LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

EXTRACTS FROM THE PARLIAMENTARY RECORD OF THE DEBATES OF THE LEGISLATIVE ASSEMBLY ON THE RIGHTS OF THE TERMINALLY ILL AMENDMENTS ACT ON 20 FEBRUARY 1996

Please Note - This is a draft copy and subject to correction

RESPECT FOR HUMAN LIFE BILL

(Serial 111)

Mr BELL (MacDonnell): Mr Speaker, I seek leave to move a motion that the Respect for Human Life Bill (Serial 111), for which I gave notice earlier today, be called on forthwith.

Leave denied.

SUSPENSION OF STANDING ORDERS

Mr BELL (MacDonnell): Mr Speaker, I move that so much of standing orders be suspended as would prevent my moving that the Respect for Human Life Bill (Serial 111) be called on forthwith and, secondly, that the bill pass all stages at these sittings.

I want to say at the outset that I do not see myself as individually putting forward this motion or promoting this particular bill. I would have appreciated the opportunity to investigate the possibilities of cosponsorship for this bill, thereby enabling members on both sides of the fence, who feel as strongly about this issue as I do, to be represented in doing this. I want to make clear at the outset that it is not with a great deal of relish that I move this motion and seek to introduce this bill. However, that acknowledgment is not to be confused with my real conviction about the importance of this issue and the desirability of removing from the statute books the legislation that the Respect for Human Life Bill seeks to repeal.

I will read the long title of the bill. it is:

> To ensure respect for human life, in particular the lives of the terminally ill, and to enhance the peace of mind of the aged and dying by repealing the Rights of the Terminally Ill Act.

Since the passing in May 1995 of the voluntary euthanasia legislation, the public debate has been a very busy one. It has been a national debate, indeed an international debate. Honourable members may be interested to learn that the debate has been accessed from Boston on the Internet. My son sent me a note one day saying that he has seen the comments of the whole 25 of us enshrined in bits and bytes on the Internet. Thus, it has received very wide and international interest.

It seems to me that a great deal of water has flowed under the bridge since May 1995, and I do not refer solely to the resignation of the previous member for Fannie Bay. I think it has to be remembered, in this debate, since we have finally made it clear that a conscience vote is available to all members, that we debate this issue as members of the Legislative Assembly and that, for the purposes of this debate, office holder positions are irrelevant. There has been substantial debate over that, and substantial correspondence to the member for Port Darwin in respect of the conscience vote. The member for Port Darwin announced that there would not be a conscience vote for members of this Assembly who hold their seats in the interests of the Country Liberal Party. That was a matter of serious concern to me. Since the time when the bill was introduced, I have been investigating the possibilities of repeal and I have studied carefully the appropriate and possible ways of effecting that. I had an agreement with my party colleagues that I would not promote a repeal bill unless all members of this Legislative assembly were able to vote according to conscience. Quite logically, that was a very reasonable position for my colleagues to put to me in that there would be no point in putting forward a repeal bill if the 16 members who hold their seats in the interests of the Country Liberal Party were going to vote as a bloc. That would have been a sheer absurdity. However, that is not the position and I thank the member for Port Darwin for clarifying the situation in that regard. Were a conscience votes to be denied to members on such a crucial issue as this, involving fundamental personal morality, it would have been a travesty. I am relieved that the member for Port Darwin has seen fit to allow a conscience vote for his members.

Who will forget Graham Richardson's scathing comments about the Labor Party branch in the ACT which endeavoured to bind its members in that Legislative Assembly in respect of a similar motion. I will return to that. It is quite clear that the standard on these issues is that thee be a conscience vote. That obstacle to my giving notice of this motion, as I did earlier today, was removed as recently as a month ago. When I returned in late January, my understanding was that a conscience vote would not be possible. I thank the member for Port Darwin for ensuring that the member of his party do have a conscience vote on this issue.

I mention in passing that there has been considerable speculation about the fate of this motion and the bill before the Assembly. On one analysis there are now 13 members on the public record who are opposed to the policies enshrined in the Rights of the Terminally Ill Act. I point out that, with the resignation of the former member for Fannie Bay and the former member for Arnhem, the late Wes Lanhupuy, there are now only 11 members of this Legislative Assembly who supported that original legislation. For that reason, I believe that it is appropriate to introduce a bill in these terms and I urge members to support it. I believe that the narrow passage of the legislation - a mere 13:12 - in a one Chamber parliament is hardly the sort of endorsement that vies people confidence that the policies are accepted by a wide enough majority.

Water has also flowed under the bridge. Contrary to the views put forward by proponents of the bill at the time, that this would sweep the floor around Australia and the rest of the world, the fact is that the rest of this country has given a determined thumbs down to voluntary euthanasia legislation. I remind honourable members of the 15:10 vote in the South Australian House of the Assembly. I remind honourable members of the defeat in the ACT Legislative Assembly. I remind honourable members of the position in the other jurisdictions where it has not been considered at all. I remind honourable members specifically of the position in Victoria. I will quote from a letter from the Director of Policy and Executive Services in the Department of Justice in Victoria to the member for Nhulunbuy. He said in respect of this sort of legislation:

> There is no present intention to introduce legislation paralleling the Northern Territory legislation and, at this stage, no further formal review of the law is proposed.

In the context of that letter, he pointed out that the Victorian Parliamentary Social Development Committee, during its inquiry in 1987 into options for dying with dignity, concluded that it was neither desirable no practicable to legislate for the establishment of a right to die, and thus legislation to cover euthanasia was not considered to be appropriate in Victoria at that time. You are not going to tell me that Jeff Kennett is an uncourageous Premier, whatever his shortcomings might be. He has knocked it on the head. I suggest that the legislation in the Northern Territory is seen to be simply aberrant by national standards.

There has never been legislation of this nature before the NSW parliament. An Upper House member had put forward a draft bill for discussion, but I understand that, with the proroguing of the parliament in New South Wales, that has lapsed. While I am on the New South Wales position, and since the former member for Fannie Bay is here paying such keen attention to this, let me tell members that this debate has done this parliament no good nationally. The comments by the former member for Annie Bay, when he was travelling around the country supporting this legislation and his urging that there be as little debate as possible, indicated exactly the problem that this legislation poses for this parliament. If we want to be taken seriously as a mature legislature, to have the former Chief Minister travelling around this country telling New South Wales parliamentarians that they should 'avoid being dragged into interminable debate' on the subject of euthanasia, we have a fair bit to learn. Constitutional development in the Northern Territory will be held back.

I refer honourable members to the comments by their political colleagues such as the editor of Quadrant. Quadrant is right of centre. I refer them to comments in the Age by Robert Manne, the editor of Quadrant. They did the standing of this parliament no good whatsoever. I am aware that there are some members who have opposed the principle of voluntary euthanasia but who will not support this motion because they believe that it would not be popular to do so. Modern politics dictates that the polling of public opinion be done very regularly. It is a very useful tool in representative democracy. It is very appropriate that we pick up the views and attitudes of people. However, in passing, I mention that one reservation about that is that my people in the bush are never polled. There are problems there, but let us leave that.

We are talking about northern suburbs polling now. I am told informally that some 70% of the northern suburbs electorate supports euthanasia. I have real concerns about the nature of the question and the nature of the understanding of passive voluntary euthanasia and active voluntary euthanasia. I do not believe that many of those people who are polled in those circumstances understand that there already is a Natural Death Act on the statute books, not only in the Northern Territory but in every other jurisdiction in Australia. I believe that many respondents in those polls are confused by the 2 issues of active and passive voluntary euthanasia. It is important to draw a distinction in those terms between turning off a life support system and giving somebody a poison jab. That is to put it in simple direct terms and I do not believe that the polls disambiguate those 2 propositions adequately.

I understand the member for Port Darwin is on the public record expressing concern about threatening letters from opponents of voluntary euthanasia and specifically from the Coalition Against Euthanasia in the Northern Territory. It is hardly surprising that, since the polls do show substantial support for euthanasia, opponents have received hostile letters and telephone calls. I am sure there is a substantial

number of people who support, intelligently and with understanding, active voluntary euthanasia. I point out to members that the threatening letters do not just go one way. It has been a highly divisive debate, as I am sure all members will agree. I wish that I had never seen it. I wish I had never had anything to do with it. I have tried to do what I think is the conscientious thing. I have thought hard about the issue. You come down on one side or the other and you promote your views.

In passing, I say this to the former member for Fannie Bay since he is here. He did not have a mandate to do this when he was elected in June 1994 as the member for Fannie Bay. There was not a peep about it. There has been considerable talk from the former member for Fannie Bay about mandates, popularity and members losing their seats etc. It is about time the former member for Fannie Bay butted out of this debate because he did not stick around to fight the next election on this issue. Other members, including myself, are left to carry an unenviable public debate on the issue. Let me tell you that I have lost friends over the issue. As I say, you take on this job and you take the good with the bad.

The next argument that has been put forward really does take nailing down. Time and time again over the last 9 months, we have had the member for Port Darwin saying that there was some propriety associated with the Westminster system that required him to pursue this legislation. If there is one thing that needs to be nailed home in this debate, it is that that argument does not hold it and I do not regard it as reflecting well on the legal qualifications of the member for Port Darwin ...

Mr Stone: That is your opinion.

Mr BELL: ... that he has put it forward as vigorously as he has. He says that that is my opinion. It is not only my opinion. It is the opinion of Erskine May whom I will quote shortly. It is the opinion of Pettifer. It is the opinion of Professor John Finniss, the Professor of Law at Oxford University. I propose to spend a few minutes explaining why those authorities are incontrovertible. I do not want to hear the member for Port Darwin or any other member start spouting about Westminster traditions that do not exist. The Westminster tradition has come through to us from Westminster through the House of Representatives and the Senate to our Legislative Assembly through our Powers and Privileges Act. It is enshrined in our standing orders. Our constitutional document is the SelfGovernment Act but, apart from that, we are the masters and mistresses of our own destiny.

Some 700 or 800 years ago, the King's courts, from which parliaments are derived, did have a tradition where judgments stood. The principle of stare decisis is well known to the member for Port Darwin. It is the common law tradition that is carried through our courts. Until the 17th century, it was in fact a part of the parliamentary tradition. However, on any reading of parliamentary practice, that has not been so for nearly 400 years. In fact, the last time anything was mentioned in the House of Commons in that regard was 1604.

Modern House of Commons practice, as enshrined in Erskine May 20th edition, page 392, referring to the recision of resolutions states: 'There is nothing in the practice of the House to prevent the recision of a resolution or discharge of an order of a previous session where such is held to be of continuing force and validity, or of a standing order'. Honourable members will know that we carry out recisions, particularly of standing orders, every other year as we worked through our processes. I refer members also to Pettifer, 2nd edition, page 338: 'A resolution or vote of the House can be rescinded or varied. Any resolution or vote may be rescinded, but not during the same session unless 7 days notice is given'. This is about 9 months. We are well within that. I will not read the whole of the 2 relevant paragraphs there but, if there is any honourable member who is in any doubt, they are most welcome to peruse those 2

references that dictate the procedures of this parliament.

If that point needed any further emphasis, I refer to a letter to the Centralian Advocate from the Professor of Law at Oxford University, John Finniss. This will no doubt carry weight with the member for Port Darwin who was recently studying at Oxford. I am sure he will be impressed. He wrote:

> As an Australian and the author and editor since 1970 of the main guide to constitutional arrangements in the Commonwealth's many countries, I was delighted to document the emergence of responsible selfgovernment in the Northern Territory. So I was astonished to read the Chief Minister's letter in your columns on 13 February. There can only be on explanation of Mr Stone's extraordinary claim that the Westminster system demands that a Chief Minister or Premier must, regardless of his personal views, refrain from repealing any legislation without first ensuring that it is made workable and given a chance. He is confusing his executive responsibilities to uphold operative laws with his more fundamental responsibilities as a member and majority leader in the legislature. In the latter roles, his first duty, according to the Westminster and other constitutional systems, is to ensure that legal provisions, old or new, respect the human rights and common good of the people of the Territory and do not cause injustices which could be avoided by repealing them.

The other issue to which I wanted to make reference was the rather tragic circumstances that have been highlighted in the NT News and the Sunday Territorian, one as recently as last Sunday. In respect of Mr Briggs, whose situation was reported in last Sunday's edition, there has to be serious concern as to whether he would come within the standards set up under the Rights of the Terminally Ill Act. I am going only by the newspaper reports, so I will not state that categorically. However, my understanding is that the requirement in the act of the request for assistance 'where the illness is causing the patient severe paint or suffering' and perhaps other conditions in the act indicate that he would not come within the act as it stands currently.

This brings me to the nub of this issue. Many of us here foresee circumstances where there will be large numbers of people coming to the Northern Territory, seeking to take advantage of the socalled Rights of the Terminally Ill Act. I believe that that will place an intolerable burden on our already overstretched public health system. We have debate after debate in this Assembly about the allocation of scarce health resources. In this context ...

Mrs PadghamPurich: They will not be here for very long.

Mr Bell: You would probably shoot the lot, Noel, I know that.

Mrs PadghamPurich: Only if they wanted it.

Mr BELL: The fact is that our scarce resources will be stretched even further. I make an appeal, even to supporters of the principle of voluntary euthanasia, that they should support this motion and this bill simply in terms of sheer practicality. I do not believe that we have the resources to cope with what will be demanded of our health system.

I have a letter here from Bishop Richard Appleby, who has been actively involved with the Coalition against Euthanasia. I will not read the letter in full. He poses 3 questions and I will read only one of them. He says:

> Will it be in the best interests of the Territory and Territorians to have large numbers of

> people who are dying of AIDSrelated diseases and other causes coming to the Territory to have their lives terminated? Our hospital system is stretched as it is. Do we really want Territorians denied access to hospitals because desperately sick people from interstate and overseas are occupying beds in our hospitals?

With those comments, I urge all honourable members, regardless of their views in the debate in May 1995, to support this motion to ensure that it passes through all stages.

Mr COULTER (Leader of Government Business): Mr Speaker, the member for MacDonnell's argument as to why we should suspend standing orders to deal with a repeal bill here today is based largely on the ground that he did not know that the Chief Minister would allow a conscience vote on this issue and now that he understands the Chief Minister will allow a conscience vote, he is prepared to bring this repeal motion into the Assembly. Next Thursday, 22 February, will be the anniversary of the secondreading speech of this legislation. It has been around for quite a while, and so has the member for MacDonnell. Thus, he should know that the Chief Minister on the morning program on 30 August 1995 said:

> I have made it very clear that, number one, it would be a conscience vote in the event that Neil Bell was to introduce his repeal bill but, secondly, that I would not vote for the repeal bill at this stage.

He knew in August 1995 that this conscience vote would be available and he knew also that the Chief Minister would not vote for that repeal bill at that stage. Thus, the member for MacDonnell cannot trapeze in here on that point given the events that have taken place: when the amendments were introduced; and the time that he has had to approach members to try to obtain their support. I understand that he has made a few phone calls of late to try to obtain their support. There will be no suspension of standing orders for his repeal bill here today. He knew that in August 1995 the Chief Minister said it would be a conscience vote. He had a General Business day at the end of 1995. Did he raise it then? He said not a word. He had said he intended but he did not do it. He lost the opportunity, yet he threatened us that he would do and then failed to do it.

Mr Stirling interjecting.

Mr SPEAKER: Order!

Mr COULTER: He has the opportunity, as indeed the former member for Fannie Bay had, to introduce it as a private member's bill. That opportunity will occur, rightfully, in the May sittings. That is when he has the opportunity. His argument that he did now know it was a conscience vote is out the window, because he was told by the Chief Minister that it would be a conscience vote in August 1995. He let his opportunity go in December. He could have raised it then on General Business Day but he decided not to do it. Instead, he comes in here today saying that we will have a repeal bill.

I also advise honourable members that the amendment which has been circulated by the member for Arnhem is a major amendment, the intent of which is to repeal the bill. I believe that it will meet the same fate as the repeal bill which has been put forward here today by the member for MacDonnell.

Before I continue, the member for MacDonnell said that the Chief Minister, the member for Port Darwin, would like to challenge the member for MacDonnell to provide one quote in which he actually said that the conscience vote had been removed. Now he is not referring to editorial comment or something that

was said in the paper, but an actual quote where the Chief Minister said it. That is a challenge that the Chief Minister offers to the honourable member.

As I said, the member for MacDonnell missed his opportunity in December. He has another opportunity in May. He knows why he will not be doing it in May. The division within his own ranks are quite severe. We have heard the Leader of the Opposition say that he is a staunch advocate of it. We know that other members opposite were ringing around as late as last evening to ensure that the repeal bill put forward by the member for MacDonnell does not get up. That is the kind of solidarity that there is among opposition members.

Mr Ede interjecting.

Mr COULTER: What is the issue? The issue is that he knows, if it goes on the Notice Paper for May, you will not let it see the light of day.

Mr Ede: Of course, I will.

Mr COULTER: That is his issue.

Mr Ede: Wrong!

Mr Stirling interjecting.

Mr SPEAKER: Order! The Leader of Government Business will resume his seat. The member for Nhulunbuy is going a little beyond the pale with interjections. I ask that, the moment I seek order, he responds.

Mr COULTER: The rules make it very simple for the honourable member. As I said, he can produce a private member's bill on any General Business Day provided he has given proper notice. Indeed, that is the way the legislation he seeks to repeal was placed before the House. As I said, it was done properly with notice. In fact on 1 February 1995, the then member for Fannie Bay announced his intention. That is what the member for MacDonnell should be doing in this case. Even though the former member for Fannie Bay was Chief Minister, he waited until the General Business Day. The proponent was forced to abide by the rules and wait his proper opportunity. That is what the member for MacDonnell should be doing.

If the member for MacDonnell observes these simple rules, he will be able to bring his repeal bill before the House for debate and consideration on a General Business Day. The member for MacDonnell is one of the longestserving members of this House and he knows that full well. He missed his opportunity at the previous sittings when a General Business Day was available. Another General Business Day will be available to him in the near future.

He is a great one for instructing others in the proper procedures of this House. We have heard him quote from Pettifers. In fact, he was quite right when he said we were the masters and mistresses of legislation. That is what we are in this House. The parliamentary process is evolving all the time. It will continue to evolve. Decisions will be made by this House, including on this piece of legislation as we later today talk about the amendments to the legislation. He preaches about the way procedures have to be observed. He goes to some lengths in this House to produce volumes of Pettifers. He even goes back 700 years to the Kings Court and talks about how procedures are carried out, yet he cannot follow a simple procedural matter that he knows is available to him and that is that he should introduce this repeal bill on a general

business day.

The government believes that the notice paper should be adhered to and the honourable member will have to exercise his patience in this matter, just as anyone who seeks to introduce a private member's bill has to exercise patience and abide by the rules.

Mr Speaker, I move that the question be put.

Mr SPEAKER: The question is that the question be put.

Mr Ede: Come on!

Mr COULTER: No, I did not.

Mr Ede: You did!

Mr COULTER: I did not.

Mr Ede: You did! You said we would be allowed to ...

Mr Stone: Sit down!

Mr SPEAKER: Order! The question is that the question be put.

Mr Ede: You are a bloody liar, Barry!

Mr COULTER: A point of order, Mr Speaker! The Leader of the Opposition has called me a liar. He can do so by way of substantive motion if he wishes.

Mr SPEAKER: I ask the Leader of the Opposition to withdraw the remark.

Mr EDE: Mr Speaker, I withdraw the remark.

The Assembly divided:

Ayes 16 Noes 8

Mr Adamson Mr Ah Kit

Mr Baldwin Mr Bailey

Mrs Braham Mr Bell

Mr Burke Mr Ede

Mr Coulter Mrs Hickey

Mr Finch Ms Martin

Mr Hatton Mr Rioli

Dr Lim Mr Stirling

Mr Manzie

Mr Mitchell

Mrs PadghamPurich

Mr Palmer

Mr Poole

Mr Reed

Mr Setter

Mr Stone

Motion agreed to.

Mr SPEAKER: The question is motion be agreed to.

The Assembly divided:

Ayes 8 Noes 16

Mr Ah Kit Mr Adamson

Mr Bailey Mr Baldwin

Mr Bell Mrs Braham

Mr Ede Mr Burke

Mrs Hickey Mr Coulter

Ms Martin Mr Finch

Mr Rioli Mr Hatton

Mr Stirling Dr Lim

Mr Manzie

Mr Mitchell

Mrs PadghamPurich

Mr Palmer

Mr Poole

Mr Reed

Mr Setter

Mr Stone

Motion negatived.

EXPLANATION OF SPEECH

Mr BELL (MacDonnell): Mr Speaker, I would like to make a personal explanation under standing order 54. A section of my speech was misunderstood by the Leader of Government Business, and I wish to clarify it.

Mr SPEAKER: Are you claiming to have been misquoted?

Mr BELL: Basically, the member for Palmerston said that the Chief Minister was on the public record as saying that a conscience vote would be allowed and he quoted the date.

Mr COULTER: A point of order, Mr Speaker! Could I have a ruling from you as to whether this is a personal explanation under standing order 57 or standing order 54 whereby he is claiming that part of his speech has been misrepresented.

Mr SPEAKER: As I understand it, this is a personal explanation under standing order 54, whereby he is claiming to have been misquoted. Is that correct?

Mr BELL: Yes. I did refer to it incorrectly as a personal explanation, and I withdraw that. I am seeking to make an explanation of part of my speech that was misunderstood by the Leader of Government Business, and I am seeking to do that pursuant to standing order 54.

Mr SPEAKER: Please make your explanation brief.

Mr BELL: Mr Speaker, the member for Palmerston said that, throughout last year, it was common knowledge that the Chief Minister was allowing a conscience vote. He referred to a quotation from a publication on 30 August last year.

Mr Coulter: No, a radio program.

Mr BELL: Mr Speaker, I say that my belief that the Chief Minister was not going to allow a conscience vote was widely held, certainly by people on this side of the House. It was widely held by people in the community. It was reported in The Bulletin on 24 October 1995:

> Stone said last week that he would insist all Country Liberal Party members vote for the amended act but added that he thought the amended legislation was still a year from fruition.

Mr BELL: I refer the member for Palmerston to that quote from page 28 of The Bulletin on 28 October 1995, in which it said: 'Stone said last week that he would insist all Country Liberal Party members vote for the amended act'. Therefore, my belief that a conscience vote would not be allowed to government members was a reasonable one at that time.

RIGHTS OF THE TERMINALLY ILL AMENDMENT BILL

(Serial 121)

Continued from 23 November 1995.

