vehicle. These faithful servants deserve the best protection we can offer. I also acknowledge the advocacy of the Queensland Police Union, including General President Ian Leavers, on this particular point, to ensure that this offence was appropriately punished by Queensland law.

This bill also provides further protections for our children in the community. The bill will include nine Commonwealth child sexual abuse offences as reportable offences in Queensland under schedule 1 of the Child Protection (Offender Reporting and Offender Prohibition Order) Act.

The Commonwealth Criminal Code offences are: grooming a person for the purpose of making it easier to engage in sexual activity with a child outside Australia; three offences relating to using a postal or similar service to groom another person to make it easier to procure persons under 16 years of age; conduct for the purposes of electronic service used for child abuse material; using a carriage service to prepare or plan to cause harm to, engage in sexual activity with, or procure for sexual activity, persons under 16 years of age; and three offences of using a carriage service to groom another person to make it easier to procure persons under 16 years of age. Including these additional offences will enable those convicted and sentenced to a period of imprisonment or a supervision order for these offences to be placed on the National Child Offender System.

Secondly, building on these amendments, the bill will also amend the Working with Children (Risk Management and Screening) Act to include those Commonwealth Criminal Code child sex offences as disqualifying offences. This will ensure that if a person has been convicted of one of these offences they cannot hold or apply for a blue card and therefore cannot engage in child related work. Other Commonwealth Criminal Code offences are also being added to the disqualifying and serious offence list.

Thirdly, five of these Commonwealth child sex offences will also be included as prescribed internet offences in section 21B of the Police Powers and Responsibilities Act. This means that, should a reportable sex offender be convicted of any of these additional prescribed internet offences, police will have the power to inspect the reportable offender's digital device, such as a smartphone or computer, to ensure they do not possess inappropriate material.

I will now turn to amendments included in the bill to the Corrective Services Act. On 17 June this year the Palaszczuk government announced its intention to introduce the toughest laws in Australia around parole for prisoners serving a life sentence for the murder of a child or for multiple murders. At the centre of these reforms is our commitment to limit the retraumatisation that the parole process can have on the families of victims. The bill does this and more. Amendments to the Corrective Services Act in the bill will introduce a new parole process that will apply to prisoners who have committed some of the most heinous crimes in Queensland: multiple murderers, child murderers and those who have not cooperated in locating the body or remains of a homicide victim.

As such, the bill introduces a new parole framework for prisoners sentenced to life imprisonment for murdering a child or for murdering more than one person. These prisoners will be defined in the Corrective Services Act as restricted prisoners. Understandably, whenever a prisoner applies for parole this can retraumatise the families and friends of the victim and even the wider community. The bill creates a new discretion for the president of the independent Parole Board to declare that a restricted

prisoner cannot be considered for parole for a period of up to 10 years. This is referred to in the bill as a restricted prisoner declaration. If a restricted prisoner declaration is in place, the prisoner is restricted from applying for parole—other than for exceptional circumstances parole—for the duration of the declaration.

The bill also creates a higher threshold for exceptional circumstances parole to ensure that during a declaration period the prisoner's release to parole is limited to situations where they are dying or otherwise incapacitated and do not pose a risk of harm to anyone in the community. This is important too because there is no limit on the number of declarations that can be made by the president of the Parole Board. A new declaration can be made upon a previous declaration expiring, and so on and so on. If the president of the Parole Board decides not to make a restricted prisoner declaration, the bill also ensures decisions to release a prisoner in this cohort to parole are held to the highest standard by creating a new presumption against parole. This additional feature of the framework further ensures the protection of the community.