Mr BELL (MacDonnell): Mr Speaker, 4 issues will be dealt with in this debate. The 4 substantive issues are: the psychiatric complications, if the act is to be an acceptable one; secondly, the qualifications for interpreters, in the case of people who do not speak English as a first language; thirdly, the repeal amendment that I put forward; and, fourthly, the amendment put forward by the member for Arnhem which is a sunset amendment. I want to speak first about the repeal amendment.

I spoke at considerable length in May 1995 about the bill introduced by the then member for Annie Bay and I do not propose to rehearse those arguments. Nor do I intend to rehearse the arguments that I put forward this morning, summarising the public debate that has occurred since May 1995. However, I do want to place on record my disagreement with the comments of the member for Palmerston in using numbers to prevent a debate of the related Respect for Human Life Bill. The member for Palmerston made 2 comments. One was to the effect that the Chief Minister had never suggested that there would not be a conscience vote, and the second was that I was being procedurally incorrect in seeking a suspension of standing orders.

I propose to deal with those 2 issues relatively briefly. The fact of the matter is, as I indicated in the explanation of my speech that, in The Bulletin on 30 October, the member for Port Darwin indicated that there would not be a conscience vote. He was reported likewise in the NT News - I did not mention this before because I did not have the reference to hand at the time - in an article by Nigel Abalon. I remember it well. I was very surprised when Nigel Abalon rang me up and said that the member for Port Darwin was saying that there would not be a conscience vote.

That in short, was the reason that notice of motion in repeal was not given for the last general business day. As I said, my colleagues expressed the view that it was a vain exercise if all government members were tied. For the member for Palmerston to get up and say that there was never any binding of government members, or attempt to do so, just flies in the fact of the public reports and the last of denial of those public reports. This is simply a matter of the public record.

As to the second point, the member for Palmerston, secure in the knowledge that he would be backed by at least the whole government, said that I was being procedurally improper ...

Mr Coulter: Absolutely.

Mr BELL: ... in seeking a suspension of standing orders. I would like to point out to the member for Palmerston that the next time any government member tries to suspend standing orders, they will have that stuffed right down their throat, unless they are able to obtain bipartisan support first. I will remind the member for Palmerston and the member for Port Darwin of the disgraceful gagging of committee stage debates in this Assembly by some of their ministers. If the member for Palmerston thinks that I have forgotten that, he better think again, because I have not. The government's abuse of the process of suspension of standing orders is simply a matter of record. For the member for Palmerston to get up here and say that a suspension of standing orders, on a matter that has been the subject of so much public debate in the last 12 months, is simply an excuse. It is not a reason. I reject it utterly and I think it hardly

enhances respect for this parliament for arguments like that, tendentious as they are, to be put forward.

Even if any credence could be given to such an argument, let me say that I am reliably advised that the repeal amendment that I am putting forward in schedule number 56 will have the effect of repealing the principal act. I point out to honourable members, by way of explanation, that the effect of this amendment would be to insert a repeal and expiration clause which would repeal the Rights of the Terminally Ill Act and would allow the act to expire the day after it comes into operation. Let me inform honourable members that I will be seeking the views of all of them on this particular amendment by way of a division.

I do not accept the argument that now is not the time. It has been put to me on a few occasions. I do not want to get into a slanging match. To my mind, it is more that a question of tactics. I have been involved, as a member of this Assembly, for nearly 15 years now and, at all times, I have tried to do what I think is conscientious. One of the rules that I have held to is, when you have an opportunity to use this parliament and the forms of this parliament for what they are there for, you do it.

I remain convinced that active voluntary euthanasia is wrong, is bad public policy and will be fundamentally unworkable, but I am not prepared to wait until it is shown to be unworkable. I think that anybody with reasonable foresight, on the basis of what is available to them now, on the basis of the expert opinion obtained from right around the world, where legislature after legislature has turned its face against active voluntary euthanasia, would accept that it is extremely silly for this parliament to go ahead in the way that it has. I remain in principle, as I say, a staunch opponent. At the cost of a number of personal friendships, I have to say, I remain fundamentally opposed to the policies behind the principal act that we are amending today, and I will do everything I can to ensure that it is not available.

As I said this morning, 13 members of this Assembly are on the public record as opposing either the policy or the form or both of the Rights of the Terminally Ill Act and it is my strong belief that it should be repealed. It is for that reason that I have put forward the amendment that is standing in my name. I indicate that, as a fallback position, I will support the sunset clause put forward by the member for Arnhem. I do not think his is as strong a position as mine but, if the division on my amendment is unsuccessful, I indicate that I will be supporting that.

Turning to the major areas of amendment of this abhorrent legislation, let me refer first to the psychiatric test. I indicate that I had the opportunity to discuss this with officers of the Royal Australian and New Zealand College of Psychiatrists, specifically the honorary secretary, Dr Michael Epstein. I have not had confirmation that the amendments are supported by the college but I imagine that in relation to the chief objection, which was that psychiatrists were being asked to make medical judgments, the separation of those 2 judgments and the introduction of a third medical practitioner would resolve those particular concerns. Thus, it would appear that those amendments satisfy those concerns if the principle act and the policies behind it were acceptable.

And I stress, Mr Speaker, that I am using the hypothetical subjunctive in that case.

The second area that is of grave concern to me is the interpreter qualifications. I am aware that the minister referred to his working party report and that one of the areas that the working party was considering was the qualifications of interpreters.

In his second-reading speech, the minister referred to a report from the working party that he was going to receive before the end of the year `to enable the government to have in place all matters necessary to

commence the legislation as soon as possible after passage of this amendment.' The AttorneyGeneral might like to indicate whether or not that is available publicly. It has not been made available publicly, to my knowledge. I hope the AttorneyGeneral is picking up that request, deep in conversation as he may be. I ask the AttorneyGeneral: Is the working party's report to which the AttorneyGeneral referred ...

Mr SPEAKER: Order! The member for MacDonnell will address his questions through the Chair.

Mr BELL: Right. I was simply trying to get the AttorneyGeneral's attention so that, at least when he sums up on this, he gives us an answer.

Is the working party's report, to which he referred, available? It is not, to my knowledge. I will come to this in respect of the Criminal Code later in these sittings. However, I think it is about time that, and even more particularly in respect of the Criminal Code which is of such general public interest, the government should be making such reports available if the AttorneyGeneral intends to get up and say that there is a working party interested in such contentious legislation.

On the question of interpreter qualifications, given that I represent in this Assembly a large number of people who do not speak English as a first language without seeing the working party's recommendations and I would have reservations even if I did see them I doubt whether I would accept the establishment of qualifications by regulation. I want to know what those qualifications are that is, what the steps are that the government is taking in this regard.

Honourable members will be aware that, on the last General Business Day, I moved a motion in respect of court interpreters. In these areas where the freedom of the subject and, in this case, the very life of the subject is at stake, I believe that, in regard to people who do not speak English as a first language, if we are seeking to incorporate them into the Northern Territory polity, we should take a little more seriously than we do the question of interpreter qualifications and language policy. I intend speaking at some length in another context about my experience, during my recent study tour in North America, of language policy, particularly in the Northwest Territories of Canada. However, I have to say that we are light years behind in that regard. The generally assimiliationist attitude that we take to language policy is in stark contrast to the accommodatory approach that both the national government in Canada and the Northwest Territories' government takes. There is a great deal we can learn from that experience. I will say more of that later, but I raise it in this context to stress that it is simply not good enough in this context we are talking about authorising the taking of life, for heavens sake to say that, if somebody does not speak English, we will sort out the interpretive qualifications and we will make sure that is okay. It is simply not good enough. I will not cop it and I am surprised that the government seriously puts it forward.

Honourable members will recall that, at the time of the passage of the original bill, there was vociferous debate about the accreditation of translators and interpreters. The act referred to a level 3 accreditation of the National Accreditation Authority for Translators and Interpreters. The bill before this Assembly moves away from that. We should be doing a little more than simply handing it over to the executive. I do not believe that is at all responsible.

With those comments, I indicate that I remain vociferously opposed to the policy and the envisaged practice in the principal act. I am moving an amendment to repeal the principal act and I will be seeking a division in that regard. In relation to the sunset cause that the member for Arnhem proposes, I will support that as a fallback position. I support the tightening up in respect of the psychiatric qualifications,

but I indicate my opposition to the reduction in interpretive standards in the amendment to section 7(4).

I was going to conclude there, but there is one other point in relation to the references in clause 4. I draw this to the AttorneyGeneral's attention too as a matter of form. In subclause (b), (c), (d) and (e), there is confusion between subsection and paragraph. In subclause (a), there is a reference to subsection (1) paragraph (c). In subclause (b), there is a reference to subsection (1)(k). That should be a reference to paragraph (k) of subsection (1) or subsection (1) paragraph (k). That is repeated all through there. In the principal act, there are sections, subsections, paragraphs and subparagraphs. This is not a substantive issue, but a formal issue. That needs to be fixed up.

With those comments, I indicate my continuing vehement opposition to the principle of active voluntary euthanasia.

Mr EDE (Opposition Leader): Mr Speaker, as a supporter of voluntary euthanasia, I will examine and work with any proposal to make this bill more workable, provided that the process of making it more workable does not set up major dangers that could bring the whole concept into disgrace. That is my position in a nutshell. I believe that the first section in this amendment, in regard to the replacement of the doctor, was stipulated in the amendments which were put forward by myself and the former Chief Minister in an attempt to put some psychiatric ability into the mix. I think that it could have worked the way it was. I think that it is not an absolutely essential amendment, but I accept the amendment. I am concerned by the small number of psychiatrists available in the Northern Territory and the difficulty that that may portend for people who wish to avail themselves of this legislation. But I believe that that will change. People will establish themselves up here, as we grow. I am quite sure that that is not an insurmountable difficulty.

There are a number of other amendments that I will not support. I will not be supporting the amendment by the member for MacDonnell, which attempts effectively to gut the bill. I understand that the AttorneyGeneral is examining the legalities of placing that amendment before the parliament. Whether in fact it is a breach of standing orders will be addressed by them both, I believe, in a later section of the debate.

I have more sympathy with the concept of the sunset clause as proposed by the member for Arnhem, on the basis that if we cannot get it right, there is an ending somewhere down the line. My problem with it is that I am not convinced of the bona fides of enough members of the Cabinet. They may try to sabotage this piece of legislation. My concern that they may try by delaying it, by not living up to agreements, by not going through the process of putting in place the precursors for it to be brought into place. They may delay it, or put it into such a complete mess that we reach the sunset clause triggering date without having a workable piece of legislation in place. With reluctance, I will not be supporting that one either.

That brings me to the amendment in which I have the greatest interest, and which I hope to convince government members, by the force of my arguments, to support. It relates to interpreters. We have a particularly difficult piece of legislation to understand, even for people who are well versed in the law. A number of people have come to the Northern Territory, saying that they wanted to avail themselves of the legislation, who in fact would not be able to do so. On talkback radio, time after time, people tell stories of relations and friends seeking voluntary euthanasia, on an underlying assumption that they would be able to avail themselves of this legislation. In the majority of cases that I have heard, and I certainly would not have heard all cases but, in the majority that I have heard about, they would not be able to avail themselves of it. That is before we put the veil of a foreign language between the parties. Once the

veil of language is introduced between the various parties in this, and they start trying to talk and communicate through that veil, it becomes extremely difficult.

We are introducing a psychiatrist into the legislation here. I find the whole concept of crosscultural psychiatry to be a particularly difficult one to work with, and many prominent psychiatrists say the same thing. These issues have a deep cultural base. For example, a psychiatrist, recruited from India, working in the northern suburbs of Darwin will often find a great deal of difficulty in trying to find common ground and points of reference. When we go that step further and talk about Aboriginal people, we are talking about people who, in their own culture, have a far better developed psychiatric assessment procedure than is currently available in the western world. There is a form of schizophrenia that we have one word to describe which the medicine men of central Australia have 5 subdivisions for. It is something that was really well developed in traditional times. However, it is not easy for those concepts to be interpreted by the average translator. It would require somebody who was extremely highly skilled to be able to bridge that gap and to be able to explain not just the words but the concept.

Turning words from one language to another is not always very difficult. Turning concepts from one language to another is far more difficult and it is why, at the time when this legislation was first before us, that I proposed the amendment that required interpreters to have a level 3 accreditation from the National Accreditation Authority for Translators and Interpreters. I realise that is a very high standard. It is an extremely high standard. I do not believe that there is such an accredited interpreter or translator for any Aboriginal language in the Northern Territory today. If that means there are Aboriginal people who do not have English as a first language people from electorates such as mine, the member for MacDonnell's, the member for Arnhem's, the member for Barkly's, and the member for Arafura's and who at this stage are unable to access this legislation because of the lack of interpreters and translators qualified to that level, I believe it would be better to forgo that for now.

I believe that a substantial number of those people would agree with me that it would be better to forgo that for now than to run the risk of destroying any chance of this legislation ever becoming the norm anywhere around Australia because of what will happen if somebody from an electorate like mine, such as from a community like Nyirripi, is unable to avail himself or herself of these provisions. It could be an old lade, who goes through the process, knowing everything about it, and who is absolutely in agreement with it. I can tell members that there will be people in that family who will say that she did not understand, will attack the qualifications of the interpreter and will build this up into a major dispute. That major dispute will then focus on that issue and we will lose the core of what we are trying to achieve in regards to voluntary euthanasia, which I support. I believe that it would be better if we focussed initially on the situation where there is no language problem and attempt to have a piece of legislation that works in that situation.

Understanding that we have a large ethnic community in the Northern Territory and that people will want to come from overseas and interstate to access this piece of legislation, I think we should have the interpreter provision, which is why I placed it in there. However, I think that that provision should be of a very high standard. I am hoping that the government agrees with me because it is saying that it will place it into the regulations.

Placing it into the regulations is not sufficient for people like me who have to go out and hold the debate in communities where there are those who are attempting to confuse people and who are attempting by one means or another, to have people in fear of this legislation. If, on the other hand, I can say that it is

written into the act that this is the standard that is applicable for all those communities and people understand that that level has not been achieved yet by any person but that people are going through the process of achieving it, at places like the Institute for Aboriginal Development and Batchelor College, that will give them a degree of comfort which does not exist if I say that it is left up to the minister.

The people in my electorate do not have sufficient trust in a CLP minister for me to be able to say that they should trust the minister. They do not trust the minister. They would have a great deal more trust if that level were to be specified in the legislation. If the level appears in the legislation as level 3 accreditation, they know that cannot be changed without debate in this parliament. A determination by the minister can be changed by regulation. It may or may not come before this parliament. It goes to a committee of this parliament. It may or may not be raised as a matter of debate here.

I said that, initially, I intended simply to oppose the amendment and return it to the situation in relation to the interpreter standard which was agreed to by this House 9 months ago. I was told that there was some problem with the wording which meant that people were confused. Therefore, I have attempted a second method which is to circulate a draft amendment. As I have not signed it, I do not know whether the final amendment has been circulated as yet. It is now well over an hourandahalf since it was okayed to be circulated but members do have before them an alternative to this.

Mr Stone interjecting.

Mr EDE: I told you that I had intended simply to oppose it. I told you that. I have been saying for 4 months, ever since you put out this amendment that my feeling was simply to oppose it. Rather than simply opposing the amendments he put in a spirit of cooperation to find some middle ground so that we are able to ...

Mr Finch interjecting.

Mr EDE: I am trying to save the legislation. That is why I am putting this up, the change being that, if a patient was not born in Australia, you could have a prescribed qualification. The general standard would remain a level 3 accreditation from the National Accreditation Authority for Translators and Interpreters. However, for people who were born overseas, there could be a prescribed qualification. For example, somebody born in another country may want to bring a qualified interpreter of an equivalent standard from their homeland. They do not want them to have to go through the accreditation procedures here before they are able to access the legal process. The minister would be able to say that certain levels of interpretation skill in other countries would be acceptable.

That solves that part of the problem. But for Aboriginal people, the requirement of a very high standard of interpretation level 3 remains. I hope that we are able to get agreement on this. It is an attempt to find a workable solution to what is a major problem. I do not want to see this piece of legislation destroyed because it gets tied up in language interpreter standards and cross-cultural issues, before we have established the fundamental point - the rights of people to be able to access voluntary euthanasia as a means of dying with dignity. That is the core issue, I believe.

As I have said before in the major debate, I also believe that it is just as essential that we do not allow doctors simply to make up their own minds whether or not they are going to dispense this largesse of death in this way, if somebody is in incredible pain, without any guidelines. I believe that it is up to parliaments to put the guidelines into place. I am a supporter of the legislation, and I want to see it work. I want to see us put in place the amendments which will ensure that it works, and do not get caught up in

a fight that we do not need at this stage.

When we have accredited interpreters in place, we can start to make it more accessible for other people. I do not advocate changing the central method of working. I am simply saying that it is not wise at this stage to lower the standard of interpretation. It is not wise to have a situation where people are accessing the service without knowing fully what it is about. We must maintain those interpreter standards by supporting this piece of this amendment. I believe that we can then go ahead and have legislation that will work.

Mr STIRLING (Nhulunbuy): Mr Speaker, it strikes me that no one from the other side seems to be in a particular hurry to rise to their feet to address this today. Let me make it clear from the outset that it is my view that no amount of amendments to this legislation can alter what is fundamentally bad law and make it right. It would not matter what form and what number of amendments came before me in this Assembly, none of them in total or on their own could reverse my opinion of this act. The very fact that this legislation is back here before us for amendment underscores the undue haste with which this was rammed through the Assembly those months ago. It was the member for Greatorex on the evening in question in the early hours of the morning, to be more precise - who pointed out members' confusion over the difference between psychologists and psychiatrists, and what their registration boards may or may not be. I am surprised by his silence today. At the time he said: `We simply do not know what we are talking about in this area. We do not have the information at our fingertips to be in a position of knowledge, to be passing legislation of this magnitude? That underscored the unseemly process by which this legislation was dealt with at the time.

The inclusion of the definition of the qualified psychiatrist does, in fact, clear up that previous confusion. The requirement of a medical practitioner with qualifications in the treatment of the terminal illness from which the patient is suffering, in the first instance, and that the second doctor be a qualified psychiatrist, overcomes the dilemma of someone suffering clinical depression being influenced by that to opt for euthanasia.

While that process may have been made clear, it does not overcome my view that the legislation was fundamentally flawed in the first instance. Nor does it necessarily make it that much easier for individuals to access the law. The person will still in the first place need to find a doctor who is supportive of the Rights of the Terminally Ill Act. Having done that, they will still require the services of a qualified psychiatrist, which is not so easy to obtain in the Northern Territory, whether you are in a major centre or in the regions.

I do ask about the requirement for interpreters and the need for them to hold a prescribed qualification. It is only a week or 2 ago that I read, in the NT News the Chief Minister said that we simply cannot provide interpreters for all Aboriginal languages in the legal system in our courts. It is not physically possible to so it apparently. I wonder then how he justifies it in terms of the bill before us because it seems to me to present the same problem. If we are unable to do it in the legal system, how will we do it for Aboriginal people under the terms of this legislation to ensure that they know the situation that they are in and what in fact they may be asking for. The Chief Minister simply cannot have it both ways. He cannot say that we cannot do it in the legal system, but, under the terms of this bill, we can do it in the health system.

The reality is, and we have seen it already in media reports, that people will travel to the Northern Territory, once this law is in place and operating, to gain access to it, and they will do that not knowing whether or not they can access a medical practitioner who is in sympathy with the Rights of the

Terminally Ill Act, not knowing whether they can obtain the services of a psychiatrist unless they pay the airfare for a psychiatrist to come with them, and not knowing whether they even qualify under the terms of the act. That leaves me asking why people in these situations are so anxious, so desperate, to involve someone else in their demise? I do not understand that desperation to involve others. Why do they have to drag others into it? Of course, not all will be capable of taking their own lives, for one reason or another but, of those who are prepared to undertake what could be deemed arduous travel to Darwin from anywhere in Australia, given what must be their condition, many would be able, presumably, to take their own lives. If they are so desperate to die, I ask the question why they do not do that, instead of coming and forcing other people into their situations.

What will be the cost to the Northern Territory if these media reports are realised over time, and busloads and planeloads of people come to the Territory to access this legislation? I have not heard anybody talk about that aspect yet. As I said, it is possible that many of them may not even qualify. That will not be known until they have spent some time in our hospital system. It will not be known whether they will be able to access a doctor or a psychiatrist at the time, again until they have spent some time in our hospital system whilst all those processes are worked through. No one has mentioned that aspect. I think again that earlier in the debate, the member for Greatorex was keen to have that whole question looked at. It has not been picked up. We are even closer to the reality now and still it has not been addressed. Presumably, it is not a concern, and yet this is a government that is strapped for cash on all fronts, as we have been told.

The role of the Chief Minister strikes me as being rather central to this whole debate and the whole process from the introduction of the original bill to the situation we face here today. He began, as we all know, as an ardent opponent. In fact, he liked to be described as the leading opponent of the bill and its original intent. He supported the formation of the committee to examine the question. Now, today, he hides behind this invention that there is somehow a Westminster system, a tradition that I have never heard of and I do not think anybody else has ever heard of, that he has some obligation to see this legislation through, to see it in operation and to provide the opportunity for it to work. I ask him directly what has happened to his conscience. What has happened to the depth of feeling that led him to come to me one day and say: 'I want to tell you something my old man said to me'. His own words were something along the lines that, when men of principle stand by and do nothing that is when evil prospers. What has happened to the depth of conviction and passion in that man, who said that to me in the corridor those few months ago but who now turns around and wants to vote on the other side? I cannot believe that. Where has his opposition gone? Why did he allow the NT News on 6 separate occasions to claim that there would not be a conscience vote for CLP members in this matter? Why didn't he pick up the phone and ring the editor to correct him? Why didn't he write to the NT News? Why didn't he issue a press release saying that that was not the case.

Mr Stone interjecting.

Mr STIRLING: On 6 separate occasions, you allowed that to occur. It suited you and your dirty little game. It suited you to have your mates bluffed into thinking that there was no conscience vote.

Then, a couple of weeks before these sittings, he said that, of course, there would be a conscience vote and that he had never said there was not a conscience vote. He allowed the NT News to say it 6 times without correction - you fraud of a man.

Mr Stone: You are very persuasive, Syd.

Members interjecting.

Mr SPEAKER: Order!

Mr STIRLING: Mr Speaker, we have got to ask ourselves what was the backroom deal struck here, between the outgoing Chief Minister and the current Chief Minister during the leadership transition to influence the current Chief Minister to change his mind to support this act now. This is an act that he found abominable and could not in all conscience support only those few months ago. What has occurred within the Country Liberal Party to change the minds of those others who previously were bitterly opposed to this law, some based on deep personal and moral convictions and others based on religious grounds? We have to ask what deal or deals have transpired to bring that change of mind about.

It is interesting that the member for Victoria River is silent today. The member for Brennan has not spoken. The member for Casuarina has been out of the Chamber for some time now and still has not spoken. The member for Greatorex has not been heard from. The member for Karama and the member for Katherine are not rising to their feet to speak. That brings me back to the Chief Minister, because he is the one who has led this backdown among his colleagues. He owes this House and the people of the Northern Territory an explanation as to why he wants to hide behind this invented excuse of a Westminster traditional system which demands that this legislation be given a chance to work. At the end of it all, he still has to live with his conscience and his actions. Presumably, he has been able to rationalise them today. I will be disappointed in him forever on this matter, because to me it is an incredible backdown over a law that so clearly he saw as so wrong yet now he puts his hand up for it. It is often said that politics is a dirty business but we have to wonder how dirty it has become on that side for something like this to occur. I wonder whether it could ever become any murkier than it has in the way the CLP has handled the whole issue since the vote went 13:12 in favour last year.

The former Chief Minister has been on regular visits down south and I believe he has been talking to proeuthanasia groups at meetings. I do not doubt that probably he has found the going a little tougher down there than he did here in getting this legislation through. Nevertheless, the fact remains that, despite the efforts of the previous Chief Minister, and the Helga Kuhses and Peter Singers of the world, there is no other jurisdiction in the entire world that has passed legislation enabling euthanasia. Most recently, we have seen South Australia and the ACT reject similar moves.

My final question is what makes members of this assembly so convinced that they are right in supporting this legislation.

Mr BURKE: Mr Speaker, whilst I have a professional respect for the member for Nhulunbuy and have worked closely with him in developing arguments before this bill was first debated, I have no respect for anyone who comes into this Assembly, points his finger at me and starts telling me where my conscience should lie. I have no respect for anyone in the public gallery, some of whom I worked closely with prior to the May 1994 debate, who continue to tell me where my conscience should lie. My conscience lies with me when I look in the mirror of a morning and I see myself staring back at me. I can live with myself on the decisions I make and in the arguments that I muster.

In terms of the Leader of the Opposition, I think he is a fraud. I really do. He comes into this Assembly and paints himself as a proponent of the legislation, looking only to get it enacted, when what he is trying to do is to obtain for some individual Aboriginal person clear access to this legislation in the best way he can. I think he is a fraud. To my mind, every argument I have heard him muster seeks to disenfranchise

Aboriginal people from this legislation, seeks to promote arguments that the lobby which opposes this legislation could use very effectively to show where, certainly in the case of Aboriginal people, they are either made more vulnerable by the legislation or are disenfranchised in one way or another.

Mr Ede interjecting.

Mr BURKE: I will be interested in your discussion as to how we attend to psychiatric care for Aboriginal people when we are looking to ensure that a qualified psychiatrist can deal with mental disorders in the case of an Aboriginal person seeking to access euthanasia. Following your own logic, I am sure you have to come up with an argument that says that they cannot. Thus, on the one hand, you promote your willingness to support the legislation but, on the other hand, you come up with countless arguments centred on why this legislation renders Aboriginal people more vulnerable.

Mr Ede: I got the legislation up. You tried to knock it down. Do not give us that.

Mr BURKE: One of the reasons members on this side of the House are united in the way we think is that we think members opposite are playing pure politics over a serious social issue.

Mr Ede: Who has formed the bloc?

Mr BURKE: I will tell you.

Mr Ede: It is on that side, isn't it.

Mr BURKE: I am standing up here now, and I am speaking for myself.

Mrs Hickey: And how are you going to vote.

Members interjecting.

Mr SPEAKER: Order!

Mr BURKE: Mr Speaker, in this debate, we are not debating the act, although the member for Nhulunbuy and the member for MacDonnell seek to hoist us back on that core argument.

Mr Stirling: Just reminding you where you were a few months ago, that is all.

Mr BURKE: That was a debate in which I personally used every effort that I could to muster every argument that I could find to prove why this sort of legislation, legislating to kill certain persons in our society, was not the best way for the Northern Territory to go. I lobbied intensively and my arguments were not centred on the philosophical argument of whether or not someone should have the right to take their own life. I think those arguments are pretty well accepted nowadays in terms of legislation regarding suicide, attempted suicide and assisted suicide. My argument centred on the consequent harm to others that would result from this sort of legislation, the harm for those who were the more vulnerable in our society. I was troubled then and I remain troubled by any force that encourages an individual to take their own life in dealing with that situation.

However, in the days leading up to that debate, I made a personal commitment to myself, and I know I can look the former member for Fannie Bay in the eye, and I know he made a personal commitment also, that the wish of the Assembly would be respected. In fact, I think at the time his words were: 'If the decision goes against me, that is the last you will hear from me on the matter'. I think I am fairly correct

in that respect. I made a similar personal commitment to myself. All that has been said here about the Westminster system is a peripheral argument as far as I am concerned. I came into this Assembly and I argued with every ounce of vigour available to me at the time. I used every effort I could, and I failed. I failed in my argument, and this Assembly passed the legislation. The decision of the people has been accepted. The act is passed. The core arguments are over and that is the plain fact of the matter at the moment.

Today, therefore, is not the time to revisit those arguments. Whilst the philosophical debate on a person's right to take their own life under circumstances that are described in the act will continue, this Assembly, representing Territorians, has decided that the rights of certain persons in our society to take their own life under the circumstances prescribed in the act have been agreed to.

Our duty today is to move from the philosophical questions towards the practical aspects of the legislation. The practical aspects seek to protect those who may be made vulnerable if these amendments that are to be moved today are not addressed. In all conscience, I believe that these amendments will provide an appropriate community response to their distress before euthanasia was permitted. I might add that these amendments are in addition to the significant amendment agreed to during the course of the original debate with the aim of providing an appropriate community response whilst, at the same time, acknowledging the rights to voluntary euthanasia for those who, in the final analysis, wish to take that path.

The major amendments provide for a third doctor, a qualified psychiatrist, to be fully involved in the process. A key that I used during the original debate was on this concept of rational suicide. As I said in that debate, a noted authority on the subject, Dr Edward Sheidman, said: 'Suicide is not the thing to contemplate whilst one is feeling suicidal'. In this context, a psychiatrist will bring to the issue an objective capacity to look at the request in the context of the patient's relationship with the health system, with his or her doctor and with others such as the family. In doing so, the psychiatrist can diagnose clinical depression or some other mental disorder. To my mind, that will address many of those issues relating to vulnerability that are difficult to assess for those persons who, for whatever reason, request suicide, but there are doubts as to whether or not they suffer from clinical depression or some other treatable and diagnosable mental illness.

In relation to the debate on the interpreters, I defer to the experience of others. I certainly believe the Assembly and this government is doing its very best to ensure that every measure is put in place to provide appropriate interpreter skills to ensure that the wishes of the person are acceded to and communicated in the most appropriate way. I look forward to the debate on that amendment.

Mrs PADGHAMPURICH (Nelson): Mr Speaker, I was very pleased to hear the member for Brennan speak because he dispelled some of the confusion that I have had over the last couple of months. I have been confused by the position of the Labor Party members. I have been even more confused by the stated position of the Chief Minister and certain Country Liberal Party members on this matter of voluntary euthanasia. I regard myself as simply an ordinary member of the community. I could have requested a briefing of the Chief Minister on this matter, but I preferred not to do so for various private reasons. I could have requested briefings of both ALP and CLP members on their views on this matter, but perhaps I would have been even more confused.

Despite all that, my views still remain the same. I have not diverged one iota from my initial statement that I support voluntary euthanasia. I support the right of a person to do what they want with their life

when they want to. Nobody else should enter into the decision that they take. I support the amendment relating to a qualified psychiatrist being included in the team that assesses the patient's capabilities of making the decision. I also support the amendment that requires an interpreter to be present to interpret the wishes of somebody who does not have English as their first language.

I am a little confused - and, if I am confused, many other people are confused - by the amendment from the opposition relating to a sunset clause. I would have thought something as important as this would have been circulated to members beforehand.

Mr Stirling: She does not understand.

Mrs PADGHAMPURICH: I understand. If it were only a little inconsequential amendment to change a preposition, a full stop or a comma, I would have understood that, but I do not think that it is quite relevant to raise it now.

Over this whole issue, I consider I have been harassed. I have been harassed personally by all these ...

Mr Bell: Join the club, Noel!

Mrs PADGHAMPURICH: You had your go. I am having my go now. You can speak later.

I have been harassed by the continual reception of faxes. If I could have turned of the fax machine by knowing when they were coming through, I would have. There are the continual letters, not from private people who are entitled to their views, but from lobbying groups who seek no exactly to frighten me, because they would not. I have made my stand publicly and nobody will change it. Nevertheless, the fact that they have sent them to me means that evidently they think that they can change my views.

There is a particularly sad aspect in this whole matter. I would say other members have probably received the telephone calls too, although whether they will admit it or not I do not know. I have been very upset by telephone calls that I have received from frightened people. Usually, they are elderly people. Many of them do not have English as their first language. All of them adhere to a political persuasion. I have been very sad at the lies that they have been told. They have been told that somebody intends to bump them off - top them, get rid of them or put them down - when they get too old or too sick. These lies have been put about. I know who has put them about. I could source them quite easily but, so as not to embarrass the people, I did not ask them who told them these stories.

People keep talking about euthanasia. I had a telephone call 2 nights ago from a lady I know very well. She was very frightened. I have know her for a long time. Both she and her husband were frightened, and they were going to leave the Territory because they had been told that, when they become a little bit more frail, somebody will put them down. I tried to tell her that this was not the object of the legislation and that nobody was going to do it, but she would not or could not believe me. I told her about the legislation that was already in place, whereby she could make her wishes clear if she did not wish to be kept alive by artificial means. She had heard about that, but she was still very frightened.

You know who I am speaking about, Mr Speaker, and so does everybody else in this Assembly know the sort of people that I am speaking about. I do not mind people lobbying in a reasonable way to have their point of view put across. However, when these people put across lies in the community and frighten these older people and people who perhaps cannot think as clearly as they should, they are not doing any good in the community: If anybody should be euthanased, they should.

Members interjecting.

Mr Palmer: And anyone who does not agree with you, Noel?

Mrs PADGHAMPURICH: It is an eye for an eye and a tooth for a tooth in my book.

Members interjecting.

Mr SPEAKER: Order!

Mrs PADGHAMPURICH: Mr Speaker, these people are very nasty people who serve their own ends only. They do not serve the ends of the community. They are hypocritical in the extreme. When I have put it to these frightened people that it has been admitted by doctors that, now and in the past, doctors have continued to give increasing doses of medication that finally puts people down, they say, 'Well, yes, but they can do that.'

Dr Lim: That is not euthanasia.

Mrs PADGHAMPURICH: Well, I do not know how else to say it. You can say that they euthanase them or that they give them increasing doses of some medication.

Hypocritically, again, these same doctors of the same political persuasion say that their end is not to put the person down, it is not to kill them, it is only to increase their comfort. That is a whole load of the stuff that comes out the back of bovines because we all know that, if they are reasonably intelligent, they know that they are ending the person's life. They are happy to continue doing that. Why not come out in the open? I cannot see why those people cannot come out in the open and admit to their support of euthanasia.

With regard to the added confusion that has been put about in regard to this whole subject, I have not been able to assess who is for it or who is against it - not that it really matters because my position has remained the same. I do have to agree with the Leader of the Opposition on this. CLP members were going to vote as a block and then they were going to have a conscience vote. People were coming into my office and asking me what was happening. They just wanted general information. Again, as I said, I could have sought briefings but I preferred not to. I regard myself as an ordinary person in the community, the same as my constituents. If the information is good enough for them to assess, it is good enough for me to assess it in the same way. Therefore, if it is not clear enough for them, it is not clear enough for me. If the Chief Minister would like to state his views today, and he may not want to ...

Mr Stone: Happily.

Mrs PADGHAMPURICH: If he would like to state whether party members will vote as he directs or whether he will say that they can have a conscience vote, I would be very interested to hear that.

I believe that the whole community is becoming a little tired of the interminable discussion around this legislation. It is not relevant, as the members for Nhulunbuy and MacDonnell said, that it has been considered in other states but has not been passed. That has not stopped us in the past. Offhand, I cannot think of innovative pieces of legislation that we have introduced before other states, but the fact that we passed this legislation previously and that we have amendments before us today is completely irrelevant to what people do in other states. We are independent here. We do what we want and what they do in other states is completely irrelevant as far as I can see.

Mr Speaker, I support the bill as I have stated but I do not support the opposition's amendment.

Mr STONE (Chief Minister): Mr Speaker, there is one point on which I agree with the Leader of the Opposition. That was when he said that the legislation in its current form was workable. There is no doubt about that. For those who would run the argument that the legislation did not have any wheels, that is a complete furphy. The simple facts are that there are people with a Diploma of Psychological Medicine. That course was being taught at Melbourne University up until 1994. Thus, if one had looked hard enough to find the psychiatrist with the appropriate qualification, that person would have been forthcoming.

From that point, I part company with the Leader of the Opposition. I listened very carefully to what he had to say about what he will support in terms of the first amendment but not in the second, and one could be excused for thinking that he was really trying to have a bet each way. He is trying to appeal to the urban community by saying that he is a champion of euthanasia, but he wants to be able to go to the Aboriginal community and say that he has put a huge hurdle in the legislation to protect them which is that they will never be able to qualify for it because they need to have interpreters qualified to a particular level.

Mr Ede: Within the 2 years of getting those people in place.

Mr STONE: I am sure that others have seen through what you are up to in that you are playing politics with this issue ...

Mr Ede: No. I am trying to put in place high standards.

Mr STONE: ... in that you are trying to appeal to the majority of Territorians in urban areas at the same time as trying to protect your position in the Aboriginal community. You do yourself a disservice when you try to run those sorts of arguments.

I am very saddened to hear the comments of the member for Nhulunbuy and his vociferous attack upon me, in which he attempted to vilify me because he said I have changed my mind. Let me be very clear about this. I am as opposed to the principle of euthanasia today as I have ever been, but there is a difference. I have accepted the will of the parliament and, for that, I am being vilified. What would those who had opposed euthanasia be saying, had they won the debate, about people who would seek to resurrect the legislation? We can imagine it.

If you think this is easy for me, don't. This has been enormously difficult, but the simple facts are that this parliament voted on the second-reading speech 13:12. If you think my hear did not sink that night, then you were not watching, but the parliament had expressed a wish. Where the argument of the member for MacDonnell is flawed is when he comes in here and he says that there are 13 people on the record as being opposed to this legislation. He assumes that the same people who lined up in a particular way on 25 May 1995 would do exactly that this time round.

Mr Bell: Yes.

Mr STONE: He says yes, but he would know from his phone calls and the representations that he has made to members of this parliament, that it simply is not the case. For example, he has been told by me this morning that I would not vote for his repeal bill, so how can he get to his feet and tell the Territory public that there are 13 votes for that in this Chamber? It ain't so. It really is time that people started to be

a little truthful in the way they are tackling this issue. The member for Nelson says she is confused.

Mr BELL: A point of order, Mr Speaker! Whatever comments the member for Port Darwin wants to make about it, I am quite happy for him to do so, but, when he states quite clearly that I have not been truthful, I expect him to do that by way of substantive motion if he really feels the need to.

Mr SPEAKER: The Chief Minister should not infer any ulterior motive on the part of the member for MacDonnell.

Mr STONE: You know, Mr Speaker, that there are not 13 votes against euthanasia in this Chamber today. The member for Nelson says she is confused. I do not know why she is confused. I gather that she can read newspapers, listen to radios ...

Mrs PadghamPurich: Yes. I would agree with the Leader of the Opposition.

Mr STONE: ... and watch television like any normal member of the community. Where you have made your fundamental mistake ...

Mrs PadghamPurich: I have not made a mistake.

Mr STONE: ... and it is a mistake that has been made by people in the community, is that you have confused amendments with a repeal bill which is a substantive piece of legislation.

Mrs PadghamPurich: Cut it out, I know what I am talking about.

Mr STONE: You can say 'no', but the simple facts are that, on the 30 August 1995 on the Fred McCue show, I made it very clear that, in the event of a repeal bill, CLP members would have a conscience vote. That was the spoken word. That was the word that was broadcast for those who were prepared to listen. Where it went off the rails was later when commentary was made about amendments and how members of the government would vote. If you want to accept the way something is reported - it was editorial comment which is not a direct quote - if you want to accept that as authoritative, that is your problem, not mine. I do know that throughout I have said that people on this side of the Chamber were at liberty to exercise their vote in the way they saw fit. It was quite clear to me, having talked among my colleagues, that there was a consensus. That is simply relating a fact. That is not saying that all CLP members will vote in a particular way. I am even more surprised to hear the member for Nelson on her feet saying that she wants to hear from the Chief Minister whether government members are having a conscience vote. How many times does she have to hear it said?

Mrs PadghamPurich: As many times as it takes to tell the same story ...

Mr STONE: If members of your electorate were concerned, why didn't you seek a briefing? You would have been able to clear it up and you would have been better placed to put the minds of your constituents at ease. Instead, the member for Nelson has come in here and said very deliberately that she elected to stay in a position of not knowing. Very deliberately, she did not want to know. That is hard to understand.

Mrs PadghamPurich: I would not have been any the wiser if I had come for a briefing.

Mr STONE: I make the point that, in terms of a potential repeal bill, I have always been firmly on the records. On the Fred McCue show on 30 August 1995, I said that a conscience vote would be allowed.

That is where the argument for the member for MacDonnell falls down. He says that he did not run the repeal bill because his caucus would not let him. Who is having a conscience vote here? His caucus would not let him because, he would say, they believed that we were not having a conscience vote.

Mr Bell: You are on the public record as saying so. Come on, Shane, do not ...

Mr STONE: I am on the record on 30 August 1995 as saying, in a radio broadcast, that there would be a conscience vote. This underlines a problem with opposition members. They do not pay attention to what is going on. That has been documented clearly. I make the point again that I have accepted the will of the parliament, as have a number of my colleagues. They have done it with great difficulty, because the very same people who sought to work with a number of us before in the anti-euthanasia cause now vilify us, now write us threatening letters, now threaten all manner of things because we say we accept the will of the parliament. That is not good enough for them. Again, I ask, what if the position was reversed? That is the hypocrisy of it all.

This morning, the member for MacDonnell produced a letter from an Oxford Don in Law. It was not Oxford I attended, it was Cambridge. He would say that that is his authority for his position that what I say about the Westminster system is humbug. However, in the same breath, he went on to say that we are the masters and mistresses of the processes of our own parliament.

It evolves over time, as I am sure the member for MacDonnell would know. He has probably been to a number of Commonwealth Parliamentary Association conferences. There are various nuances and variations in parliaments throughout the Commonwealth. In the Malaysian states, for example, you can be a minister without necessarily being a member of the legislature. People will make their own interpretations and develop their own conventions within the broad parameters of the Westminster system.

Let me be very clear about it. I take the view, having looked into the same mirror that the member for Brennan looked into, that there is a certain decency required. The parliament having expressed its view of legislation, it at least deserves an opportunity to be best amended to see whether it works. The member for Wanguri shakes his head. He does not have to agree with my understanding of the Westminster system, but I have not just arrived at it overnight. I have thought it through very carefully.

I resent immensely the member for Nhulunbuy getting to his feet and trying to savage me, just because I do not agree with him anymore. So much for the conscience vote! So much for the capacity of people to make their own assessment! 'You do not agree with me, therefore you are a dog'. 'You will not do what I want, therefore you are a rat'. What bare-faced arrogance to come in here and attack your colleagues who, in their capacities as private members, have wrestled with this issue to try to be fair! They have wrestled with it to try to reconcile their own consciences with the way that they are going to vote here today.

I could not be any clearer in laying out my position. I am sorry if the member for Nelson was confused. I take it that she is no longer confused, that she knows exactly where I am coming from. I am not prepared to vote for a repeal bill. I made that clear to the member for MacDonnell in regard to the way that he was going about the issue. I will be supporting both the amendments - the one that relates to the qualifications of doctors and the one that relates to interpreters - but I reject entirely the proposition of the Leader of the Opposition, who is trying to have a quid each way.

Mr BAILEY (Wanguri): Mr Speaker. It has been interesting, hearing both the original debate that went

on last year and today's comments by members on all sides. We on this side see this as being a debate among individual members, not by the party. I find it fascinating that all members opposite have come to a unanimous decision in relation to this bill. There are very few things to do with the euthanasia debate on which I agree with my colleagues from MacDonnell and Nhulunbuy. But I agree with their observation that what seems to have happened is strange.

Mr Hatton: Why do you presume it is unanimous?

Mr BAILEY: I am happy to explain why it is my observation that it is unanimous. I cannot follow the logic of the Chief Minister, and the rest of the members opposite, in relation to what has happened so far today. Earlier, the member for MacDonnell moved his legislation to try to repeal the euthanasia act.

Mr Hatton: No, he moved for a suspension ...

Mr BAILEY: All right, he moved suspension of standing orders so that he could do it. Members on the other side objected to that. They said that it was not correct parliamentary procedure.

Mr Hatton: Well, it is not.

Mr BAILEY: It is correct parliamentary procedure. If members would like to take out their standing orders on frequently used procedures and motions, it is a correct procedure. You have to move suspension of standing orders if you are going to do something quickly. Members on the other side know how often they do it. The argument that members on the other side ran, that it is not correct procedure, is garbage. What they were saying was that they would not support the debate now. It was nothing to do with procedure they were saying that they were not going to have it come up now. You have to ask why would they do that, when notice is given that legislation is before us for amendment.

The Chief Minister is saying that we will have an independent vote when the repeal bill comes up, and we will decide what is going to happen then in about 6 months time. Then we will wait until the next general business day, and wait 12 more sitting days before it comes up again. Then we can all vote how we like. Well, I will be appalled if in 6 months time ...

Mr Setter interjecting.

Mr BAILEY: To explain, for the member for Jingili, when you have legislation coming up, you give notice. Then on the next sitting day, which for us would be a general business day, the member gets to make his secondreading speech. They you wait another 12 sitting days before the opposition manages to get another general business day, when it can be debated in full. So it takes about 6 months, because we do not get general business days very often. In fact, we get about twoandahalf a year.