This new framework will apply to any prisoner who falls within the definition of restricted prisoner, including those who are already serving their sentence. The new processes will also apply to any parole application on foot at the time of commencement or to prisoners already on parole who are returned to custody and have their parole cancelled. The bill will also extend the time the board may decide not to consider a further application for parole for any life sentence prisoner to three years from the current maximum of 12 months. This amendment will reduce the retraumatisation of victims resulting from notifications that a life sentence prisoner is reapplying for parole where there has been no meaningful change in their circumstances. This provision applies to all life sentence prisoners and is not limited to life sentence prisoners who fall into the restricted prisoner cohort. It protects a broader range of victims from the stress and trauma of speculation about a prisoner being released into the community on parole. Protecting victims is at the heart of this framework.

I will now turn to the amendments to strengthen the no-body no-parole framework. The no-body no-parole framework refers to the principle that a prisoner convicted of a homicide offence who refuses to adequately assist police in locating the victim or victim's remains should not be granted the privilege of parole. As such, a primary focus of the no-body no-parole framework is to encourage timely cooperation from these prisoners by denying parole release until such time as the Parole Board Queensland is satisfied the prisoner has satisfactorily cooperated in identifying the location or last known location of the victim's remains. In September last year the government made a commitment to the Queensland Homicide Victims' Support Group to update the ministerial guidelines to the Parole Board Queensland to state that timeliness must be a significant consideration for no-body no-parole decisions, and this is happening.

The bill includes a new discretion for the board to trigger consideration of a prisoner's cooperation in locating a victim's remains at any time after sentencing instead of waiting for when the prisoner makes a parole application. This aims to incentivise prisoners to cooperate with police earlier in the hope that the earlier provision of information will assist families to locate their loved one's remains. Where a no-body no-parole prisoner has not cooperated satisfactorily, the prisoner will be subject to a no-cooperation declaration that will restrict the prisoner from reapplying for parole until they choose to cooperate in locating the victim's remains. We will always put victims' families first.

This bill also provides for a temporary extension to the legislative time frames for parole decisions to be made. For a six-month period the independent Parole Board Queensland will have an extra 60 days to decide parole matters. These amendments will provide the board with greater flexibility to manage its responsibilities and the risks that different prisoners pose to the community. This builds on our further investment in the Parole Board by continuing the operation of the fourth temporary operating team and establishing a fifth temporary operating team.

This bill includes a comprehensive suite of important amendments that aims to ensure the safety of victims and the broader community. I commend the bill to the House. I encourage all members to support it.

First Reading

Hon. MT RYAN (Morayfield—ALP) (Minister for Police and Corrective Services and Minister for Fire and Emergency Services) (9.08 pm): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Referral to Legal Affairs and Safety Committee

Mr DEPUTY SPEAKER (Mr Hart): In accordance with standing order 131, the bill is now referred to the Legal Affairs and Safety Committee.

ADJOURNMENT



Hon. YM D'ATH (Redcliffe—ALP) (Leader of the House) (9.09 pm): I move—

That the House do now adjourn.

Uncle Bevan Costello; Coronavirus, Vaccination



Mrs FRECKLINGTON (Nanango—LNP) (9.09 pm): I rise tonight with the sad news of the passing of Uncle Bevan Costello, a proud Wakka Wakka man. The Cherbourg council made the announcement about the respected elder, mentor and champion and said that his voice was heard far and wide and that it is a tragic loss for us all. My husband, Jason, wrote—

I will always remember the guidance and support you gave me during my time at Cherbourg and the chats we had. The community will miss you greatly. Deb and I pass on our deepest condolences to your family and friends. You will not be forgotten.

Uncle Bevan Costello is one of those people that everyone who met remembered. I pass on my gratitude for what Uncle Bevan has done for our community. I know that Uncle Bevan will be remembered with absolute fondness by so many people across Queensland—not only in Cherbourg, Murgon and the South Burnett district but across the wider Indigenous community across Queensland. May you rest in peace, Uncle Bevan.