If, in 6 months time, after the legislation is almost up and running, we have the Chief Minister, the member for Brennan and the member for Casuarina knocking off the legislation by a vote of 1312 or 1411, it will be appalling. I have to believe that all of the people out there, whether they support this legislation or object to it, would find that the worst possible scenario is to build up expectations in everybody's mind that it is here, and then cut it off. That would be the worst of all possible outcomes. But that is what you do you do not give it a chance to work, you cut it off. We are also leaving it open that in 6 months time, before it has had any opportunity to work at all, we are going to have another community divisive debate on the issue.

Why, if they were allowed a conscience vote, if they still had these heartfelt beliefs, like the member for

Brennan? I give him, at least, credit for getting after his colleagues had sat for so long, and saying that he basically still objects to the legislation but that he is going to go along with it.

Mr Burke: No, the amendments.

Mr BAILEY: But by saying that he is going along with the amendments, he is going to keep it running for 6 months, and then he will want to knock it off. If it is his real position that he objects to the legislation, he had the opportunity to support urgency so that a repeal bill could be discussed today. Instead we have a fascicle situation whereby the legislation could be knocked off in 6 months time.

I have no problems. I will not support the member for MacDonnell's move to repeal the legislation. I just think we are creating a chaotic situation by having this whole debate roll along now for another 6 months. I think that this Assembly needs to decide whether it supports the legislation or whether it does not. That is the issue, and we had the opportunity to do that today.

Mr Burke: The legislation passed.

Mr BAILEY: I will pick up the interjection from the member for Brennan. First of all, you had the opportunity today to allow the debate to go ahead, for the legislation to be wiped out. But the Chief Minister used the argument as well: the legislation is passed, members in here have made the decision, so we are now duty bound to make it work. What utter garbage!

How many debates have we had in this Assembly over the years, where an idea or an issue has been raised from our side of the Chamber, and government members all vote against it? It gets knocked off. Six months, 12 months, 2 years, 5 years down the line, the government says it is a good idea. It decides, say, to take control of the registration of bouncers, or make amendments to the noise legislation. Remember the debates when we were suggesting it? Members opposite voted against it. But they do not say: 'We voted against it once we will never change our minds'.

I hope the Chief Minister will stand up tomorrow and criticise the federal Leader of the Opposition because he has changed his mind. You are not allowed to change your mind once the parliament has agreed to something. Garbage! Governments constantly change legislation. Decisions made are constantly changed. The idea that, because the Assembly has passed the legislation, you cannot change it is rubbish. It was not even a government piece of legislation. It was not as if a CLP government passed legislation 12 months ago. It was a private member's bill. It got up.

Often following elections, when there is a new composition within parliament, new legislation comes up that changes previous legislation. We have a situation here, as the member for MacDonnell said, where there have been 2 changes since the legislation was passed. It was a private member's bill. There is no technical reason whatsoever why the legislation could not have been debated today, to decide whether we go ahead with it or not. What we now have is a need to make some amendments. We are going to amend the legislation and it may be a little better for that. We know that the palliative care and the educational programs need to be put in place. I am told by the Minister for Health Services that he expects about 4 to 6 months before those education programs will have been undertaken to the extent that the option will be available for a person to avail themselves of the legislation.

That will be about the time of the second General Business this year. A person with terminal cancer will be told by the doctor that the option is not available because all the procedures are not yet in place. That person will have to listen to this Assembly regurgitate all the arguments about whether the legislation

will be repealed or not. That is a cruel position to leave a person in. If we intend to proceed, let us go ahead with it and get it right. If there are members opposite who still object to the legislation, why on earth did they not allow that debate to be held today instead of supporting something they totally object to because, in 6 months time, they will have the opportunity to repeal the legislation?

The Chief Minister talks about procedures. I can understand the member for Nelson being confused at the Chief Minister's strange logic in saying that there is no way that he would accept the member for MacDonnell introducing his repeal bill. He says that it has to be rejected because it is not quite correct procedure. I believe it is not correct procedure for the people of the Northern Territory to have to put up with the uncertainty for another 6 months. As a member of this Assembly, I would say that we should not have to put up with another 6 months of the lobbying backwards and forwards for the third cycle of the debate on euthanasia. The attitude is that the amendments will be made, but a repeal bill will be introduced later and they may secure the numbers to have that passed . It should not happen.

If we are to knock it off, let us get rid of it now. It should have been done today. We should not be going through the process that the government seems to propose at the moment. It knows that a repeal bill is proposed and that the numbers have changed since the last vote. I think that the member for MacDonnell is suggesting simply that we test it. The numbers have changed; let us see where everyone sits on this. But the members on the other side are saying that they will sit on their hands and will not let it be known where they are on these issues. They will keep everyone guessing. It is not good enough.

On the other issues, as all members are aware, I supported the original legislation. However, I have had some difficulties with the way the debate went and the types of procedures that were put in place, and, I believe, the added complications, in many ways, that have occurred with the way the debate has gone. In fact, I am concerned that the process has reached the point where the restrictions are so awkward in many ways that people would choose to find alternative solutions rather than necessarily even seeking to use the legislation, but I accept that.

It is a very difficult social change that is being introduced here in the Northern Territory. It is something that I believe many people around the world have tried to deal with in many ways over a considerable period of time and the pressure on anyone who has ever suggested voluntary euthanasia has been such that, unfortunately, the political pressure not to do anything has always been far greater than the political pressure to do something. While the fact that it does not occur anywhere else in the world is something that we should look at and consider why that has occurred, I do not think it should be a basis for our moving away from it. I think that, as recently even as 100 years ago, many countries looked at, say, abolishing slavery. I am sure that, when the first people put their hands up and said that keeping slaves was probably not a great idea, they would have met the response that they could not abolish slavery because everyone else in the world had slaves. It is always hard to be the first to introduce significant social change. However, there can be no social change without one jurisdiction being the first to put its hand up and move to introduce it. It is only 100 years ago that we gave the vote to women in Australia. South Australia and the Northern Territory ...

Ms Martin: It was very nice of you guys.

Mr Coulter: It was the northern territory of South Australia.

Mr BAILEY: Yes. It was the first place in the world to give women the vote.

Ms Martin: We reclaimed our right to vote. You did not give it to us.

Mr Speaker: Order!

Mr BAILEY: Such social changes were very difficult. Some people may have been wellmeaning in their arguments as to why women should not get the vote. When one looks back on it, one wonders how on earth women did not have the vote. It was only in about 1958 that Aborigines became citizens in Australia.

Mr Hatton: 1967.

Mr BAILEY: I stand corrected. That does not seem that long ago. That implies that, before 1967, the majority of people did not believe Aboriginal people should be treated as Australians. They were not allowed to vote.

I reject the argument of the people who oppose this legislation outright because no other legislature has moved in this way. I believe one has to examine whether one believes it is right or wrong. I personally believe it is right. I personally believe that people have a right to control their own lives in this way. The provisions in the bill will provide stringent safeguards and make it impossible for involuntary euthanasia to occur. Indeed, it will be so tight that people who would like to have access to it will be unable to. All the scaremongering is about people who do not want access to it being subjected to it. The stringent safeguards have been the price of obtaining support from certain members.

I have some concerns regarding the whole issue of interpreters, including the concern raised by the Leader of the Opposition about the standard of interpreters. In fact, I would have to say that having that would mean basically that it will not be available to Aboriginal people for the foreseeable future. I see that as a problem because it means that an Aboriginal person who wants to access it, will probably be excluded for technical reasons, if the amendment proposed by the Leader of the Opposition gets up. However, I would have to say that the greatest criticism lies at the feet of this government, a government that has been in power for 20 years. The Chief Minister has said that we really cannot have interpreters for Aboriginal people in the legal system because suitable qualified people are not available. What has the government been doing for the last 20 years? 25% of our population is Aboriginal. Form many of these people, in fact the bulk of them in the communities, English is a second language.

We are all happy to sit down and run English courses for migrants and have translators set up for migrant groups. That is great and we have no problems with that at all, but there has been a total neglect in the Northern Territory to provide interpreting services for Aboriginal people. It is something this government should stand condemned for. And, while things are finally starting to move, we have to ask why it has taken so long.

I have problems with the Leader of the Opposition's amendment for the need for level 3 interpreters, but I have greater problems with why the government has to say that it is totally unattainable because there are not any of those qualified people. We have to ask why. The answer of course is that the government has not done anything about it. This reflects abject neglect by this government over many years.

Our prisons accommodate a far higher proportion of Aboriginal people than their proportion in the population. How many of those people were represented by interpreters who could interpret their language and the English language to a level where the person who is in jail would fully have understood the legal process they were involved in? I would have to say that very few of them would have understood clearly the legal process or even all the issues leading up to it. The government stands condemned for not dealing with the interpreter situation many many years ago.

It is the same as the public drunkenness issue that has raised its ugly head again this year. The government says that it intends to get tough over it and will introduce new laws. The petitions tabled today did not ask for new legislation. They asked the government to enforce legislation that is on the statute books already. That is the problem. The government says that it will legislate for the situation. It is very easy to make promises about introducing new legislation and taking action. What the government finds difficult is actually implementing it.

The issue to do with psychiatrists, again I have problems with the level of professional involvement that is required. My feeling about people who may be depressed and who are looking for euthanasia is that I would have to say that, if I had a terminal illness and I knew I would die in a few weeks or a few months time, it is probably that I would be clinically depressed. However, that does not mean that you do not fully understand the options ahead of you. It does not mean that you cannot fully comprehend what asking for voluntary euthanasia will entail. Clinical depression does not mean necessarily that the decision you will make will be illogical or nonsensical. It is a fact that many people, in the late stages of pain and suffering, will be suffering from depression, but that does not mean that they will not understand what is happening and may not be making a totally rational, logical decision about their future life. However, I have some concern that the levels that a person in their condition will be required to go through to be able to take up this option are stringent to the point where some people will say that it is almost too hard to access it and will try to find an alternative.

The other amendment is that proposed by the member for Arnhem in relation to a sunset clause. I will be supporting that amendment. I think it is a very good amendment. In fact, I believe that much more of our legislation should include sunset clauses for the simple reason that we find quite often that legislation sits on the books for many years and people wonder whether it is appropriate, or even just forget about it totally. A sunset clause ensures that the Assembly reviews the issue! If some of the issues involved are felt to be too complicated, or politically awkward to bring back to the Assembly because they might upset someone or get a vested interest group offside, a sunset clause will ensure that legislation is reviewed regardless.

As members have said, who object to his legislation, this is the first legislation for legalised, voluntary euthanasia in the world. It may be that in 1999, it will be widely available in many other jurisdictions, or it may not be. I believe that, to overcome some of the concerns held by people from all sides, we should put in place as requirement for review to ensure that those people who are members of the Assembly at that time do sit down and review the legislation. The Territory may even be a state by then. Whatever the situation, members of the Assembly will be required to sit down at that time and consider whether the legislation is working, whether it should be improved and whether it should be modified.

I believe that, whenever this issue comes up for debate again in the future, the same public pressures will be placed on members. I believe that hardly anyone present in this Chamber today, other than those who would like the legislation to be repealed, would want to raise the issue again of their own volition. They would recall all too vividly their experience with the debate last year, and the floods of letters, phone calls and faxes with which they were assailed. A person would need almost to be crazy to be the member or the minister to stand up and suggest that the Assembly amend the euthanasia legislation once it is up and running. No one wants to reopen Pandora's box.

Therefore, it will be only by including a sunset clause of the kind that the member for Arnhem is proposing that we will force ourselves to review in the Assembly what is highly controversial legislation,

and we have to do that. We have to commit ourselves to consideration of it, whether it is too available, too restrictive, and whether it is right or wrong. We need to come back to it and we need to review it. Not in 6 months time when the member for MacDonnell tries to hit us with his repeal bill, but after a reasonable amount of time when we can assess whether or not it is working, when we can look at the statistics, the research, the case studies and all of that, and when we can talk with the Coroner, the police and the medical people to assess whether or not the legislation is working as it is intended to work. It is only by it coming before this Assembly again that we will be able to adequately discuss that. We cannot leave it to the minister to have a review done himself because all too often we find that reviews of that kind, those assessments, are held confidential.

Hopefully, by 1999, the CLP will no longer be in government. However, I do not trust any politicians.

We have seen how, all of a sudden, half the members on the other side, who objected to the principal legislation, now support it, and we have to ask what is happening. I believe that, in this case, we have to put something in place to ensure that all members of the Assembly together revisit the legislation.

It is similar to public accountability generally, whether it is through the Public Accounts Committee or through parliamentary budget appropriation debates and all of that. It is necessary to have a mechanism that will ensure that parliaments are accountable. It is only by including something like a sunset clause in this legislation that I believe that we can do that.

I will continue to support the legislation and I will wait until the committee stage to see how the amendments end up in the final shakedown.

Mr SPEAKER: I advise observers in the gallery that no comment should be made from the gallery, and also that any mobile phones or pagers should be turned off.

Mr ADAMSON (Casuarina): Mr Speaker, I will add a few words to this debate. I note that some members on the opposite side have commented that some of us have been rather silent on this issue, and I want to lay to rest any misapprehension there may be about my position on euthanasia. As I stated at the time of the initial debate, I am personally opposed to euthanasia. I believe I probably always have been and that I always will be. The day that this parliament voted for euthanasia was one of the worst days in my life. However, I do accept that that vote has been passed.

We have spoken today about the chance we had to decide whether we would go further with this legislation or not. We have been told that we had that chance when the political reality is that we did not have that chance, because unfortunately the simple fact is that we do not have the numbers at this stage. That is a political reality.

The amendments that we will be debating today I see in the same light as the amendments that were proposed in the committee stage on the original legislation. Some of those amendments certainly made more sense than others and some people, who were opposed to euthanasia, voted for those amendments because they saw them as being sensible in that they made the legislation better legislation, perhaps putting a few more strings in the safety net and, in that particular context, there were people who were opposed to euthanasia who were quite satisfied with their position of voting for those amendments. I believe that, in many ways, that is the situation we see today.

There has been considerable talk about whether there was to be a conscience vote or not. There has been extensive speculation about what may have been said publicly and privately. I wish that many people

would look at the political realities of where we are today. The political reality is that there are people who voted at that point of time, 9 months ago, to oppose the legislation who now, given the same choice, would not oppose the legislation. Certainly, if a repeal bill were introduced, some of those people would not support that repeal bill. That is a fact. It is not a belief. It is not something that I may necessarily feel all that comfortable with, but it is a fact and we must realise that.

As legislators, we have a responsibility, when the parliament makes its decision, to ensure that the best practical means can be put in place. To me, that would mean more conservative legislation including more safety nets, and I believe the extra provision of the doctor here will go some way towards that. However, I do not deny for a second that I remain very uncomfortable with this legislation. I believe there are still holes in that safety net. I believe people could still and probably would still fall through the safety net. I think it could be argued almost section by section where further amendments should be made. Unfortunately, many of those amendments will not be made.

As I stated at the time, many of my beliefs initially were based on religious and moral viewpoints, but I also argued the case at the time where I believed simply putting something like this into practice was what, in the past, had caused many legislatures to baulk, not from lack of political will, but simply because the practicalities of this particular process are still too enormous at this stage. That was how I argued at that time. I said that, for anyone to vote for this legislation, they had first to decide whether they agreed with voluntary euthanasia, yes or no. If they decided yes, they should then have looked at the legislation and asked whether it was practical legislation.

At that stage, many people came out pretty early in the piece and said that they intended to support the legislation. As we know, the legislation that was ultimately passed was heavily amended, and yet many of those people who did vote at that stage were quite happy to vote for the legislation in its original form. We have to accept the reality that not everyone, unfortunately, who voted for the legislation has thought this through as heavily as I thought they should. In fact, 2 members told me that I was taking the whole matter too seriously. However, regardless of that, and regardless of the fact that I remain extremely uncomfortable with this legislation and would like to see the act repealed, the legislation is before us and, whether we like it or not, that debate has moved on. We were not today ever to have the chance to repeal the legislation because the numbers simply were not there. While I remain entirely uncomfortable with the legislation, the political reality and the political facts are that we must now move on. Perhaps the chance will be there later on to fight this again, and I certainly hope that will be the case, but I believe that there is no doubt that the numbers are not there now and we must look at these amendments in that light.

I would like to comment quickly about the amendment circulated by the member for Stuart and that proposed by the member for Arnhem and to express my disappointment over the plain fact of the lateness of notice of these amendments. If anyone takes these amendments seriously and is really pushing these amendments with any conviction, why has it taken until the last couple of hours actually to circulate them to other members? We have known for a number of months now that this debate was to take place. We have known for several months that amendments, in one form of another, would have to be debated. It is disappointing that we have waited until literally several hours ago to see these amendments. If honourable members were serious about these amendments, it would have been practical if they had been circulated a little earlier to give members the opportunity to study them.

Mr Ede: It is the first day of sittings.

Mr ADAMSON: The fact is that we saw the amendments for the first time a couple of hours ago. I do not believe that, if we are to have an informed debate, that is a good thing.

Mr Ede: Watch the legislation during the rest of the sittings and see what your mates do.

Mr ADAMSON: You can make comparisons, but I am simply saying that I received a particular amendment under the name of the member for Stuart literally a couple of hours ago. If that amendment was meant to be taken seriously, it would have been circulated much earlier. I make the point simply that I am disappointed that these amendments were circulated at such late notice.

Although I am uncomfortable with what has happened, I accept the fact that the numbers are simply not there at this stage. I wish it was otherwise. We must work within the guidelines that we may have. The reality is that this is what we have been left with. This is the decision of the parliament. Until the numbers are there to change that, these are the facts before us. We do not have 13 members who would vote for the repeal today. That is a simple fact of life. I hope we can approach this in a more practical light as we continue to progress this legislation over the next few houses.

Mrs BRAHAM (Braitling): Mr Speaker, I did not intent to speak because I know clearly where I stand. I have not changed my mind over the past months despite the lobbying and everything that has happened. I must admit that I have a sneaking admiration for people such as the Chief Minister, the member for Brennan and the member for Casuarina who stood in the House and stated that, although they are opposed to the act, they are prepared to proceed with the amendments now that the legislation has been enacted. It must be difficult for them when they hold such strong beliefs. I can translate that to the belief that I hold. Certainly, I accept the fact that the matter always will be controversial. What has concerned me over the last few months is that the member for MacDonnell raised it in such a way that it has caused a great deal of community concern, unrest and perhaps unnecessary suffering. I do not believe we needed to go through this debate today. The amendments should be passed and everyone should give the legislation a chance to work.

I have had a recent experience with a very close friend and all I can say is that death is painful at any time, but we should always make it as good as we can. Sometimes this is simply not happening within our society. If this bill will help, I certainly will support it. What concerns me a little - and it has always been a concern - is that the amendments we introduced made the legislation very restrictive. Although I support the amendments today, I believe the amendment relating to a qualified psychiatrist will make it difficult for people outside of Darwin to access the legislation. The member for Casuarina spoke about putting safety nets in place so that people will not fall through. If anything, I would make it easier for people to access the legislation rather than have more restrictions. As I speak, there are people in the community who strongly believe they have the right to make this decision and these amendments will only make it more restrictive for them to exercise that right.

My concern is that I am not quite sure how workable this legislation will be in the long run and whether people will be able to access it. I guess that only time will tell. I have personal knowledge of cases where the person had expressed long before their death that they wanted a good death but in fact they had a very difficult death. I am not sure whether, under this legislation, they will achieve what they want. To my mind, it is all about giving them the option.

In relation to the interpreter amendments, I believe we have to be realistic. We all know the situation in respect of interpreters in the Territory. If we are aiming for legislation that will be accessible to all

members of the community of the Northern Territory, we should not restrict it in such a way that access will become impossible. The matter of interpreters would be better dealt with in the regulations. It needs to be redefined to coincide with the reality. The reality is that it is very difficult in the Northern Territory to find interpreters accredited to the level stipulated already in the act. Let us be realistic. Let us try to make this legislation work and stop putting obstacles in front of it.

I have always supported the principle of voluntary euthanasia. Euthanasia is voluntary. However, there seems to be confusion among many people that the euthanasia act means that you will have to exercise your rights under it. That is where a great deal of fear and scaremongering is occurring in the community. It is the interpretation that some lobbyists are certainly putting on it. I think they are doing a disservice to the community and to this parliament by putting that pressure on people. That is certainly not what was intended. The legislation always related to voluntary euthanasia.

I am glad the Chief Minister clarified his stand today because there was concern expressed in the community. We knew where he was coming from but obviously the media misled people by its reporting. That has added to the confusion. If you read the media headlines in isolation, you would think the Chief Minister had done a turnaround. In fact, if you read the entire article, you would find that was not so. If you listened to the broadcast, you would have heard the Chief Minister state very clearly where he was coming from. I hope that his speech today will end all the speculation that has been occurring. As a very good politician and parliamentarian, he has taken a decision that he will assist the enactment of this bill in a proper manner and certainly without the hype that the member for MacDonnell has generated.

This matter will be controversial whatever we do. Our aim should be legislation that is workable and accessible to those people who want to access it. If we continue putting restrictions in it, the point will be reached where it will be impossible for anyone to access it. Take the example of a person who is dying in Alice Springs. How will they access a psychiatrist there in the final weeks of their life? It may be an impossibility for the simple reason that they are out of town and there is none in the Territory. They will not request to go interstate to find one. We must think about those people who have a genuine wish to make that choice. I am greatly concerned that we are making it too difficult. There are some members who have expressed the view that we are making it too easy. I will be looking with interest over the next 12 months to see how many instances of voluntary euthanasia will occur. I will be surprised if there are many at all. With these guidelines, many people will be unable to access the option, and certainly that was never the intention of the bill. The aim of the legislation was to allow people to exercise that right.

In conclusion, I reiterate my stand. I believe in voluntary euthanasia. I will support the amendments in the bill. I am pleased that certain members have been able to take a decision that they will support the amendments to make the legislation work. It took courage on their part and does them a great deal of credit as politicians. I believe the community will respect them all the more for their being able to stand in this House and say: 'This is where I stand. This is what I will do to help'. I certainly support the amendments.

Mrs HICKEY (Barkly): Mr Speaker, the member for Braitling is concerned that this bill is perhaps too conservative and narrow in its focus and in its ability to assist people in the community who are unable to jump some of the hurdles that we put in their way. From a personal point of view, I agree with her wholeheartedly. Like her, I have supported very strongly the concept of voluntary euthanasia and I continue to do so. We are the first legislature in the country to be seriously legislating for this. In this

case, we have the focus, not only of the rest of Australia but also other parts of the world, upon us. We must ensure that this legislation is credible in the eyes of other people, that it does not frighten people away from it and that it does not leave us open to accusations that we have been less than diligent in ensuring that there are no gaps or loopholes. W must ensure that, as a result of the legislation, we will not have a situation where unscrupulous people will be able to persuade others that it might be a good idea for them to end their lives or to indeed make that path easier.

The legislation has to reflect the intent of those who passed it that this is truly the wish of the person concerned and that they are not being induced to have their life taken or take their own life because they have no other means of comfort open to them. In that regard, I believe this legislation has done us 2 massive favours. For one thing, it has introduced palliative care into the Northern Territory. There were plenty of people in the Northern Territory who did not know what palliative care was until this legislation came before the House. It had not been discussed or been debated and it certainly had not been resourced by the government that has been in power for 20 years. The fact that we have the Rights of the Terminally Ill Act will ensure that politicians in the Northern Territory will be constantly kept up to mark in terms of efforts on palliative care. If we are not, we will be accused quite rightly of taking the opposite course and of saying that we have legislation that will enable people to access an easy and quick way out because they have no access to adequate levels of palliative care in your dying days. From that point of view, it has done us a massive favour in the Northern Territory. I support strongly, and will keep a very close check on, the progress of the palliative care options that we have available to us in the Northern Territory.

Nothing will ever be perfect. We never have enough in terms of medical resources and medical care from my point of view. This may seem a callous point of view but, in many cases, given the level of medical problems we have in the Northern Territory, frankly I have more concern for those younger people who currently are dying of preventable diseases into which we need to be putting effort and resources. We have to put that effort into every area, but let us concern ourselves with those younger people in our community, those who deserve a decent chance in the same way as those who are dying deserve comfort and care in their last days.

The other area in which I think that this piece of legislation could potentially do us great service is in terms of interpreter services. I support very strongly the amendment that has been put forward by the member for Stuart. To the member for Casuarina, I would say that, when this bill was debated in this House, had it not been for amendments put forward on the floor of the House at the time, this piece of legislation would not have got up. Maybe the member for Casuarina would have been pleased about that. I know that he has made his views clear in that regard. However, I have to say to him that any idea that is put forward is deserving of consideration. The 2 amendments we have before us are but a paragraph each. They do not take a great deal of reading. I believe that they are deserving of consideration also.

I refer firstly to the amendment that has been put forward by the member for Stuart, which I support for the reason that I believe it retains credibility within the bill in terms of our effort in interpreter services. In the same way that we have put a hedge in with regard to psychiatric medical qualifications, I believe that we need to retain that in the interpreter area. It is true that we do not have those level 3 interpreters in Aboriginal languages, but I believe that we need to make the effort to achieve that in the same way that we are making the effort to achieve that with regard to palliative care. It is wrong for the Chief Minister to say that the member for Stuart wants a be both ways. This bill hopes to embrace and to help all Territorians. It will not be a help to Aboriginal Territorians for them to be presented with less than

adequate interpreter services in a critical situation of life and death only because we do not have the will and have not made the effort to have interpreters qualified in Aboriginal languages in the Northern Territory.

I agree with the member for MacDonnell when he said that we are way behind other countries in this regard. We place scant regard to the indigenous languages in this country. Shame on us because, if we do not do something about it strongly and clearly now, we will lose those languages. We will lose our heritage not only Aboriginal people's heritage, our heritage in this country. Those services and that effort in interpreter services and the effort in terms of Aboriginal languages from the Northern Territory government has been despicable over the years.

I would like to refer in this regard back to the effort in schools. It is a halfhearted effort in language programs in schools. The level of qualifications demanded of linguists in this area are very high given the sort of wage that the Territory government is providing and the sort of support that it is providing in that regard.

There was a denial of opportunity in the Northern Territory about 6 years ago in Tennant Creek when Aboriginal people wanted to get the Nyinkkanyunyu School up and running. That was a school in which young Aboriginal children would learn first in their own language and then move into the mainstream at about Grade 3 or 4.

There was no support forthcoming for that from the government. There was no acknowledgment that it is important for those children to be able to keep their own language, to keep their culture strong and to have pride and confidence in that before going into the mainstream. Those children are lumped holusbolus into the general system. I believe that is another example of the lack of interest shown by the Northern Territory government in things Aboriginal, and it stands condemned for that.

I will be interested to hear the comments of the member for Arnhem with regard to the amendment that he has before us. Like the member for Wanguri, I like it. I like it on its face value. It means that we automatically review this piece of legislation as, indeed, he said we should be doing with other pieces of legislation. We should not just let them lie on the statute book to become old and tired.

Returning to the issue of the bill from the member for MacDonnell, I agree with the member for Wanguri and others that it deserved a go. It deserved to be debated today because otherwise we will be revisiting this issue ad nauseam. I noted that the member for Nightcliff interjected that we would be doing that anyway. I think that was what he said a little while ago. That may be, but we are looking at this in a very close context. The member for MacDonnell will now not be presenting his bill so we will not be debating it until about August. That is 6 months of uncertainty, 6 months in which we are looking at trying to get into place educational programs, programs with medical operatives and palliative care programs in the hospitals. Over all that will be hanging this uncertainty as to what is to become of the piece of legislation. I think we lose credibility in the rest of Australia by denying the member for MacDonnell the opportunity to debate this. I disagree totally with him, but I believe that he should have been furnished with the opportunity to debate this matter here in this House. If we had the strength of conviction, as has been stated by members opposite, then this proposed legislation would have been defeated and it would have been off the agenda at least for the time in which it takes to establish those measures in which we are behind in at the moment, particularly with regard to education.

I certainly have a concern in my electorate, and I know other bush members do, about the fact that this

education process is not yet in place. I believe that, if we look at interpreter services and say that it is going to take a couple of years to bring interpreters to level 3, which we will need, that may be not a bad thing because I believe that the education process will also take that length of time to filter down so that people feel comfortable with it. It will take that amount of time for people to have debated it, to have looked at examples of perhaps nonAboriginal people accessing the legislation and to see how it actually works in context. I do not think that is denying Aboriginal people equal opportunity with others. I believe that what it is doing is probably just about keeping pace with the education process that will be needed in remote areas on this particular piece of legislation. We know full well that it has been greeted with alarm.

I agree with the honourable member for Nelson that that alarm has been exacerbated by some unscrupulous people in the community and by false rumours about the implications of this piece of legislation. That is why I support firmly the amendment that the member for Stuart has brought forward. Like him, I will oppose the government's amendment because I believe that it adds nothing to the legislation. It detracts from it and it detracts from the impression that we will give to the rest of Australia and elsewhere that we are honest and sincere in trying to make this piece of legislation as watertight as we can and prevent it being used in an incorrect and improper way.

To reiterate, I will be supporting the member for Stuart's amendment and that of the member for Arnhem. I will be opposing the government's amendment in regard to interpreter services and I will be opposing the amendment from the member for MacDonnell. I believe this legislation is capable of working very well in the Northern Territory. It is not without its problems, of course, and we will continue to be a hub of controversy. However, we need to be strongminded and determined about this. This legislation was passed after many hours debate. Every member of his House searched their conscience, and talked to their constituents and everybody else whom they felt had a valid point of view to put. I believe that we came up with the right solution. We want to make this legislation work but we want the legislation to be right.

Mr AH KIT (Arnhem): Mr Speaker, I rise to contribute to the debate on the legislation and amendments before us. I would like to state quite clearly, that, as a newcomer to this House, I have followed with interest the debates that have occurred over the last 12 months. Whilst I, along with other members of the Assembly, have been lobbied by different groups in support of or opposition to the legislation, I have arrived at a position that I feel I need to put here today in this Assembly. Firstly, I would like to read into Hansard a statement that I issued on 20 February 1996 on the amendments to the Rights of the Terminally Ill Act. It says:

> During this parliamentary session, the Legislative Assembly will be considering amendments to the existing legislation of the Rights of the Terminally Ill Act. There is to be a conscience vote on these amendments.
>
> The act, passed last year, was supported by my predecessor, the late member for Arnhem. I feel that it is my duty to respect that man's memory and honour the decision at which he arrived. I will support those amendments that will uphold his deeplyheld wishes concerning this legislation. It is my duty to ensure the safe operation of the legislation as it currently exists.
>
> The possibility of a future bill to repeal the act, which I understand is not possible before May, is an entirely separate question and one with which I will deal should that eventuality arise. It is an issue on which I will not comment until or if that issue arises.
>
> My approach to the amendments to the existing legislation will be solely on the basis of

making safe the operations of the acts of my constituents. For this reason, there are some amendments that I will support and some that I will oppose. For example, I am strongly opposed to any amendments that would weaken the requirements for (and qualifications of) interpreters as essential to thoroughly explain the operations of the act to any prospective user of the acts provisions.

It is for this reason that I will be moving a further amendment to the act with the purpose of providing a sunset clause to the act. Such an amendment will have the effect of halting the operation of the act on 1 July 1999, during the term of the next parliament. Such an amendment will mean that the act could not continue to operate beyond the date written into the amendment, unless the parliament of the day specifically relegislates for the act's continuance, which could only be possible after consideration of and debate over the operation of the act during its first 3 years. This amendment would provide a period, should a possible repeal bill fail, during which a number of major issues surrounding the act could be resolved.

By that time, it is to be hoped that the Northern Territory has superior palliative care facilities to cater to all those who have this need, including people from remote and rural areas. These facilities are not currently available. It would also allow time for palliative care to be improved to the extent that it caters for those whom it currently cannot serve. Such an amendment will also allow a period during which the operation of the act can be observed and monitored closely, and a judgment is made as to whether any of the suggested benefits or dangers of the legislation eventuate.

Sunset clauses such as I am proposing are a relatively new but essential part of the democratic process, particularly when dealing with moral issues such as euthanasia. They mean that the continuance of legislation is dependent on broad social approval, tempered by actual experience of the legislation's operation. Sunset clauses mean legislation does not just automatically continue to operate without a thorough review and conscious decision to relegislate. Whatever my parliamentary colleagues think of the possibility of a repeal bill, I am hoping they will support the sunset clause amendment that I suggest.

To describe briefly my position, I believe that it is very important that the educational program, as promised by the Chief Minister, begin. That is a promise that has been given and it should be upheld. The legislation is certainly a worry, not only to Aboriginal Territorians or Territorians of an ethnic origin. My gut feeling is that it is a worry to a lot of Territorians who have not had the opportunity to look at the legislation as it now stands that is obviously, without the amendments. There are a lot of people out there, in both the Aboriginal and nonAboriginal communities, I believe, who are sick of this debate and concerned that it is dragging on, but still do not understand the intricate detail of the legislation. I think it is incumbent upon the Chief Minister and his government to ensure that a proper educational awareness program eventuates.

Secondly, I speak in support of the member for Stuart's introduction of a better form of words for the interpreter section. I share the concern of some other members that we have an adequate interpreter system in place. If we expect people to take the important role of passing on information to patients who are requesting provisions of the act which will allow them to terminate their life, certainly it must be incumbent on the government to provide a panel of interpreters of a standard that ensures that the responsibility is picked up appropriately.

I have concerns with the attachment on the last page, the declaration of the interpreter, which in section (d) requires a qualified interpreter to state: 'In my opinion, the patient understands the meaning and nature of this certificate'. That will create a lot of headaches for Aboriginal interpreters, from my experience in the bush. Among urban Aboriginal people, I do not see it being a problem. But I do believe that if that interpreter level, class 3, that we are seeking from this side is not supported, there will be a lot of problems for whoever the interpreter may be. An Aboriginal person who is not at that level will be in for a very interesting time.

I have put a note here with a question mark: 'What about the Aboriginal family's opinion?' You put a lot of responsibility onto this Aboriginal person who is to sign this at the end of the day. It may look well and good in a bureaucratic manner, in the way it is put together, but you need to look beyond that. Speaking as an Aboriginal member of this House, my experience tells me that you will probably have problems recruiting Aboriginal people to this particular situation, where they are going to have to be comfortable with signing what is virtually somebody's death sentence. The repercussions in Aboriginal culture and the responsibilities are such that I think we have to be careful about placing too much of that onus on them.

As most members understand, I think, Aboriginal people have their law. There are 2 laws that they have to work within. Anywhere in the Northern Territory, no Aboriginal people living in the bush give first thought to nonAboriginal law. Customary, traditional law takes first place. People, not understanding nonAboriginal law fully and in detail, will very quickly in lots of instances, as they have in the past, use traditional law. And it is neither here nor there whether that is something that they will take on board. They will suffer the consequences that is the nature of the culture. I see a lot of problems arising if people placed in this category are not at the accredited level 3 that we seek from this side of the House.

I will explain, just briefly, the need to talk about a sunset clause. While I am new to this legislation, but we have a considerable pressure placed on us as members of this parliament. There is divided response to the legislation, regardless of what the amendments may be at the end of the day. A great deal os pressure is being placed on members of this House by groups such as Right to Life. I respect to a certain extent both sides' opinions. I believe that we need to show leadership, move in the right direction and make decisions rather than let this continue to create many headaches for us.

I feel that the sunset clause is somewhat of a compromise, if it is supported, in that it is a selfdestruct clause whereby if it is incorporated into the legislation, it will allow for much more comfort and acceptability in the Territory community and, if things are not working out sell and we go back into the review stage as mentioned by the member for Wanguri, then on 1 July 1999, the legislation will expire. It will terminate and that will be the end of it. As the member for Wanguri pointed out quite rightly, we can ill afford, in another 3 year's time, opening Pandora's box and creating another situation where a great deal of pressure is placed upon us once more.

I believe that later I will have the opportunity in the committee stages to elaborate more on the sunset clause and provide further arguments as to why I am looking for support for the adoption of that sunset clause into the legislation.

Mr FINCH (Leanyer): Mr Speaker, as the member for Leanyer, I would like to add a couple of comments to this debate. Like other members of the parliament, I would like to say also that, despite the continuing avalanche of lobbying, propaganda, information and pressure, I have not changed my views in principle at all. However, I do not intend to revisit the debates of last year other than to say that, like

other members of the House sho hold an opposite view in regard to this subject, I also reached my conclusion long before the subject was introduced by the former member for Fannie Bay. Those views were based on humanitarian and moral grounds. They have not shifted at all. Fundamentally, concern about my view of the rights of the individual versus the rights of others to determine for them.

The amendments that we have here, as indicated, are yet further amendments to the 50odd amendments that we debated last year. I have supported an intend to support the amendments from the point of view that they will help facilitate the implementation of the act. To me, however, I would have to say that they represent a further compromise in terms of the safety net provision, that being the term that is sometimes used in here. I support them consciously despite the fact that I would agree with some members opposite that, for Aboriginal people particularly, this act will probably never - and certainly not in my lifetime - be able to be accessed by them for many reasons. I refer to other than urban Aboriginal people who do not have the complications of language and other pressures.

I did not give the member for Stuart too much credit for strategic manoeuvring but I think that his amendment was very clever. I trust it was deliberate. It was clever from the point of view that, when I interjected earlier that his amendments were a copyout, I meant that given that most of his constituency is Aboriginal, if you make it impossible by the interpreter level 3 provision for Aboriginal people for the next 10 or 20 years at least to access ...

Mr Ede: No, 2 or 3 years.

Mr FINCH: That could not be. You are not talking about the interpretation of words only. You yourself said that it concerns more than the interpretation of words. It is the interpretation of concepts also. That is a giant demand on any interpreter.

Maybe I will be proven to be wrong. I trust so. I believe that, if there are Aboriginal people who speak originally languages other than English and who, after all of the educative and other information, want to avail themselves of the legislation, I think they should have access, because to do otherwise would be discriminatory quite clearly.

Mr Ede interjecting.

Mr FINCH: Perhaps I am wrong but, realistically, I think that level 3, interpreting is a long way down the track in my view.

I thought to myself that maybe what the member for Stuart wants to do is say that, once he has the level 3 provision in place, which throws a log in front of Aboriginal people being exposed to this legislation, he is saved on that base. While for the other part of my constituency he is seen as the champion of euthanasia. I thought that was a classic case ...

Mr Ede: It suits everybody.

Mr FINCH: ... of having two bob each way.

Mr Ede: No. It is the best for everybody. What is wrong with that?

Mr FINCH: I am pleased to have the member's admission in this regard. I thought it was a very clever manoeuvre on his part, although it is a manoeuvre though that I disagree with in principle. I think there may be other ways that Aboriginal people can be accommodated.

In relation to whether the amendment makes the legislation more workable, I think it tightens up the loop hole in the safety net even more and, to some extent, unfortunately, too much so. However, that is a personal view although, like other members of the House, I am entitled to say so. I include in that the amendment relating to the requirement for a psychiatrist which is being made tighter again. However, we are here in an attempt to try to obtain a consensus view across the Chamber as to where we should be going in relation to the amendments not the principal act.

The palliative care issues were raised of course. There is some confusion about the term 'palliative care'. It is used as a potential log in the road of implementation of the act. Palliative care is not something new. It is not something about which there is a finite definition in the medical marketplace. Palliative care is a complex amalgam of all sorts of services and support for people who are in need from a variety of causes. Most of the components of what generally we refer to as 'palliative care' exist already in the marketplace through a person's GP or community nurse or all of the other social worker advisory systems, including grief counsellors. All sorts of components make up the amalgam of palliative care.

What we have done in the Northern Territory, by recognising that there are gaps in our current resources, is to support people in all of those needs which, as I said vary across the complete spectrum from medical to social and spiritual. What we have been missing, and what is now being addressed, is the coordination of all of those existing services, whether they come from public health systems, family or private GPs. It does not matter where they come from. However, we need to be able to draw them all together to ensure that the best possible service is provided to people in the final stages of their lives. In so doing, of course, we need to address also where there may be gaps in terms of resources. Therefore, that almost $1m a year, which is in addition to what existed before, is not a beginning to palliative care, but rather a rounding off of palliative care.

What we have addressed is what was identified by people in the field through community members on the NT Hospice and Palliative Care Group, which included all sorts of representatives, from those who have had to avail themselves of services in the past to the professionals. Their view is that palliative care needs to be delivered where the person desires. In most cases, that is in the home, by choice and, where that is not the case, it needs to be delivered by institutions to ensure that we have sufficient capacity to handle those people. Thus, what we have in place already is the 2 additional rooms at the Darwin Private Hospital. Those rooms are being utilised currently and they can be expanded in number if the demand requires. Those are appropriate for those people to, by choice or necessity, find that they need to move from the home environment into a more institutionalised type of care. That may even be for periods of time, after which they return home.

It is important that the community understands what palliative are is and, secondly, how to access it. Some of the things still to be done in terms of palliative care are more to do with the community education, some further education of GPs and, thirdly, as indicated by the member for Arnhem, what we do in the bush to have appropriate palliative care. Palliative care for Aboriginal people does not exist anywhere else in the country. We will be breaking new ground. There is much that is still to be done in some of those areas but to suggest that palliative care is just beginning is totally inaccurate and demeans the excellent services that have been developed and are continuing to grow in the Territory.

As for the educational processes the member for Wanguri quoted, I think he was suggesting it might be 4 to 6 months before education could be implemented. I am not sure exactly what he was saying but ...

Mr Bailey: What I said was to a stage where you would then be ready to say it had been done.

Mr FINCH: I am not sure. It could be much earlier than that obviously. I am not sure of the context within which mentioned the 4 to 6 months but let me at least mention that, in terms of the educational requirement, which is a prerequisite for the act, there has been already considerable negotiations with the College of General Practitioners to try to determine what should be delivered in terms of education for GPs who should deliver it and how much it will cost to deliver it. There have been significant discussions, at least in terms of the general community educative role, of where the difficulties will be and a recognition that they will be in education for Aboriginal people. However, there have been at least some preliminary discussions with Aboriginal organisations to see what and how such a role could be undertaken. In principle, that role is all about ensuring that individual Aboriginal people are aware that voluntary euthanasia is not something that somebody does to you. Rather, it is something that, subject to a number of conditions, you can do to yourself. It is not a terribly complicated matter, but this is where many of the misunderstandings arise in my view, not only in Aboriginal communities but elsewhere also. It comes back to the core question of the rights of the individual to determine for themselves. That is the educative message, along with some other technicalities, that is at the core of this.

The member for Stuart raised his concern that he had not been consulted. I had indicated previously to my department that, when they moved down the track in terms of developing an educative strategy for Aboriginal people, that he and others who have bush electorates particularly, will have an opportunity to contribute.

I would say to all honourable members who have significant Aboriginal constituencies where English is largely the second language, if you like, that should they desire to be involved in examining and developing those packages for Aboriginal education, then I would really appreciate it if they would so advise me. I take it already that the member for Stuart is very keen to be involved. If others are interested in contributing, then I will be more than happy to accommodate that.

In conclusion, I accept that 10% of the urban community and a significant proportion of the remote Aboriginal community will not ever want to avail themselves of the legislation. I accept also that, of the residual 90% at least of the urban community, many will be far from happy with the extremely limited access that they will have to voluntary euthanasia legislation. To that extent, while I feel some discomfort, no less than members opposite who feel discomfort for different reasons, I am prepared to accept that compromise is required in terms of these amendments, and the 2 proposed by the government will receive my support. The proposal for a sunset clause resembles a copout. It says: 'I am in, but then I am out', and I do not accept that. However, that is, as I mention, a personal point of view which I shall reflect later.

Ms MARTIN (Fannie Bay): Mr Speaker, like my colleague the member for Arnhem, I have come late to this debate, but my position has always been, as far as voluntary euthanasia is concerned, that I have been a supporter of it. I have always supported that life should not be prolonged artificially and I have always supported, particularly when it came to any issue to do with women, that an individual should have the right to control their own fate.

My initial reaction to the debate, which I watched from outside the House, was that it was politically driven and that there was not adequate community debate. It was done in a rush and, from outside the House, I found that a very strange process to observe. When the Assembly was tackling something like quality euthanasia legislation with all its complexities, with the fact that the issues are not simply black and white but shades of grey, why did it have to be done in such a rush? I found that confusing, and I

found that confusion in the community. I found also that many in the community did not understand the complexity of that debate. They did not understand the difference between active and passive voluntary euthanasia, and they did not understand some of the ethical or moral issues. To have a question put to you, as maybe I grew up with, 'Do you support voluntary euthanasia?' is very different from the actual technicalities of legislation and some of the moral and ethical issues that go with that. I felt that we, as a community, went too quickly into the whole debate, considering the complexities of our community, people from different backgrounds, our nonAboriginal and our Aboriginal community, and that we did it all far too quickly. Regardless of that though, I still believe that everyone should be able to control their own fate.