I want to put on record the absolute debacle in relation to the vaccines within my Nanango electorate. In early June I was contacted by the Swickers Bacon Factory in Kingaroy in relation to their access to vaccines for their workforce. Swickers is the largest pork processor in the Southern Hemisphere, with 800 staff on site. We know that meat processing workers are in the priority 1b group. It is essential that they have access to the vaccine to ensure COVID-19 does not enter this vital food sector.

I have written to the health minister. I have written to the Premier on three separate occasions from June to August talking about this request. Swickers themselves put in multiple requests to Queensland Health, but ultimately no hub was provided. On 23 August, when the Premier announced that meatwork employees would be offered a chance to get vaccinated, Swickers heard nothing—crickets, not on the list. They were finally offered a one-day hub just yesterday. It was only one day, however, as Swickers were told by the government representatives that it would not be worth their while to provide a hub unless 150 people would be available each day.

This is a government which carry on when it suits them to support this vital industry, but then when it actually comes to the crunch it is not happening. I put to the government: do what you say you are going to do and support the meatworkers.

Redlands Electorate, Schools



Ms RICHARDS (Redlands—ALP) (9.12 pm): One of the greatest privileges in this job is being able to engage with my school communities. It is a really great honour. They are a place of learning and laughter and are constant hives of activity. I have had the joy over the last few weeks of celebrating Book Week on multiple occasions. I am sorry to disappoint the Treasurer, but I did not bring my *Cat in the Hat* costume today—although I did think about it. I want to take this opportunity to thank Mrs Peters, the librarian at Redland Bay State School, as well as all librarians across the state. They do a fabulous job celebrating Book Week and encouraging our young people to get into reading. Congratulations to all of them.

In celebrating Book Week, I had the opportunity last week to go to Macleay Island and Russell Island primary schools—two small primary schools with about 150 students in each. I was able to take with me Will and Daniel Clarke, Queensland's Young Australians of the Year who wrote *Tears in the Jungle*. Daniel has a disability and he inspired the young students there on the ability to achieve whatever you set out to do, no matter what your circumstances. That was a fantastic way to celebrate Book Week over there. The students had prepped so well. The students from prep through to grade 6 had the most fantastic questions on environmental activism, Steve Irwin, lots of crocodile stories and all sorts of things.

I also had the chance to visit the KindyLinQ program at both of those schools. They are extraordinarily important programs that are being piloted by our Palaszczuk government. They equip our parents and young people with skills and tools as they look at coming into primary school. I thank the principal of Macleay Island State School, Glenda Seawright, as she seeks to retire, and I welcome the new principal, Cynthia Mangakahia. She has come from Redland District Special School and she will be absolutely fantastic for Macleay Island. That is really good news.


To our Bay View grade 5 Sapphires, I say that their positive impact project is absolutely inspiring. They all came together with a range of ideas and came up with the idea of doing a great big stationery drive to collect stationery for children who are less fortunate. That was lovely to see.

At Victoria Point State School, we had our Under 8s Day and that was way too much fun. It really was like bringing the Ekka to Victoria Point State School. I congratulate the P&C for all of the hard work they did to bring that together.

In terms of visiting all of my schools across Redlands, I am super excited about being able to provide the House with an update that my last two schools—Victoria Point State School and Redland Bay State School—have their air conditioners in and they look to be switched on for term 4. That is all of our schools across the Redlands with air conditioning. I know that our students and teachers are extraordinarily grateful to our government for providing cooler spaces for them to learn and do really well in. Education is at the heart of what we deliver.

(Time expired)

Theodore Maternity Services

 **Mr BOYCE** (Callide—LNP) (9.15 pm): I rise today on behalf of the Theodore Maternity Services. I believe Theodore maternity was set up to fail by this government in its push to centralise health services. After the 2011 flood devastated Theodore, a new state-of-the-art birthing suite was built as part of a \$2 million hospital overhaul. In 2018 a decision was made not to reinstate planned birthing services at Theodore Hospital. After much community and political lobbying, the Rural Maternity Taskforce was set up. It is my view that this task force was set up to ensure Theodore Maternity Services would never be fully reinstated. The task force was asked by the minister to advise on the safety of rural maternity services in Queensland and explore what steps can be taken to minimise the risks for mothers and babies in rural and remote communities, whilst providing services as close as possible to where they live.