On these amendments, I would like to say that I support the definition of doctors' qualifications. I agree with my colleagues that we should have the best interpreter standards when we are talking about people, particularly Aboriginal people, who do not understand the legislation. I strongly support that we have accreditation level 3. However, I do not support the proposal for a sunset clause and I will explain why.

I think it will be a long time before the voluntary euthanasia legislation actually comes into force. The commitment that was given to palliative care and I listened carefully to what the Minister for Health Services had to say was for adequate palliative care. Even though the Minister for Health Services says that there is palliative care and you have to look at palliative care as being what is already in the community and it is just a matter of bringing it together, that is not simply what palliative care is about. If we, as a legislature ...

Mr Finch: You think it is a hospice stuck somewhere where you shove people. That is what you think it is, a hospice.

Ms MARTIN: ... have a commitment to introduce palliative care, before voluntary euthanasia comes into force, how are we to determine what is adequate palliative care? I feel extremely strongly about palliative care. The member for Leanyer may say that I have some idea about a hospice where we shove dying people.

Mr Finch: Exactly.

Ms MARTIN: What a load of rubbish. I was concerned enough about the issue. Take the last 2 weeks ...

Mr Finch: Read what you said on the radio. Or are you like Syd. Have you forgotten what you said?

Mr SPEAKER: Order!

Ms MARTIN: Excuse me. This is my turn. You have had yours.

Mr Stirling: I do not forget what I said.

Ms MARTIN: Written up in the Sunday Territorian 2 weeks ago was the case of a man who discharged himself from a public hospital because he had to share a room with someone who was dying and who wanted their family to come in. In my bewildered imagination, I thought maybe we ...

Mr Finch: He did not know the person was dying. That was not the reason he did not want to share.

Ms MARTIN: His family wanted to come in overnight.

Mr Finch: Exactly. That is why he did not want to share the room.

Ms MARTIN: This is a situation that continues to face us with the lack of adequate palliative care. I have heard also of another case involving another person ...

Mr Finch: That was a bad case. You picked the wrong one.

Ms MARTIN: ... who is unable to obtain one of those 2 beds at the private hospital. The family and this dying person are extremely unhappy at having to be in the public hospital. Those are just 2 circumstances that have come to my attention in a period of 2 to 3 weeks.

I would like to quote from the debate held in this Assembly last May concerning palliative care, and what was said here by the member for Greatorex. The member for Greatorex said, when what palliative care comprised was being debated, from his medical background:

> Palliative care it is not something we do to obtain fuzzy warm feelings. It is not patting the patient on the head. It is not a couple of nurses visiting the patient at the hospital, at home or in a hospice situation. Palliative care experts are highly trained to decide the required dosage of various drugs to relieve pain, depression, suffering and distress. It is not simply a matter of looking after the patient, caring for them and helping them to maintain their dignity. That is not palliative care.

To try to sort out exactly what is palliative care and what this House, through the euthanasia legislation has committed itself to, I visited 2 hospices in New South Wales. They were particularly impressive when looking at the kind of scale that we might find equivalent to here. I went to the Tamworth Base Hospital, Tamworth in northern New South Wales, and visited its palliative care unit. It is a 4bed unit. It is not a glamorous place. It is an old TB ward that has been converted. It is in the hospital grounds. There are 2 nurses there who are trained in palliative care nurses and there is one palliative care doctor as well as an RMO who comes over from the hospital to learn. There is also one nurse who is rotated from the hospital to the palliative care unit providing an ongoing process of nurses working in the general hospital getting the experience of palliative care.

When I went to visit, 5 minutes before I arrived a patient had died, and in a way I could witness the kind of care that somebody in a palliative care unit could obtain. The family was around. There was a supportive atmosphere. An average stay in a hospice is about 15 days. This family had had access 24 hours a day for the time that their father was resident there. They had been able to sleep in spare rooms in this ward. The accommodation was not glamorous, but they had slept in the unit. They had been able to place mattresses on the floor in the individual room their father occupied. They had been able to talk to the highly trained nurses. They had been able to grieve, to come to terms with the situation and to spend as much time as they needed with their father before he died.

Palliative care is not a highcost operation. The only cost, apart from the staff, is the building. It can be fairly basic. Beds that allow people who are terminally ill some mobility are needed. Chairs are needed. These were the only remotely costly items in the 4bed unit I visited. Tamworth has a population base of 25 000 with a further 25 000 people in the surrounding area. I have to say that the 4bed unit there is a very inexpensive operation. The commitment I saw there which was not based on religion or some kind of missionary zeal, was that of women and men caring for people with a terminal illness.

We discussed what the Territory was doing at length and, through the discussions I had, I came very strongly to the conclusion that, when it comes to offering that kind of palliative care, the hospice angle,

because of the groundbreaking nature of this legislation and the difficulties many people have with it, we have an obligation to provide the best palliative care that we can.

Despite what the member for Leanyer may say in his role as minister, a hospice is not a place that you lock people into. Most people will want to die at home, and they need extensive assistance to do that. The demand on carers is extreme when people are dying and, if you are an elderly person yourself, it is very difficult as the person you are caring for becomes harder to handle and as you get more sleepless nights. We need to have a system of hospice. However it should be understood that hospice is not simply where people go for the 15 days before they die, if they cannot be handled at home. Hospices usually have 3 uses. They are for symptom control, they are for respite, and they are also for the terminal patients. Therefore, a hospice here would also act as a lowcost respite facility.

Pain relief is an issue talked about a great deal in the voluntary euthanasia debate. People say too many people are dying in extreme pain. It is not fair, and that is why we need to have legislation like voluntary euthanasia. This is not the case. With the proper medication, there are very few people who will actually die in that kind of pain. Talking again to experts who work with dying people, most of the pain that cannot be cured is psychological. That is not me creating some figures from nowhere. That is the experience of those who work in the field. To get a fixation about pain relief and the fact that people will die in excruciating and unrelieved pain if we do not have legislation like this has, I think, skewed the debate.

I would just like to read from a World Health Organisation assessment of pain and its relief. This is an international perspective, of course, It says:

> The following are the major reasons for unsatisfactory management of cancer pain: there is a widespread lack of recognition by health care professionals of the fact that established methods already exist for satisfactory cancer pain management; there is a lack of concern by most national governments; there is a lack of availability in many areas of the drugs essential for the relief of cancer pain, but there are fears concerning addiction both in cancer patients and in the wider public if strong opioids are more readily available for medicinal purposes; and there is a lack of systematic education of medical workers, doctors, nurses and other health care workers about cancer pain management.

I was told an interesting story which demonstrated this by the doctor in charge at the Tamworth Base facility. He said that one of his palliative care patients, who was a woman with terminal cancer, was at home. She broke her hip and she was admitted to the general hospital. He was called over because she was in great distress due to the fact that the carers working in the general hospital system, who were committed to curative medicine and the philosophy of curing their patients and getting them back into the world, were reducing her dose of morphine. They told her they could wean her off it. She was there, with the pain caused by her terminal cancer, being treated for her broken hip, and the palliative care doctor had to intervene and tell them that she was his patient, that she was not an addict, but that she was on morphine because she was a terminally ill patient. This is one of the reasons why we must have professional and expert palliative care. There is a psychological difference between those who work in the general hospital system and those who work in palliative care. Palliative care accepts the dependence on drugs relief whereas, in a hospital system, there is almost a completely opposite regime.

As members of this Assembly, we have to tackle what is `adequate palliative care'. I have not heard anyone define any basis for how we will recognise whether we actually have it in place before this

legislation, for good or bad, can come into affect. It is something that needs to be assessed. There has to be some expert who can determine whether the palliative care is up to scratch. Is it a service that is to be at the whim of the Minister for Health Services or is it to be a service that can be assessed objectively. Together with the education program, this means that it will be a long time before the legislation can come into force.

Members have referred to the pain associated with this whole issue. As legislators, we should accept the pain that goes with an issue like this. It is a very difficult moral issue for our community. If this legislation is debated again, that will be a good thing. We debate the ongoing need for a 2 km law and traffic regulations. Let us commit ourselves to debating the ongoing use of this legislation..

My particular concern with the ethical basis of this legislation is that we are licensing doctors to kill. That is a problem. One of the underpinning elements of this society is that we do not condone killing in that way. I can support assisted suicide. It is the basis of the Oregon legislation - measure 16. Coming back to my original premise about voluntary euthanasia, assisted suicide is that an individual should have the right to control their own fate. That is something that I will be pursuing very strongly in this House.

In respect of this bill, I certainly support the amendments relating to the doctors. I will support the highest possible qualification for interpreters, but not the sunset clause proposed by the member for Arnhem.

Dr LIM (Greatorex): Mr Speaker, I had not planned to speak to this bill but, after hearing some of the speeches earlier today, I felt that some points need to be clarified. The member for Stuart spoke about the lack of psychiatric expertise for Aboriginals in the Stuart electorate in central Australia. He should know that there are 2 psychiatrists who presently work in Alice Springs. One is Dr Prosper Abusa. He is an African, trained in Britain and he bears a Fellowship of the Royal British College of Psychiatrists. This is a highly regarded award by the British college, an institution much older than the Australian college. He now works as a specialist at the Alice Springs Hospital. The other is Dr Leon Petchkovsky, a recent addition to our mental health services in central Australia. He is a member of the Royal British College of Psychiatrists, and is also a member of the Royal Australian and New Zealand College of Psychiatrists. His role is community psychiatrist in central Australia. As that title suggests, he is responsible for rural mental health services. Rural health services embraces Aboriginal people as well. Therefore, there are psychiatric services available for them. As a matter of interest, there are 3 psychiatrists in Darwin. It is not as if we do not have psychiatrists in the Northern Territory.

From listening to the debate today, I am concerned that there is a sinister slippery slope occurring within this Chamber. People are talking about easing the legislation. Initially, in May of last year, we were talking about a very tight piece of legislation which only very few people would be able to access. We are now talking about expanding it. That is very worrying.

The member for Arnhem wants to have 2 bob each way. He wants a sunset clause without the legislation coming back before this parliament for us to decide whether or not we want it. Perhaps his reason is that it is easier to allow a piece of legislation to lapse without having to think about it. He might wish to consider instead a watchdog committee that can supervise and oversee the implementation and access to the act.

Let us come back to the amendments. Even without the amendments, as a doctor, I can make the legislation work. If I had a patient whose first language is not English, I think that I could find an

interpreter of sufficient standard to satisfy the legislation to speak to the patient in Italian, Greek, Vietnamese or Chinese. I perhaps could not find such an interpreter of an Aboriginal language, but I would expect that any Aboriginal person would seek that from me. I could satisfy the interpreters section of the act for a nonAboriginal patient. Having agreed with the patient that I agree with their request that euthanasia is appropriate, I could find a psychiatrist with a DPM or its equivalent, a fellowship. If I can ensure that the psychiatrist agrees with my opinion that the patient should be able to access euthanasia, it would not be difficult then to satisfy all the palliative care requirements, especially if, as an anaesthetist, one knows the techniques or at least 80% to 90% of the techniques in palliative care. The implementation of euthanasia on the patient would occur less than 9 days from the time the patient takes the request. I believe that it can be done under the current act, cumbersome as it may be.

I believe this bill will tighten the legislation. It increases by one the number of doctors required. That doctor will have expertise in the disease that is causing the terminal illness, and I think that is appropriate. On the whole, I believe the amendments will provide people with a clearer set of guidelines as to what needs to be followed in relation to voluntary euthanasia.

I do not wish to return to the debate on the act itself. Many words have been spoken on that in the last 10 months. To revisit it at this time would be inappropriate. It causes considerable divisiveness among all members of this Chamber. We have our personal philosophies and beliefs. I feel clear in my own conscience that, by supporting the amendments, I am not supporting the act in any way. When we debated the bill in May last year, I was one of the strongest debaters for the resistance, so to speak. I debated almost every amendment that was moved. The Leader of the Opposition denigrated me and said I did not understand the legislative process. He went through the hoops and pulled all the strings so that the former member for Fannie Bay would agree in order to get the legislation passed. The current act is a legacy of what you have done. He did it very irresponsibly and today he comes in with a 2bobeachway bet. I think it is disgraceful that a senior member of this parliament can act in this manner. I am disappointed in the legislation.

Mr Ede: I am trying to obtain what is best for my constituents.

Dr LIM: We need to be more careful than the Leader of the Opposition has been.

The amendments will go some way towards ensuring that euthanasia cannot be accessed willynilly. I read a paper that was circulated by Dr Chris Wake. It was produced by Mr John McCormack, a senior solicitor in Darwin. He quoted some examples of patients with diabetes or asthma and how they could be euthanased on the basis of the legislation. I believe it is a very loose interpretation. I am 99.9% certain that a person with diabetes or asthma would never be able to access euthanasia in the Northern Territory.

Mr Hatton: There is adequate and acceptable palliative care available.

Dr LIM: And the condition is not terminal under acceptable medical standards.

My final point relates to the act itself. I refer to my concerns about how health services and housing services in the Northern Territory may be stretched beyond our capacity to cope. If I were a patient with terminal HIV AIDS or terminal cancer and I was going to die within 6 or 12 months, I would probably stay where I was, whether that was Adelaide, Sydney or wherever. For me to move to the Northern Territory would probably be very painful and difficult. However, if the diagnosis of cancer or HIV AIDS was recent and I had 3 to 5 years to live, I would be more inclined to move to the Northern Territory knowing that euthanasia is available. In that time, I would be able to move my family, my friends and my

support facilities with me to the Northern Territory. Once in Alice Springs or Darwin or wherever, I could probably find a general practitioner who would provide me with a medical certificate supporting my application to the Department of Lands and Housing to obtain priority housing. Once I obtain the priority housing, then I can move in with my family and friends and live in the Territory until the day I decide that euthanasia is appropriate. In the meantime, Mr Joe Average in the Northern Territory, who has been waiting 2 or 3 years or even longer for a Housing Commission home, will be pushed further down the queue because this person from interstate has jumped the queue.

Similarly, if I were suffering from HIV AIDS and I needed to go to a hospital for a blood transfusion or other medical services, I am sure the hospital would admit me first before it would take in an elective case for a hip replacement or even a deaf child who required minor surgery. Mr Joe Average in the Northern Territory will not be very pleased when his elective surgery is pushed further down the line. I think that will happen. I see a time when all Territorians will say that they will not put up with this: 'Why should we have euthanasia here, and have all these foreigners socalled come up here, use up our facilities and push us further and further down the queue?' Maybe at that time Territorians will say that it is time to repeal the act. And maybe that will be the right time to do it.

Mr HATTON (AttorneyGeneral): Mr Speaker, once again the debate on this subject has ranged far and wide. I open my address in reply by noting the fact that during the debate on the implementation of the legislation originally, of course, like the member for Greatorex I was a very strong advocate against the legislation. Like him, I stood and argued on points, seeking to address the issues in it. A core issue that I raised in debate at the time was that the legislation was introduced and pushed through parliament, to quote my words then, 'with obscene haste'. I believed that the implications were inadequately considered, and that there was inadequate consultation with the community. I lost that argument, and the legislation proceeded.

This House made a decision in principle on the issue of euthanasia. That decision became the will of this parliament. With overwhelming support, it turned out to be a reflection of the will of the people of the Northern Territory. There is no doubt that after subsequent consideration, many people in the community who prior to the legislation were opposed to such a concept changed their position.

I also made the point during that debate that I believed that we ought to be ensuring that if we were to make decisions in principle on this, they should focus on the real concern people in the final stages of terminal illness who are suffering excruciating and unrelievable pain and who are begging for the opportunity of avoiding that. On that basis, it does not become a debate about whether you are going to kill somebody or not. They are going to die anyway. The issue is whether they can die today or tomorrow or next week, and what level of suffering one is going to force a person to go through in that process of dying.

That is the issue of human compassion that all of us have had to wrestle with and all should wrestle with. It is not a matter, of course, of a person saying: 'I am told that I am going to die in 12 months time. Give me a needle now so that I do not have to go through it in the future'. That is a very different situation. Substantially, the legislation that we currently have, through parliament and assented to, provides for that limitation.

These amendments that are currently before us are really of a technical nature. I will deal with them shortly. They do not concern issues of principle at all those were debated last May. Now we are dealing with some of the technicalities. I think there are going to be other considerations of points within the

legislation. I said in May last year that I did not think it had been adequately analysed and considered, and it needed to be. I believe some matters still need thought. I will address those later, from a personal point of view.

As circumstances turned out in the strange world of politics and government, despite the fact that I was an advocate against this legislation I found myself to be minister responsible for its implementation and administration. With that goes a responsibility a statutory responsibility in my view, certainly a moral responsibility to ensure that legislation as expressed by the will of the parliament is as good as can be made. These amendments are part of that process. They are not seeking to change the principles but to address technical issues within the legislation. I am not asking the parliament, nor myself, to address the principle of legislation on voluntary euthanasia. I will say publicly that I vehemently oppose anybody claiming ownership of my conscience or moral principles. They are mine, and I will keep them to myself and express them the way I feel. Those who assume to be able to speak for my moral principles, or to place them in my head, have no right to do so. They can express their views to me, and their arguments, and maybe they could swing my view. But do not presume to judge my morality. Every individual has a right to assess his or her own personal morality.

I strongly support the views expressed by the member for Brennan. I also have had to think very carefully about where my morality lies. Part of my morality is to accept the will of parliament and try make what is there whether I think it is silk purse or a sow's ear into something as close as possible to a silk purse.

One of these amendments tightens up and clarifies the act to ensure that anybody who is seeking voluntary euthanasia is genuinely making a decision of their own volition, without encouragement subtle, by bodylanguage or otherwise and that their request is not a reaction to a depressive state that is capable of being treated. That limits the reaction, 'Oh, just give me a needle and get me out of here'.

Lifting the qualification to that of a psychiatrist is designed to ensure that the patient's mental state is assessed by people with the best available qualifications. I think all members here will support that amendment. I thank them for that. The purpose of the amendment is not to change the rules. If anything, it is tightening and clarifying the rules to get to the principles that were established by parliament last year.

The second amendment, which has prompted some debate, deals with interpreter qualifications. Let us be very clear: there is absolutely no intention to water down or weaken the qualification requirements for interpreter availability.

Mr Ede: That is what you have done.

Mr HATTON: If the Leader of the Opposition does not want to embarrass himself, he will sit quietly for a second. I refer to the legislation that is currently assented to.

Clause 7(4) reads: 'A medical practitioner shall not assist a patient under this act where the medical practitioner or any other medical practitioner who is required under subsection (1) or (3) to communicate with the patient does not share the same birth language as the patient, unless there is present at the time of that communication and at the time the certificate of request is signed by or on behalf of the patient, an interpreter who holds a level 3 accreditation by the National Accreditation Authority for Translators and Interpreters or such other interpretative qualifications as are prescribed in the first language of the patient'. There is already a provision for us to prescribe any sort of qualification that we like, for any

language that we like, in this legislation a proposal brought forward by the Leader of the Opposition. The problem is that it is a redundant clause, because through the national training agenda, the NAATI have redefined the qualification for interpreters. It is a fluid situation. There are no longer level 1, 2, 3 and 4 interpreters. That clause referring to them is redundant. It has gone through now. I have a paper here with an expression of how they are going to reexpress the qualifications.

Mr Ede: That is not the situation now. Now they have levels 1, 2, 3.

Mr HATTON: I refer here to the former level 1, former level 2, the former level 3. We have moved to competencybased training, recognition of prior learning and a whole new agenda in the VET sector, and that comes under that. I happen to be the minister responsible in that area, too. I can tell you, that is a redundant clause. It is a fluid situation. They have not yet finalised a fixed terminology. That is the reason we ask for it to be done by way of prescription, rather than a specified qualification in legislation. There is no other reason. Recognising that the legislation now ...

Mr Ede: You just thought this up.

Mr HATTON: That is a fact. I have not just thought it up. That is the reason it was brought forward. The basis of the submission to Cabinet, the basis of the submission to me ...

Mr Ede interjecting.

Mr SPEAKER: Order!

Mr HATTON: Another point to note is that there are interpreter courses in Aboriginal languages now running in the Northern Territory some run by Batchelor College, some run by the Institute of Aboriginal Development in Central Australia. They are being accredited as training courses to particular standards, and we are developing appropriately qualified and accredited translators and interpreter services among Aboriginal people.

Also, there are surveys under way right now among those who have been carrying out interpreter services in the courts, to assess their standards of interpretation and see where there can be some recognition of those standards and give accreditation appropriately. To say that there are no people with these pieces of paper does not necessarily mean that there are not people of the standard to be able to carry this out. We just have not previously done the work to formalise that process. We are doing it now - not driven by legislation, but in the process of developing interpreter services for the courts. But it will also serve the purpose of this legislation.

The amendment that I have proposed is a practical means of addressing the way the national training agenda is dealing with the question. The amendment by the Leader of the Opposition, referring to the now-redundant level 3 accreditation, in fact would exclude Aboriginal people without English as a first language from ever getting an interpreter.

Mr Bell: Why?

Mr HATTON: Because there is no level 3 interpreter facility. There is no qualification of that title now. And this amendment specifically says, `or where the patient was not born in Australia, a prescribed qualification for interpreters in the first language of the patient'. So only if you are not born in Australia can the interpreter be prescribed. That by definition excludes all indigenous Australians.

Mr Bell: They cannot then have their qualifications prescribed?

Mr HATTON: That is right.

Mr Bell: They have to be level 3.

Mr HATTON: And there is no level 3 qualification.

Mr Ede: Will you table that? You did not mention that whatsoever in the secondreading speech.

Mr HATTON: Well, I am telling you now.

Mr Ede: You could not lie straight in bed, Hatton.

Mr SPEAKER: Order!

Mr HATTON: Mr Speaker, I ask for that to be withdrawn unreservedly.

Mr SPEAKER: The Leader of the Opposition should withdraw.

Mr Ede: That he could not lie straight in bed?

Mr SPEAKER: Please withdraw.

Mr Ede: I withdraw.

Mr HATTON: You ought to do your homework and come and ask some questions ...

Mr Ede interjecting.

Mr HATTON: It was after lunch on the last day, after 3 months to have a chance to have a look at this.

Mr Ede: After reading your second-reading speech, which made absolutely no mention of what you are dreaming up now.

Mr HATTON: I will make this available to the Leader of the Opposition.

Mr Ede: Well, table it then.