A two-day summit was held in Cairns and the health minister, Mr Steven Miles, announced that all hospital and health services must have ministerial approval for any changes to rural maternity services. The task force report states that, between 1996 and 2005, a significant number of rural maternity services were downgraded. Since then, there has been a preference to keep maternity services centralised to major towns and cities.

The task force report introduced the Australian Rural Birthing Index. This tool was accepted and recommended by the Queensland Rural and Remote Maternity Services Planning Framework and was delivered by the task force this year. A consultant from Victoria was engaged to deliver the report on the pilot of this framework in Theodore. The consultant's report notes that the Rural Birthing Index is problematic for Theodore because of the population. It seems this was the only tool they were instructed to use, and I question if they were allowed to consider any other method of inquiry.

The task force report states that an area for further investigation is the birth before arrival rate in Queensland. This is literally giving birth on the side of the road. The rate of births before arrival has increased in Queensland over the past 10 years and is particularly high for women who live one hour or more away from a maternity service. This barely rated a mention in the framework and, in my view, requires further investigation.

The current health minister made a statement earlier this month adopting the recommendations of the consultant's report. The recommendations are a list of seven open-ended opportunities to be delivered in the next six to nine months. The Theodore community deserves better from this Labor government and we will be watching closely to see how these plans unfold before June 2022.

Stretton Electorate, Onam Celebration

 **Mr MARTIN** (Stretton—ALP) (9.18 pm): The electorate of Stretton is lucky to be home to so many different multicultural communities. Our community benefits so much from this and one of the biggest benefits is the vast range of cultural celebrations we get to enjoy. One I want to recognise today is Onam, which was celebrated by the Indian Kerala community last weekend. I take this opportunity to

wish all members in this House a happy Onam. In accordance with the traditional blessing, may you all enjoy good health and happiness and may the colour and lights of Onam bring abundance and prosperity in your life.


Onam is the festival of Kerala, a state in southern India, and it is observed by Malayali people, and many have migrated from there and settled in my local area. It is a harvest festival with roots back to Indian mythology and it commemorates the legend of King Mahabali. It is a true multicultural festival and is celebrated by Christians, Hindus and Muslims alike. The celebration includes singing, dancing, games and a traditional Indian feast, known as a onasadhya, which consists of a variety of traditional vegetarian dishes served on a banana leaf.

I was very pleased to join Kairali Brisbane Inc., who organised this event for this delicious feast. I commend the chef Shaju Kalavara and my Malayali friends who were very helpful in pointing out some of the dishes which would no doubt be too spicy for me. I can report to the House that I was a big fan of the caramel coconut lentils—the only time I have ever enjoyed lentils. The meal is traditionally eaten with your hands, which I did attempt, but was grateful to the organisers for slipping me a spoon after I made a terrible mess of it.

The event was a great success and I want to commend the organisers of the Kairali Brisbane Inc. the Ayalkoottam organisation, the Malayalee Association of Queensland, the Brisbane Malayalee Association, the Brisbane's Best Friends and Association. Also congratulations go to the president, Tom Joseph; secretary, Simon Mulangani; the treasurer, Arun Kalluparampil; Shaji Teckanath; Vivek; Omana Benny; Dr Preeti Suraj; and Shyni Joy for your hard work. The event has been going in Brisbane since 2009 and is growing every year. I have attended in previous years and look forward to attending many more.

I also want to particularly recognise one of the organisers, Mr Shaji Theckanath from the Kerala community, for his hard work. Sadly, he could not attend this year's Onam Festival because his daughter attends St Thomas More College and the family is dutifully carrying out their quarantine. To Shaji and all the St Thomas More families, I say we are thinking of you. It is great to be able to hold these multicultural celebrations and events like this in Stretton and it is only possible due to the great leadership of our Premier and her commitment to keeping Queenslanders safe.