Mr HATTON: I am not tabling it, because it is the only copy we have here at the moment. I will make it available to the Leader of the Opposition and I will table it later if needs be, or have it deemed tabled so it is available publicly. It is not a secret document. But that is where it is at - the fact is that the Leader of the Opposition's amendment will make it impossible for Aboriginal people to gain access to interpreters. I will not support the Leader of the Opposition's amendment.

Our amendment is not to reduce in any way the qualifications of interpreters. It may well be that there could be more appropriate, higher levels of qualification to be prescribed. The purpose is to ensure that the qualifications that are prescribed are the qualifications that come under the National Recognition of Qualifications Program. At the moment that is in a state of flux. Do we want to wait to put another bill up and then have a month or 2 months delay, and another debate through the parliament every time they change the terminology? It seems an illogical way to maintain your legislation. That is the reason for that amendment, and I maintain that it should be supported.

The member for MacDonnell has drawn the longest bow I have ever seen on an amendment to legislation. Standing order 189 reads: `Any amendments may be moved to any part of a bill provide the same is within the title and or relevant to the subject matter of the bill and is otherwise in conformity with standing orders.' An amendment to repeal the entire legislation is the longest bow I have seen.

Mr Bell: It is quite a standard procedure. Go and do your homework.

Mr HATTON: I have never seen it before.

Mr Bell: Haven't you?

Mr HATTON: No. That is the point I am making.

Mr Bell: I cannot find it for you in the committee stages, but I tell you what, within 24 hours you will have it.

Mr HATTON: Be that as it may, it is a long bow. It is extreme.

Mr Bell: No.

Mr HATTON: Absolutely. And in any case, I will be opposing that. It is not the purpose of this bill to be brought forward now. The member for MacDonnell should have given notice of the intention to debate the issue of a repeal of the legislation, allowing him to do that through the normal processes.

Picking up on a couple of other points, I note the comments by the member for Wanguri, who says the worst possible outcome would be to raise expectations and then cut it off. Well, the expectations are raised now. They are not going to be raised. They are raised and have been since the legislation went through in May last year. To cut it off now would have exactly the same effect as cutting it off in 3 months time. If the member for Wanguri thinks that organisations such as the Coalition Against Euthanasia or Right to Life, or people like the member for MacDonnell are not going to seek to put legislation through to have the legislation repealed from time to time, he is kidding himself. I have no doubt that the process will continue. It is not a case of dealing with it today and it is gone forever. Deal with it through the normal course of events. It is going to be dealt with then, and I am sure at other times in the future, if it survives the processes in May and August. That is the reality of this particular piece of legislation.

In respect of the education program the whole program is awaiting the finalisation of these amendments. The educators need to know exactly what the legislation says in its final form, the regulations, the work that has been going on with the medical protocols, the interpretative qualifications, the palliative care services that are being worked through by the working group. That is approaching completion. Then we can finalise the education program,. which are on essential prerequisite to the implementation of any legislation.

The Minister for Health services has indicated that members opposite and other members are welcome to participate and have a direct involvement in any educational programs to ensure that they are appropriate and effective in ensuring that people understand the truth of the legislation rather than the myths that are circulating throughout the community. That will be undertaken before any operative date is finalised for the legislation that has been assented to already. The intent is ...

Mr Stirling: The time frame?

Mr HATTON: The time frame is dependent on getting this through, the other work completed and the education program properly completed before the operative date comes into effect. That was the program we have been working towards and still are working towards. I have had 3 progress reports on the working group so far. It has been consulting various elements of the community, including the medical professions and other organisations in the Territory to develop the programs and protocols through those organisations since the legislation went through parliament to ensure that it will operate as well as possible.

On a personal note, if this legislation continues in operation, there are a couple of points into which still I would like to carry out further investigation. I had a circumstance referred to me by a constituent recently. It prompted me to think very seriously about the concept of an advocate for the terminally ill. that is somebody who is there to represent the interests of the terminally ill person and to see that they are receiving the right advice: that they are not being unduly influenced for euthanasia, and that the palliative care services being offered are in their best interests.

This particular circumstance, referred to a person's spouse who died of a terminal illness. It was a very tragic situation where a person's spouse was suffering from a degenerative bone disease. In the course of that degeneration, a hip broke or collapsed and the doctors recommended a hip replacement operation to improve her mobility. In a case of degenerative bones, the inevitable result was that, although the hip replacement operation was carried out, the pelvis collapsed and the person was far worse in fact. The view of the person who spoke to me, and I think fairly, was that his spouse was not adequately advised of the fact that, with degenerative bones, it would be better to deal with the immobility than the potential consequences of having the operation given that the person was in a late stage of a terminal illness and the additional pain and suffering that person went through. That is a case where I think an advocate for the terminally ill person could have ensured that they were fully aware of all the medical circumstances that could confront them in the event of those sort of suggestions from a doctor.

Mr Stirling: They themselves, would have to be a doctor.

Mr HATTON: Probably, they would, but it is an issue I would like to explore even the issue of what palliative care services will be appropriate. That is the sort of specific advocacy service I would like to investigate bringing in.

I have a personal desire and commitment to try to ensure that we design systems so that the best possible services, advice and support are available to the terminallyill people. That is our first and principal obligation. Anything to do with euthanasia should be a very last resort, with the begging insistence of the person seeking it. If there is to be such legislation, that should be the basis of any approach to that issue. The other issue with which I have some concern was referred to me recently and it does need investigation. I refer to the role of the coroner and the review of euthanasia cases. I expressed the view during the previous debate that there may be a way of developing a relatively simplified process for the coroner to ensure the voluntariness and understanding of the decisions being taken prior to euthanasia taking place. The current legislation may be weak in any case, even retrospectively, in that there is no clear obligation of the coroner to investigate and study. Rather, the obligation is to maintain a register and provide an annual report to parliament.

I would like to have a very much closer look at both of those points. In terms of trying to ensure that the intent of the legislation is effected properly and addressed properly. That is a personal view of mine. I carry this dichotomous view. I am allowed to speak personally in a conscience vote. At the same time, I

happen to be the minister responsible for the legislation and I am trying to make it work as clearly as possible. They are 2 issues that deserve to be addressed in the immediate future but it should not be rushed. We should think through the consequences before we start doing things in respect to any such legislative amendments. It is about making the legislation as clear and as tight as possible within the constraints of those advocates for this legislation and what they were trying to address at that time.

In committee:

Clause 1 agreed to.

New clause 1A:

Mr BELL: Mr Chairman, I move amendment 56.1.

Mr COULTER: A point of order, Mr Chairman! Under standing order 189, 'Amendments', what the member for MacDonnell is trying to do is to negate this bill. I believe that is not a facility that is available to him.

Mr BELL: Speaking to the point of order, Mr Chairman, I have taken advice from Parliamentary Counsel on exactly this issue and I have put forward the amendment in these terms on the advice of Parliamentary Counsel. It is my belief that this amendment is not in breach of standing order 189 which reads:

> Any amendment may be moved to any part of the bill provided the same is within the title or relevant to the subject matter of the bill and is otherwise in conformity with the standing order.

Let us forget about being 'otherwise in conformity with standing orders'. I suggest that this amendment is relevant to the subject matter of the bill. Therefore, it comes within standing order 189. As I say, I did not just dream this up. I have put it forward on the advice of Parliamentary Counsel. I do not have the precedents with me because I was not expecting this issue to be raised. If the member for Palmerston would like to defer the committee stage, I am sure that, within half an hour or so, I would be able to provide the precedents for this particular form of words. If that is not possible, I suggest that the point of order raised by the member for Palmerston should not be sustained.

Mr CHAIRMAN: Honourable members, new clause 1A proposes that the Rights of the Terminally Ill Act No 12 of 1995 be repealed and, further, that the bill before the committee expire on the day after it comes into operation. Standing order 189 relating to the admissibility reads as follows:

> Any amendment may be moved to any part of a bill provided the same is within the title or relevant to the subject matter of the bill and is otherwise in conformity with the standing orders.

This standing order is identical to House of Representative standing order 227. In commenting on the admissibility of an amendment in the committee stage, House of Representatives Practice stages, on page 398:

> If the title is restricted, am amendment dealing with a matter not in the bill nor within its title may not be moved.

On the subject of the admissibility of amendments, Erskine May, in 21st edition at page 492, states in section 5:

> An amendment which is equivalent to a negative of the bill or which would reverse the principle of the bill as agreed to one the second reading is not admissible.

The long title of the bill before the committee is 'A Bill for an Act to Amend the Rights of the Terminally Ill Act'. Accordingly, while the scope of this bill is broad enough to enable relevant amendments to the principal act in the committee stage, the repeal of the principal act may not be considered to be within the scope of the bill now before this committee. The principle of the bill before the committee was outlined by the AttorneyGeneral in his secondreading speech on 22 November 1995, and it relates to the amendments to provide for medical procedures, the qualifications of practitioners and interpreters, and related matters to facilitate the operation of the principal act. This committee's role follows the decision of the House which approved the bill in principle at the second reading. An amendment which is a direct negation of the bill is inadmissible. Accordingly, I rule that amendment 56.1 proposed by the member for MacDonnell is inadmissible. In so ruling, I am mindful of the fact that the member today gave notice of a bill to repeal the principal act and it will be considered by the Assembly in due course.

Mr BELL: Mr Chairman, I will not move dissent from your ruling but I will move that progress be reported in order that we can seek advice so that, if it is appropriate to move dissent from your ruling, that it be done. Mr Chairman, I move that progress be reported.

The committee divided:

Ayes 8 Noes 15

Mr Ah Kit Mr Adamson

Mr Bailey Mr Baldwin

Mr Bell Mrs Braham

Mr Ede Mr Burke

Mrs Hickey Mr Coulter

Ms Martin Mr Finch

Mr Rioli Mr Hatton

Mr Stirling Dr Lim

Mr Manzie

Mr Mitchell

Mrs PadghamPurich

Mr Palmer

Mr Poole

Mr Reed

Mr Stone

Motion negatived.

Clause 2 agreed to.

New clause 2A:

Mr AH KIT: Mr Chairman, I move amendment 54. I wish to make this matter quite clear. I touched on it today briefly in speaking about the sunset clause. Basically, it is quite simple. I believe that the inclusion of the sunset clause would allow Territorians to feel at ease. To a great extent, it would allow an opportunity to allow Territorians to feel much more comfortable with the legislation.

The sunset clause would allow us, as politicians in this Assembly, to monitor and review the legislation from now until 1 July 1999. Obviously, either 6 or 12 months prior to 1 July 1999, whether a committee is in place reviewing the legislation or we are reviewing the legislation individually, we will ascertain the workability of the legislation and what hiccups are arising from the legislation. If it proves unworkable, then we do not need once again to reopen Pandora's box by having further debates in this Assembly with all the attendant lobbying is gone through once again and we end up in a situation we have seen over the last 12 months. If we insert this sunset clause into the legislation and the legislation proves unworkable, it stands to reason that the legislation will terminate by 1 July 1999. We would not need to have the situation of to-ing and fro-ing as to whether we want to continue with the legislation by trying to ensure that it is workable when it has had at least a couple of years in which we will have seen whether the legislation is workable or not.

Mr HATTON: I make a brief point. The member for Arnhem has successfully and succinctly argued against himself. He argues that we do not want to open Pandora's box and he would place a clause in the legislation that is Pandora's box with a spring catch on it. It would force parliament to react to the question anyway. If the legislation is unworkable, then I am certain this parliament would move subsequently to repeal it in any case. Having a sunset clause is not a matter in principle that I support. I will oppose this amendment.

Mr BAILEY: Mr Chairman, I think there has been a degree of misunderstanding. What the member for Arnhem is saying is that there would need to be a review and, if the legislation is not working, then the sunset clause allows it to terminate without ...

Mr Coulter: Rubbish! You reckon that is the way we will do it?

Mr BAILEY: No. What I quite clearly stated in the debate about this is that, also however, I do not believe that the legislation, because of its groundbreaking nature, should be allowed to continue indefinitely without review, even if it is to do with ...

Mr Reed: Who will prevent it from being reviewed?

Mr BAILEY: The reason I think reviews would tend to be avoided and I have to say this applies whether in government or not it would have to be a brave politician, knowing what we have gone through to reach this stage, that would open Pandora's box for a review. My concern is that, as we get

down the path a little, in particular those who are in favour of the legislation will not want to pursue a review because it would mean opening up the whole process again. As I have stated already, I think it would be improper for us to do that in 6 month's time when the member for MacDonnell's private member's repeal bill comes up again. That is why I argued today that we should have brought that on and knocked it off, if that is where the numbers are. Alternatively, if the numbers are there in support of the repeal bill, we should have dealt with it today and stopped all this stuffing around saying that we will have education programs and all of that. We have to go ahead with palliative care because that has nothing to do with euthanasia other than that we should have had it in place always anyways.

Mr Hatton: Education programs are a critical precursor.

Mr BAILEY: The education program is a precursor for it, but there is no point in putting resources into an education program for euthanasia if members like the member for Brennan says that they still totally object to euthanasia but are letting the bill go ahead at the moment with the amendments. He is saying that, when the member for MacDonnell's bill is dealt with, he will vote against euthanasia. If there are enough members around to knock the legislation off in 6 month's time, what on earth is the minister doing wasting his time and his department's time and resources getting an education program for a bill that is to be knocked off. We should have done that today. Either it will be around for some time or we will get rid of it. We should not have the stupid situation of moving 6 months down the line to knock it off when the resources have gone into it.

What I am saying is that I think we should have something in place that says that, in a reasonable amount of time, we can look at whether or not there are problems with the bill whether it is being used or not being used, whether it is being abused, or whatever. Then, we as politicians are forced to revisit the issue far enough down the line to see whether it can be improved, changed or whatever. It is only by having a clause like this that we are forced to do it. I support the amendment.

Mr COULTER: Just briefly, the member for Wanguri misses the point. The member for MacDonnell can get to his feet and clarify this, because I am not sure whether it is in every calender year or every 12 months that he can introduce his repeal bill if he so wishes. It will not go away until he goes away. That is the problem that the opposition is faced with.

Mr BELL: You are tempting me, Barry.

Mr COULTER: He can introduce his bill and, by knocking it off today, he can come back. The empire will strike back. Watch him.

Mr BAILEY: Yes, but the difference is that we have members today who have said that they still oppose euthanasia and are voting to maintain the bill at the moment. So what that leaves in the minds of the members for MacDonnell and Nhulunbuy is that, if a vote is taken in 6 month's time, there may be a majority supporting it. What I am saying is that, if the vote was taken today with the existing members and the votes go 10:15 in favour of the bill continuing, then it is obvious that those people are saying that we will go ahead with the bill. What has confused the issue to me is that government members are saying that they oppose the bill and that they do not agree with euthanasia, but they will support these amendments and go ahead with it. We know that there will be another bill before the Assembly to debate whether we knock the whole thing off. I think that, if we had actually had the vote today, everyone voted and we recorded our votes, I have to say that I do not think that, until there is another significant change which is the basis of the member for MacDonnell's move ...

Members interjecting.

Mr Hatton: What you are saying is you know you have the numbers now but you might not have them in 6 months.

Mr BAILEY: No. We have a ridiculous situation where members are saying they object to the bill that they intend to amend. They will support the introduction of it today but knock it off in 6 month's time. That seems to be a contradiction in terms when we are debating the same issue. That is why I believe that we should support it.

Mr EDE: Mr Chairman, as I mentioned in my secondreading speech, I cannot support this amendment. I have a great deal of sympathy for these sunset clauses when it comes to regulations. I think we should see many more of them. However, I oppose as a matter of principle their inclusion in acts. I think that it is the obligation of every member of this parliament to watch pieces of legislation to decide, at whichever point, whether it is time for their repeal, amendment or strengthening. I think it would be a dangerous precedent to have a particular piece of legislation which ceases to exist at a particular point.

In this particular case, I do not think there is any doubt that the legislation will not continue to be subjected to the most intense scrutiny over the ensuing period. Very possibly, we will see the need to make further amendments in time. I seriously hope that it does not occur but, if we reach the stage where at some point it is agreed that it is unworkable and we have to repeal it, I am quite sure that will be done without the benefit of a sunset clause.

Amendment negatived.

Clause 3 agreed to.

Clause 4:

Mr EDE: Mr Chairman, I move amendment 57.

In doing so, I refer to the minister's remarks in his summation ;when he said that that in fact could not work because level 3 accreditation no longer exists. There are a few points to be made on that. First of all, if that was the reason for this, it should have been raised in the secondreading speech and mentioned that that was why the minister had to amend the legislation and make it by prescription. Alternatively, at any stage in the intervening time since he has known that, he could have told me , and it was I who moved the amendment to include this in the bill, originally - that he had a real problem with this. I would have thought that he would have advised me that that was the reason. he decided not to do so. However, he said in his second-reading speech that there are new levels of accreditation which he had a copy of, but which he did not provide to this House. He has been good enough to hand me over a copy of it now. The fact is that it would have gone through because, under the new level of accreditation, there is a level III - that is, in Roman numerals. The fact of the matter is, however, that the new level III accreditation, of a conference interpreter advanced translator, is not the equivalent of the old level 3 - that is, it was the old level 4.

If we wanted to amend it to be specific, I am quite sure that there is somebody here with sufficient legal ability to tell me whether, in any bill where such matters are changing all the time, a new level of accreditation is taken to be the equivalent of the one that it replaced by judges making decisions on such matters. I am quite sure that, every time we include a standard or something of similar nature in a piece

of legislation, the fact that the standards body makes some changes does not mean that all of that legislation is no longer workable. If that is the case, we ought to introduce an act to make sure that such an effect is achieved, although I am quite sure that it does.

What would have been the case if we had left the provision as it was that the level 3 requirement for an interpreter which is specified there would have been interpreted by the courts as the new level II. People need to know what is the level of requirement here.

I am most upset at the way that people have been frightened in this instance. Surprisingly enough, I have a great deal of sympathy for some of the remarks from the member for Nelson in this regard. She said that she has had very frightened people and elderly people who have English as a second language come to her. They were having lies spread to them about the effect of this legislation. If anyone wants to see that happening, they should come to see what happens around my electorate. They would see the way that issues such as this can be beefed up and lies told.

My proposal is to ensure that people are able to understand. It is to ensure that this parliament sets a standard so that people are able to understand. There are frightened people in the community, and I have a way to fix that. I would fix that fear by stating the standard of interpreters that are required so that people will not be in a situation where they do not understand. That is the reason why people come to me. I tell them not to worry about it and that, if they do not want it, they do not have to access it. They say, `What about some poor old person who goes into hospital and they are talking it through with the doctor but they do not understand what is going on and they simply sign something?' I can say to them that that will not happen and that, because English is not their first language, they will have an interpreter with the qualifications to be able to handle the situation and ensure that it does not happen. In that way, I can give comfort to people and reassure them that it is all right so that they are satisfied with the arrangements.

You are asking me to say that there may be interpreters there - the minister will look after it. That is not the real world. People do not accept that the minister will look after it, because the minister has not fixed the health problem, has not fixed the education problem, has not fixed the jobs problem, has not fixed the water problem. How do they believe he is going to fix this problem?

You must provide this level to allow people the security of knowing that they will not be sent off to hospital and end up, by accident, going through euthanasia. Credibility has to exist within the organisation, so that people cannot start rumours that that is what occurs. That is just as big a danger. It may be an even bigger danger. We need these high standards of interpretation in many different areas of the law and health. But this is literally a matter of life and death.

The Chief Minister said that I want one thing for the town and another thing for the country. Others over there said I am just being clever, wanting a bob each way. The fact is, I want the very best. I want the very best for the town and I want the very best for my constituents. I want them to have the same rights and the same protection as you over there. You have that protection because you have the English language, the same language as the person that you work with when you go through. So, you have the ability to be able to listen, to talk it through, discuss it. I want that ability for my constituents. I want them to have somebody standing behind them with the ability to interpret at this particular level.

I am quoting now from the NAATI standards for interpreting and translation, of the standard that I am saying is necessary. It requires that they be able to interpret in both language directions on a wide range

of subject areas, usually involving specialist consultations with other professionals - for example, doctor/patient, solicitor/client, etc. It is an appropriate standard. Does the minister want less than that?

Mr Hatton: I am not suggesting that.

Mr EDE: Well, if you do not, why not say `at least NAATI standard II'? Put it in the legislation that you can prescribe them, but have it at least, NAATI standard II. Then you are able to prescribe standards. If you look at my amendment and what I said there about an ability to prescribe for people coming in from overseas, there may be other standards. In America or England they may not have the Australian standard, but you can regulate them. How about wording it so that you can prescribe it, but it has to be at least NAATI standard II. Then we are able to put a line underneath it to say that this is the level of care that we are going to put into this whole area of interpreters.

This government does not have a very good record on interpreters. I am not saying that it is worse than in a whole lot of other places in Australia, because in terms of Aboriginal languages the lack of development is absolutely shocking.

Mr Reed: The Commonwealth service is pretty good, is it?

Mr EDE: In terms of Aboriginal languages hopeless.

Mr Reed: Exactly.

Mr EDE: So is yours. But you have 25% of the population here who are Aboriginal. One would expect you to have a little bit more feeling for that 25% of the population, and would have done a bit more about it.

Let us not talk about dropping the standards. I have heard people saying that to allow more access, we have to drop the standards. That is a totally fallacious argument. It is like people's right to be able to access a decent standard of education, a decent standard of health, decent water, a decent job, a decent living. People are saying that, it is too hard to provide a service of the standard that we have in urban areas, therefore we should drop the standard for Aboriginal people. I am saying, 'No'. I am saying that the appropriate standard of interpreters should be that which is prescribed in here not level 3 as I have it there, but in roman numerals II.

Mr Hatton: Until they change it next month.

Mr EDE: Okay, 'at least standard II'. That will continue in terms of the legislation when they make those changes. So you can prescribe them fair enough. But put in a benchmark. Draw a bottom line at that particular standard and put that in the act. Then you can have the freedom to decide what you are going to work out about that standard.

Mr HATTON: Mr Chairman, I made it very clear that there is no intention to drop the standards. The standards will not be determined by the minister. It will not be a case of the member for Stuart having to say that the minister will look after people. It will be legislated ...

Mr Ede: No, it will not. It will be regulated.

Mr HATTON: ... with regulatory processes. That becomes a fixed, legislated standard. If they change the terminologies for the same standards in the national accreditation processes, we can quickly adjust it

to reflect the actual standards that are in existence at the time. That is the only purpose of this change.

I ask members to note that we did not have to make this amendment anyway. We could have done it under the act as it is through the parliament. We could have done it that way, and there is no limitation under the legislation now. I am giving an undertaking that we will get to those levels. I am just trying to get the redundancy out of the legislation.