Queensland Border Restrictions

 **Mrs GERBER** (Currumbin—LNP) (9.21 pm): From March last year up until just yesterday small and family businesses, their staff and tourism operators in my border community of Currumbin shouldered the burden of state border restrictions in order to keep the rest of Queensland safe with zero targeted support from this state Labor government. For over a year now our border community has been calling for targeted support.

Last month local border businesses and community members came together in a last-ditch effort to implore the state government to hear them. After that meeting I wrote to the Premier once again outlining exactly what my border community have called for. My letter states that the border community urgently needed targeted financial support and funding for a marketing campaign; that the border community needed a focused mental health plan; and that our situation on the border may not have been so extreme if we had a cross-border commissioner, free from government politics, to work with their New South Wales counterpart to develop solutions for our community. I table a copy of that letter for the benefit of the House.

Tabled paper: Letter, dated 19 August 2021, from the member for Currumbin, Mrs Laura Gerber MP, to the Premier and Minister for Trade, the Hon. Anastacia Palaszczuk, regarding targeted support for Currumbin electorate [\[1407\]](#).

I also raised the matter directly with the minister and the Premier on the floor of this parliament. As a community we ran media campaigns, because we all know this government is more likely to respond when it is in the media. After our community banded together and after all of the media attention, we saw the small business minister visit Coolangatta, we saw a pop-up hub open on Kirra Hill and just yesterday the federal Morrison government came to the rescue and announced a joint emergency border package, and I note that two of the suggestions put forward in my letter by my border community were taken up and are part of this package. Two out of three is not bad, and I will continue to fight for the third—a Queensland cross-border commissioner.

So this is a thank you speech. I know there are ways this support can be improved—and I will continue to fight for them—but my community deserves a massive pat on the back for their advocacy. I make special note of Veri and Dane from the Coolangatta Board Store for spearheading the Coolangatta community meeting last month; Steve Edgar from the Coolangatta Surf Club for hosting the event and for advocating for the Cooly community every chance he gets; Sam Beau Patrick for

spearheading the Essentially Cooly campaign, one of the campaigns that received financial support under the grant yesterday; the advocacy of the Greater Southern Gold Coast Chamber of Commerce, including their president, Hilary Jacobs; and all of our border community businesses that banded together to ensure their voice was heard as advocates for this support package.

Yesterday's announcement is a testament to what can be achieved when our community rallies together for support. I will keep fighting for our small and family businesses and their staff, who are still falling through the cracks because they are ineligible to receive this support. There are businesses that have been excluded from the border zone map. The hardship grant will not even be available unless the current border lockdown extends to 14 October, and there are businesses that are still waiting for the July lockdown support to hit their bank accounts. I will continue to fight for our small and family businesses and their staff on our border.

Miller Electorate, Infrastructure



Hon. MC BAILEY (Miller—ALP) (Minister for Transport and Main Roads) (9.24 pm): In my electorate a range of very important transport projects are underway that are very beneficial to my electorate. The Yeronga station upgrade as part of the Cross River Rail project is advancing extremely well, as anyone who has travelled along Fairfield Road in recent months would know. It is a full accessibility upgrade—a brand new station. People of all levels of mobility will benefit from the Yeronga station upgrade as part of Cross River Rail. Then they will move on to the Fairfield station after that and then the Yeerongpilly station. Although they have lifts, they will then see higher platforms and an extra platform for Cross River Rail.

People using the stations like Fairfield, Yeronga and Yeerongpilly will benefit hugely from the Cross River Rail project not just due to the station upgrades but because of the fact they will be able to go straight into the city for the first time, to the Gabba for games and events for the first time and also to the new Albert Street station, right in the heart of the city for the first time. It will be a very direct rail connection for people who live in Fairfield, Annerley, Yeerongpilly, Tennyson and those sorts of areas around my electorate. It will be fantastic. The tunnelling is going very well; I have been there recently. The Gabba station box has been fully excavated. Albert Street will also be fantastic. The breakthrough at Boggo Road is not that far off, so I look forward to keeping people informed about that. This project is on time and on budget.

In terms of roadways, we see the Ipswich Motorway is fully open now. It is a fantastic addition to our transport infrastructure. There are extra lanes, service lanes and extra active transport, which I will talk about in a moment. I look forward to participating in the feasibility study from the council on the duplication of the Walter Taylor Bridge, which crosses the river from Chelmer to Indooroopilly. We only have one lane of traffic between Centenary and the inner city. In this day and age it is just not enough. It is great to see that feasibility study committed to by the council. I want to see my constituents have the ability to have input into it and I will be advocating for them.

The Ipswich Motorway bikeway is open and it is fantastic. We have now finished the Granard Road connection so there is a safe way through there to Bunnings. The next stage will be to turn the footpath into a shared pathway to connect the Riawena Road bikeway with that section. It will be a whole new corridor—fantastic separated and safe cycling on the south side. The Veloway is going very well through Tarragindi. It is open now and very well used. We have widened the shared path through Tarragindi stage 1 to three metres and we are now doing stage 2. That will be fully completed in the next couple of months.

Fairfield Road needs its own on-road separated cycleway. There is the room to connect the new Ipswich cycleway all the way in to Dutton Park to the Annerley Road cycleway if the council commits to some feasibility. I urge them to respond to my letter positively so we can get some planning done there. A lot is happening on the south side. I look forward to keeping people updated. There are a lot of projects underway.

Ingham Bypass; Sugar City Rodeo



Mr DAMETTO (Hinchinbrook—KAP) (9.27 pm): Ingham residents and businesses are quite concerned about Transport and Main Roads this week coming out and saying that the Ingham bypass is going to go ahead and so is the planning. TMR has advised that it will commence planning for the construction of the planned bypass between Ingham and Cardwell. If the bypass goes through, this will result in Ingham being somewhat flood resistant come flood time. Although the concept is not new, I do share the concerns of residents and business owners who have felt that the bypass will be a disaster for the economy moving forward.

This bypass can be avoided through undertaking the correct planning. There is \$40 million of federal funding still available and on the table for flood immunity around the Gairloch washaway. I believe this money should be spent. The government has an opportunity to reduce flooding along this section of the Bruce Highway, and this project has been neglected. Money should be spent on this before even looking at undertaking a full bypass of Ingham.

Our coastal communities like Forrest Beach and Taylors Beach could not handle it if a bypass of Ingham is built. They will be heavily affected in terms of the economic impact. There are ways to avoid that economic impact. We need to ensure that, if the bypass does go ahead, projects that grow tourism and the Hinchinbrook Way brand would be prioritised to encourage visitors and long-stay support for the small businesses in the area. We need significant investment for Forrest Beach and Lucinda to provide all tidal access infrastructure that enables tourism opportunities. We must build the Paluma to Wallaman Falls trail. Ecotourism opportunities are right there on the Hinchinbrook doorstep. We can work with the government on this, but we need the infrastructure spend to ensure that Ingham's economy is not left behind.

I take this opportunity to congratulate the Sugar City Rodeo and the Sugar City Rodeo committee. This was president Don Oswin's last year, in the 25th year of the rodeo. We were able to raise a lot of money over the weekend for a couple of really important charities. I was able to participate in the charity bull ride. We raised \$5,000 for palliative care in Ingham. Hinchinbrook Blue Light, Riding for the Disabled and Audrey's Angels also received some money. Jonty Collins-Furber was the winner, with a time of 6.7 seconds. James Stevens was close behind, with a time of 4.8 seconds. I rode for 4.3 seconds and Casey Costabeber rode for 4.2 seconds. It was absolutely brilliant to be able to immerse myself in the community and join three other very brave men to put ourselves up against a bucking bull to raise good money for great charities.

Hall, Mr B



Ms HOWARD (Ipswich—ALP) (9.30 pm): I rise to pay tribute to Brian Hall, a long-serving Ipswich Labor Party member who passed away at the age of 84 on 26 May after a short but brutal battle with cancer. Brian was a true believer in every sense of the word. He devoted decades of his life to community service and the local labour movement. I was proud to know him as a friend, mentor and supporter.

People like Brian do not come along very often. He certainly made an impact on many people's lives through his generous spirit and willingness to lend a hand. Brian was a proud life member of the Labor Party and a fellow branch member of the Ipswich central branch. Anyone who has worked on an election campaign in Ipswich will have known Brian as one of the hardest working volunteers on the campaign trail. His energy was boundless. He erected thousands of election signs over the years for various Labor candidates. Even at the age of 81 he was erecting signs for my 2017 campaign, outpacing, much to their deep distress, the much younger men helping him. He was also a reliable booth worker on election days, handing out how-to-vote cards at the Trinity Uniting Church hall at North Booval and winning lots of Labor votes.


Many people also knew Brian as a strong union man. He joined the CFMMEU at the age of 19, holding several positions and later becoming a life member. He was a president of the Ipswich Trades Hall and Labour Day Committee and was an important figure in helping to organise the Ipswich Labour Day march every year. Brian's commitment to the labour movement in Ipswich was formidable. He played a key role in establishing the Ipswich Workers Club and making sure the Ipswich Trades Hall stayed in the centre of the Ipswich CBD after the old one was demolished in the 1980s to make way for the Nicholas Street mall.

In Brian's eulogy his children Debbie and Ross attributed their father's involvement in the ALP and the union as stemming from his strong sense of social justice, fairness, equity and protecting the rights of anyone who might be vulnerable. I can certainly attest to that. I am sure others can, too. In recognition of his decades of service and achievements, Brian was awarded Ipswich Citizen of the Year in 2015—a well-deserved honour for Brian, recognising his incredible energy and hard work.

Brian packed so much into his remarkable life. He was a life member of the National Servicemen's Association, having served as a Nasho in 1954. He was a member of the Ipswich ambulance committee and served as its president for 17 years. He was instrumental in helping Ipswich East State School to get a swimming pool, which gave thousands of students the opportunity to learn how to swim. He was a man of faith, regularly attending Trinity Uniting Church in North Booval.

Only a few weeks before Brian passed away, the Ipswich Labour Day Committee, along with the CFMMEU, held a tribute dinner for Brian to personally thank him for his extraordinary contribution. It was a celebration of a life well lived. I loved Brian. I miss him dearly. I send my sympathy to his loving wife, Glenda; to his children, Debbie, Ross, Sharon and Peter; and to his grandchildren and great-grandchildren. Vale, Brian.

Volunteer Marine Rescue Whitsunday; Dittmann Bucking Bulls


 **Ms CAMM** (Whitsunday—LNP) (9.33 pm): I rise tonight to recognise some incredible volunteers in my community. I was pleased to attend the Volunteer Marine Rescue Whitsunday AGM that was held in the last fortnight. A plaque commemorating the tireless work and effort by the late John Harper, the former president and honorary life member of the Volunteer Marine Rescue, was unveiled on the building. This was in recognition of his community leadership. He was instrumental in securing the land on which the Whitsunday VMR—the first VMR in Queensland—was established through his swift and tough negotiations with Ansett, which owned the land, and coordinating with the local council to ensure land tenure and that the facility could be built. It was wonderful to meet John Harper Jr, who was there to unveil the plaque and recognise their family's contribution to Volunteer Marine Rescue across the Whitsundays.

During the evening there was a presentation of service awards for those who had served five to 10 years membership, but there was something quite special, with secretary Roger Wodson being acknowledged with a life membership after only seven years of service to Volunteer Marine Rescue. This in fact was outside of the constitution but was voted on by all members. Normally someone would need to serve at least 10 years to receive honorary life membership, but Roger has been instrumental in ensuring the financial sustainability of the Volunteer Marine Rescue and ensuring they have a brand new fleet of two boats. I know that the minister visited there only last week. I look forward to his future announcement of funding for upgrades to the facilities needed to support our local tourism industry.

The VMR in the Whitsundays has seen a significant increase in demand over the past 12 months. There have been in excess of 200 activations. It is our safety net on the water in the Whitsundays, which is a unique body of water different from anything else in Queensland. There has been an increase in activations of 55 per cent from 2019 to 2021. VMR Whitsunday is solely run by volunteers. We have seen an increase in volunteers, but that has also meant an increased drain on resources to ensure training and adequate coverage. It also carries out significant medivacs to our Whitsunday Coast islands and provides a critical service not just in times of disaster but 24/7 for boaties across the Whitsundays.

I give a shout-out to Dittmann Bucking Bulls in Bloomsbury. It pulled off the Bull Pit Bull Bash. I know there would be a few members who would be keen to come to Bloomsbury, with over 3½ thousand spectators. Their facility is outstanding, and we look forward to more bucking bulls in the future.

Kurwongbah Electorate, Small Business

 **Mr KING** (Kurwongbah—ALP) (9.36 pm): I rise to speak on a topic that I know is important to each and every member in this place: small business. I could easily spend all my time tonight outlining the things the Palaszczuk government has done and is doing to help small businesses as our communities recover from COVID-19 impacts—things like freezing and deferring payroll tax, commercial rent relief, electricity rebates, business mentoring and financial counselling, \$1 billion in interest-free loans and a dedicated 24/7 small business hotline. We have also had numerous grant programs, including last year's small business adaptation grants that delivered around half a million dollars to help over 50 businesses in my electorate alone.

Right now, the Business Support Grants are open for application by eligible businesses that were affected by the recent Queensland lockdowns and the lockdowns interstate. \$10,000 is on offer through this grant for each eligible employing small business. There is more money on offer for medium sized businesses and more again for large tourism and hospitality businesses. These grants will be open until 16 November. Then there are \$1,000 grants available for non-employing sole traders. Those grants will be open until 30 November. Already, over \$20 million has been delivered to businesses eligible for these support grants. This is excellent news for our economic recovery.

I want to move on now and talk directly to those businesses located in my electorate of Kurwongbah. I want to help you as we recover together from the impacts of COVID-19—impacts that I know are ongoing. I have a decent number of small businesses on my email list now, but I know there are many more in the Kurwongbah electorate. I want to keep all local businesses informed about

government grants and initiatives, especially home based and sole traders who might not have access to this type of information through any other formal channels such as representative peak bodies. If you are a local business and you want to stay informed, please reach out to me. You can email kurwongbah@parliament.qld.gov.au, call my office or drop me a line on Facebook or Instagram, @ShaneKingMP.

Because I am really keen to connect, I am opening up a competition called Small Business through Socials, with a \$300 goodies hamper on offer. Until Monday, 22 November, any Kurwongbah electorate based business that reaches out to me on Facebook or Instagram will go into the draw to win. This could be a great opportunity to make some new customers out of my followers.

I am also putting the offer out to sponsor one ad per month for a local small business in *Feature* magazine. If you want to take advantage, please email me your business logo or a business card and we can take it from there. I know it has been tough in the business world and for some businesses it has never been tougher. I know that some of you are just barely hanging on by a thread, so please reach out; I am genuinely here to help.

Question put—That the House do now adjourn.

Motion agreed to.

The House adjourned at 9.39 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