Mr Ede: Well, do not bother. Just leave it there.

Mr HATTON: I am going to make the legislation tidy.

Mr EDE: Mr Chairman, the minister has jumped this one. He does this pretty regularly when we are in debates of this kind. It is unfortunate, because one would think that he would try to get to the solution. He has now conceded the fact that it is capable of doing it through the NAATI qualifications. Now he is trying to come back and say that he had to clean it up but that he could have done it under the old one. The old one said:

> An interpreter who holds a level 3 accreditation from the national accreditation authority for translator 2 or such other interpreter qualifications as are prescribed in the first language of the patient ...

Mr Hatton: 'Or such other'.

Mr EDE: Yes.

My advice is that, where these exist, there has to be a broad equivalence. It cannot be that one is stipulated there and then put in something of a much lower standard.

Mr Hatton: That is ...

Mr EDE: If you want to dispute that, there is a way out of this that will suit what you are talking about and my problem as well. I suggest that we defer this until the end. We will prepare an amendment then that says he has to be of the standard of II or its equivalent as prescribed.

Mr Hatton: As varied from time to time.

Mr EDE: 'Or its equivalent' includes any instance where it is varied.

It is not usual to do this in any other legislation because the judges have a way of interpreting it which takes in changes to those standards as applies over time. However, including 'its equivalent as prescribed from time to time' allows you, if you want to put a clarification of it, to be able to say that the new standard is standard XY ...

Mr Hatton: What is your objection to putting it in the regulations?

Mr EDE: It gives you carte blanche.

Mr Hatton: No, it does not.

Mr EDE: It does. It says in here: 'A prescribed qualification in terms of the first language of the patient'. There will no longer be any link whatsoever to any particular standard according to the National Association of Accreditation of Translators and Interpreters.

You will be able to say that you will allow people if they are at a recognised level, or if they are at language aide level, as they call it in the new level. That is defined in the standards as being adequate for somebody who has the task of counter work, answering general inquiries, assisting clients to complete a simple form in English etc. I am quoting from the standards for the interpreting service for somebody at a language aide level. You would be able to set that as the level, with the legislation before us. I am not prepared to have you or some successor of yours decide that they will not be embarrassed by the lack of interpreters in Aboriginal languages in the Northern Territory and flood the market with people qualified to a standard that is less than what is required. We will not allow you to devalue the currency of interpreters by saying that somebody at that level is good enough to do this job when the fact of the matter is that NAATI has set tasks, standards and definitions of those standards indicating the related tasks that are catered for by those various standards.

It is no skin off your nose if you agree to what I am suggesting. It will not hurt you at all. It will assist enormously for those of us who want to go out bush and ensure that people are not scared by this legislation. We have to counter the lies that have been put around about this legislation.

Mr Hatton: The regulations will do more than that.

Mr EDE: You think that I can got to the communities in my electorate and tell people that everything is all right, they need not be concerned because the minister will prescribe a level.

Mr Hatton: No.

Mr EDE: That is what it says.

Mr Hatton: No. It will have been prescribed before you even walk out.

Mr EDE: No. There is no prescribed level now, is there? There will not be another prescribed level when I go out next week. There will not be one next month when I go out into the electorate. Probably there will not be one for quite some months after I go out. I have a level here which is something that you have worked out with your advisers but that is not related necessarily to any NAATI standard.

Mrs Hickey: On a 'trust me' basis.

Mr EDE: It is 'trust me, trust the CLP, we will look after you'. That is cloud cuckooland talk in my electorate, and it will not work now.

If you are trying to bring this piece of legislation down, if you are trying to have it destroyed over an issue such as this, you are going the right way about it. I am showing you a way whereby you can have the best of both worlds. You can provide equality for people across ...

Mr Hatton: You want a clause there to keep your constituents out of it, allowing you to go around and say: 'Do not worry, this does not affect you because there are no such people in the Territory. You cannot access the legislation'. That is what you want to do.

Mr EDE: I want to say to the people in my electorate who do not have English as their first language that the interpreter services that have been put in place and that have to be available are of a standard that ensures that their understanding is not a problem. I will tell those people that those interpreters will provide them with a level of understanding which will enable them to make the decision they want to make. That should provide to them the same level of understanding that you have when you go to the

doctor because of your command of the English language.

I am trying to make the level of understanding for my constituents who do not have English as a first language equal with that of the average Joe Blow in the northern suburbs, and I reckon that is fair enough. If you consider that that represents me as trying to get a special deal for my constituents, I will put my hand up. I do not think it is a special deal. It is only a special deal for the CLP when Aboriginal people want equality, equality of access, equality of knowledge, equality of opportunity, equality of being able to understand what the laws provide and equality when they visit a doctor. That is what I want, not a special deal. I want equality. Why will you not grant that?

I am particularly concerned that you maybe trying to sabotage this legislation. Perhaps you are trying to find a way that an issue such as this will sweep away the legislation because there will be a national story following the demise of some poor old lady who has been anaesthetised and her relations say that it happened because she did not understand properly what was happening due to the fact that the level of interpreting was not up to scratch. You know what would happen if something like that occurred. It is not hard to imagine how big a story of that kind would be, and how terrible that situation would be. I doubt your motives. If you want to convince me of your motives, do what I say. All that is necessary is to stipulate level 2 'or such equivalent as is prescribed'.

Mr HATTON: Mr Chairman, the member for Stuart challenges my motives! I will tell you what he is doing, Mr Chairman. He is speaking out of both sides of his mouth to the Northern Territory electorate. He is saying: 'I stand for euthanasia. I am here and here is the legislation'. However, he is also going to his own constituents and creating a situation in which he will say that the legislation cannot apply to them because no such interpreters are available in the Northern Territory therefore it cannot effect them anyway. He knows his electorate, and that is what his amendment is about. That is exactly what he is on about.

I make this a clear, unequivocal statement. The regulations will provide that appropriate standard of qualification.

Mr Ede: What is an appropriate standard?

Mr HATTON: I assume it is about level 3, as it used to be.

Mr Ede: About?

Mr HATTON: I do not know whether they will have exactly comparable levels. It may be somewhere above.

Mr Ede: They have. They have II.

Mr HATTON: They are not exactly identical. A whole series of new changes is going through there.

Mr Coulter: They have not called them anything yet.

Mr HATTON: They have not called it anything yet. I am saying that the standards will be maintained. I am saying also that we are developing the programs necessary to ensure that interpreters will be available. When the regulations come out, the member for Stuart or any other member representing a bush electorate will be in a position to say that the standard is stipulated and nobody will be forced or tricked into anything because the law states that it cannot happen. They must be fully informed.

Mr Ede: Trust me, that is what you say.

Mr HATTON: I am saying to you in the parliament that that is the standard that will be prescribed, in the regulations. It will be in accordance with the words to give it national accreditation at nationally recognised accreditation levels, not some mystical terminology that is out of date and that may not relate directly to the levels that have been referred to in the National Accreditation Standards. That is what we will do.

The fact is that the member for Stuart wants to play a game. He wants to create a situation that excludes his constituents I the bush and stand up in town and tell nonAboriginal people that he is in favour of euthanasia. I know what he is about. That is the reality of what he is about.

I will ensure that the appropriate and proper level is provided.

Mr Chairman, I move that the question be put.

Members interjecting.

Mr CHAIRMAN: Please retain your seat. The motion is that the question be put.

The committee divided:

Ayes 15 Noes 8

Mr Adamson Mr Ah Kit

Mr Baldwin Mr Bailey

Mrs Braham Mr Bell

Mr Burke Mr Ede

Mr Coulter Mrs Hickey

Mr Finch Ms Martin

Mr Hatton Mr Rioli

Dr Lim Mr Stirling

Mr Manzie

Mr Mitchell

Mrs PadghamPurich

Mr Poole

Mr Reed

Mr Setter

Mr Stone

Motion agreed to.

Mr CHAIRMAN: The question now is that the amendment be agreed to:-

The committee divided:

Ayes 8 Noes 15

Mr Ah Kit Mr Adamson

Mr Bailey Mr Baldwin

Mr Bell Mrs Braham

Mr Ede Mr Burke

Mrs Hickey Mr Coulter

Ms Martin Mr Finch

Mr Rioli Mr Hatton

Mr Stirling Dr Lim

Mr Manzie

Mr Mitchell

Mrs Padgham-Purich

Mr Poole

Mr Reed

Mr Setter

Mr Stone

Amendment negatived.

Mr CHAIRMAN: The question now is that Clause 4 stand as printed.

Mr BELL: Mr Chairman, speaking to clause 4, I want to make a couple of preparatory comments. One is to stress my support for the amendment put forward by my colleague, and therefore my opposition to subclause (e). I believe, along with the member for Stuart, that the prescription of qualifications for

interpreters and the prescription of just about anything else in respect of this particular bill, is unacceptable. It is otiose to say so. The principal act is a world first and, if the government is serious about it, it should not be prescribing anything. Every dot and tittle should come back before this Assembly for consideration. The regulation process is not adequate in that regards, and the will of the parliament should be that all those aspects of the legislation should come back to it.

I strongly oppose subclause (e) in its present form. I do not accept the assertion of the AttorneyGeneral that this amendment was not necessary because he had the right to prescribe before. That statement only reflects the shortcomings in the principal act. I do not need to reiterate my opposition in that regard.

As for the accusation from the member for Nightcliff that the member for Stuart is trying to say one thing in town and another in the bush about this, erecting impossibly high standards, I have 2 comments to make about that. firstly, how can he say that he wants to have high standards, and then accuse the member for Stuart of wanting to maintain them? If the NAATI level 3 interpreter is the standard, all his comments in the committee stage debate suggest that he is trying to do less and give cause for concern to members.

My second comment about his accusations in that regard is that he is a man who had his hand on his heart in May 1995 about the underlying principles, and who has now developed sufficient moral flexibility to be able to ignore them! He accuses other people in this Assembly of talking out of 2 sides of their mouths. I have to say this, and it goes for every government speaker on this bill today. We have a Clayton's conscience vote, as far as I am concerned, on these amendments, and particularly in respect of this one. I do not believe that it is an acceptable interpreter level, nor do I believe that every government member believes it is an acceptable level.

What I say to government members I this regard is that they should not cloak their instincts for what they think is politically expedient in the garb of legal and parliamentary dictates or following a particular decision. At least, they should have the courage to say that they are putting Realpolitik ahead of personal principle. Or let me put that in direct terms, that they have sniffed the breeze, worked out which way the wind is going, and they have decided to be blown along with it. For people like the member for Nightcliff to accuse other people of talking out of 2 sides of their mouth is simply hypocritical.

My other concerns about clause 4 are as follows. Unlike the member for Palmerston, I at least had the courtesy to express these concerns in my secondreading speech. In subclause (b) and subclause (c) there are problems with references. There are also problems in clause 5. I draw members' attention to subclause (b). There is no subsection (1)(k). We should have uniformity in that regard and we should be referring to paragraph (k) of subsection (1) or subsection (1) paragraph (k). Likewise in the same subclause, (c)(i) is a subparagraph and not a paragraph. There are the same problems in subclause (c).

There is a similar problem in clause 5. The reference to 7(1)(c) is to a paragraph not a section. I refer honourable members back to the reference in subclause 9a) to 'by omitting from subsection (1) paragraph (c)'. We should maintain consistency in that regard. It is a relatively minor drafting issue, but I think it is worth making.

In conclusion, I indicate my opposition to the placing of regulations of important issues such as how we speak to 25% of the Territory population who do not speak English as a first language.

Mr COULTER: Mr Chairman, I have a copy of the secondreading speech to this bill where all members were invited to submit comments in relation to the qualifications of interpreters.

Mr Ede: There was not.

Mr COULTER: There was. Let me read it to you. This is what was said in the secondreading speech: 'At present there are no recognisable specialist qualifications in palliative care in Australia'. It went on: 'Present feeling is that the NAATI level 3 is simply too high, given the present lack of accreditation structure for most Aboriginal languages in the Territory'. The honourable member went on to say: 'I would invite members, who have a view on this change, to make submissions as soon as possible to the working party to enable their views to be taken into account in the formulation of the regulation'. What did we have? Where was the concern? What was your submission?

Mr Bell: You are getting it now. Don't be silly. Don't be trite.

Mr COULTER: Did you take advantage of this? We did not hear from you. Not a word. In fact, we did not hear from anybody. Nobody took the opportunity or the challenge that was offered months ago to put forward to the working party their concerns. Instead, members of the opposition trapeze in here saying that we have a problem and we have to fix it.

Mr Ede interjecting.

Mr COULTER: You did not take advantage of it either. You have raised this question here today, but did you make a submission to the working party? You did not take that opportunity.

The third interim report from the working party on the implementation of the Rights of the Terminally Ill, dated 12 February 1996, stated:

> A bill has been introduced into parliament to amend section 7(4) of the act to allow for more realistic standards in regulations relating to interpreters. The amending bill deletes the requirement of level 3 interpreter and substitutes 'a prescribed qualification for interpreters in the first language of the patient'. As previously advised, the bill has been circulated for comment to various people and organisations. As well, discussions on what constitutes practical requirements, especially in relation to Aboriginal language, have been held with the Women's Advisory Council, the Voluntary Euthanasia Society, the North Australian Aboriginal Legal Aid Service and the Office of Ethnic Affairs and others. The current status therefore was that regulations and guidelines for medical practitioners have been drafted and circulated for comment to the Office of Ethnic Affairs, NAALAS office of the Aboriginal Development and the Northern Territory Translating and Interpretive Services.

My point is simply that members opposite have had months to raise this. If they were fair dinkum, they could have approached the working party and said: 'Let's try and resolve this'. I think the Leader of the Opposition is saying that he will accept only NAATI level 3 or its equivalent. Members opposite have demonstrated their lack of concern by doing nothing for months. For the Leader of the Opposition to come in here at the last minute and make a plea is not acceptable. We do not intend to change the amendment in the bill.

Mr EDE: Mr Chairman, within days of that secondreading speech, I made it quite clear that I believe that level 3 under the old classifications was the appropriate level and it should ...

Mr Coulter: Did you write to the working party and tell it that?

Mr EDE: You are in government. That is a government committee which you work with.

The Leader of Government Business referred to 'the last moment'. This is the first moment it has come before parliament since its introduction.

Mr Coulter: Rubbish! You were given the opportunity.

Mr EDE: Calm down and come back to rationality. I understand that you have consistently supported the legislation. Let's try to see if we can work something out. The problem is that you said that it was believed that level 3 was not sufficient.

Mr Hatton: I said it in the secondreading speech.

Mr EDE: If you go below level 3, old level 2 relates to paraprofessional interpreters who interpret in situations where specialised terminology or more sophisticated conceptual information is not required. This is a situation where there is some specialised terminology. The Minister for Health Services would agree that there is specialised terminology involved in the discussions between the various doctors and in the discussions between the doctor and the patient. Would the member for Leanyer agree with that? What is required in this regard is a specialised interpreter service, not a paraprofessional. The first professional level under the NAATI classifications is the old level 3. That is used for doctor/patient relationships.

I would like to make a proposal, and the minister and I have had some discussions in this regard. I would like members to think about it. It will not provide the total comfort that we are after, but it will give some. I refer members to clause 4(e). It proposes to insert 'a prescribed qualification for interpreters in the first language of the patient'. I propose that that be altered to 'a prescribed professional qualification for interpreters in the first language of the patient'. That will ensure that the prescription made by the minister is at the professional level, not at the paraprofessional level or the language aide level under the NAATI classifications. Whatever level the minister determines in relation to the language, it will have to be at the professional level. The first of the professional levels is used in doctor/patient relationships. It is a guide to the minister as to what level he is to pitch the regulation. It has to be at the professional level. If he decides to go further and pitch it at conference interpreter, advanced translator etc that is something you can discuss yourselves.

Mr Finch: Now that you have made up your mind what you want, you can constructively put it to the minister that that is what should be in the regulations and he can do it on day 1.

Mr EDE: The difficulty is that we and many others feel that the comfort of having this in the act is important.

Mr Finch: Yes.

Mr EDE: There needs to be some guideline in the act. With the current provision, it would be possible theoretically to use a language aide. The Minister for Health Services certainly would not agree with that. He wants better qualified interpreters than that throughout the hospital service. I am sure that he believes that the appropriate one is the one that relates to doctor/patient relationships. That is the professional one. The insertion of the word 'professional' will give us something to hold on to.

Mr HATTON: Mr Chairman, I will support an amendment to that effect. In fact, I move that the word 'professional' be inserted after the word 'prescribed' and before the word 'qualification' in clause 4(3).

Amendment agreed to.

Mr BELL: Mr Chairman, I wish to pick up the comment by the member for Palmerston that, because we failed to take up the minister's invitation in his secondreading speech to make a submission to working party, we were therefore disentitled from raising in this debate issues associated with that matter.

Mr Coulter interjecting.

Mr BELL: Look at how many bills on the Notice Paper for which I have shadow responsibility. There are probably about 10 times more than yours, fellow. Do not tell me that I do not do my homework.

Let us make it quite clear that it is no argument for the member for Palmerston to say that, because members did not take up the minister's invitation, they are debarred from commenting on some aspect of the bill. That is one point.

In the paragraph following the one from which the Leader of Government Business quoted, the minister said that he hoped to receive a report from the working party before the end of the year 'to enable the government to have in place all matters necessary to commence the legislation as soon as possible after passage of this amendment'. We do not have that report. The minister has not finished with it. It is about time that the minister gave us an undertaking in respect of that report. I raised it in my secondreading speech. I want to know whether members will have the opportunity to see it.

I would like the minister for Territory Health Services, as he styles himself these days, to pick up this question. I would like to know what assessment there has been of the impact on Territory health services of this particular bill. We are told that the working party has considered 3 areas medical standards, guidelines and pharmaceutical information on appropriate substances; special qualifications in the field of palliative care; and interpreter qualifications. In that context, it is important that an assessment of the impact on Territory health services should be carried out by the working party before this act commences. Now that the Minister for Health Services has returned I would like him to tell us whether his department has carried out any assessment of the impact on Territory health services of making this the one place in Australia where you can do yourself in.

Already, before this act has commenced, we have had some horrific publicity involving people who have come to the Northern Territory under the mistaken belief that the provisions of the Rights of the Terminally Ill Act were available. In that process, we were told that those people were to be videotaped committing suicide. I find that horrific. I would like the working party to consider the sort of publicity that is likely and what our approach to that publicity ought to be. Quite frankly, whilst my own children are too old to be unduly affected, I would be horrified that the nightly news service, being watched by children of 8 to 12 years of age, might show footage of terminally ill patients being assisted to commit suicide. I think that that is one issue that the working party ought to give some consideration to because the prospect for some absolutely horrific, uncontrolled publicity concerning some of these events is, I believe, a genuine matter of concern.

To sum up, what is the fate of the working party report? What are the assessments of the impact on Territory Health Services? What, if any, restrictions on publicity concerning candidates for euthanasia is there likely to be? Has the working party given that question any consideration, or will the AttorneyGeneral give an undertaking that it will?

Mr HATTON: Mr Chairman, I will give an undertaking now that the final report of the working party will be tabled in the Assembly to ensure that members will have access to the results of its work. It is at an interim stage at the moment. I think it is appropriate that when the final report is out, it be available

for the Assembly to see and we will make that available.

In respect to publicity interstate, I understand the working party is addressing that in the context of the education programs to ensure that people do not flood across the borders, many of whom, from the preexisting examples, would not qualify under our legislation in any case. That causes its own heartache.

Certainly, from a personal point of view, if I could find some way to legislate to ban interstate people obtaining access to this legislation, I would. It has been passed by the Northern Territory parliament and we are answerable to the Northern Territory people for that. I am not sure whether it is possible to do that constitutionally or whether it is possible to do it under the Medicare legislation anyway, but I would certainly love to find a way ...

Mr Coulter interjecting.

Mr HATTON: I do not think I would describe it as trade, actually. I certainly would wish to be able to do that or to find a way to make it very difficult for people from interstate to access the service.

Obviously, I am not in a position to refer to its potential impact on Territory Health Services. However, in respect of any educational publicity program interstate, that is an issue that we cannot ignore. Activists on one side or another have managed to stir up people and have created some very serious heartache and disappointment amongst people who have, in some cases, come to the Northern Territory seeking to access legislation that is not yet in operation and who would not qualify under the legislation in any case because it is very restrictive legislation. I would think it would be incumbent on everybody to ensure that that activity did not continue. Certainly, public education should extend to incorporate people interstate to ensure that they are not misinformed about what they may or may not do so far as the Northern Territory is concerned.

Mr BELL: My second of those 3 questions concerned the assessment of the impact on Territory Health Services.

Mr Finch: I thought the honourable member answered that question reasonably in 2 parts, in that the working party is still progressing and, in terms of impact from people interstate, that is part of the educative process. We do not have a figure on the educative process at the moment but I would imagine that the cost of that all up is probably around $100 000 and $200 000. We will not know, however, until we have the full submission from the working party.

In terms of palliative care, I do not think the cost of the additional palliative care can be attached to this legislation. It is a matter of public record though that the increase, over and above the existing levels of palliative care funding, will climb to approximately $1m extra per year ongoing. Other impacts for resources or funding or whatever will, I imagine, be negligible.

Mr BELL: Commenting on the $1m figure for palliative care services, I accept that. What sort of assessment ...

Mr Coulter: He is still working on it. He has only given you order of magnitude.

Mr BELL: We have no estimates of the number of extra beds that are likely to be taken up in RDH or ...

Mr Finch: There will be some less, obviously.

Mr HATTON: Mr Chairman, as a final point in respect of clause 4, the member for MacDonnell raised the issue of the terminology in the amendment referring to sections, subsections and paragraphs. I have taken the opportunity to double check that with the Parliamentary Draughtsman and I am informed that the terminology as it is there is correct. It is consistent with drafting practices that have been in operation, I am advised, since before selfgovernment. Thus there has been no change in the process.

Mr Bell: It is not internally consistent.

Mr HATTON: There are 3 levels that we are referring to. There is a section. There is a subsection and, within subsections, there are paragraphs. I refer to this by way of an example.

Mr Bell: No. There are 4. Look at section 7.

Mr HATTON: Let me just explain with a simple example.

In clause 4, section 7 the principal act is amended (a) by omitting from subsection (1) paragraph (c) and substituting the following.

Mr Bell: That is fine, but look at subclause (b).

Mr HATTON: Subclause (b) says: `by omitting from subsection (1)(k) ...

Mr Bell: But (1)(k) is not a subsection. (k) is a paragraph.

Mr HATTON: You are saying that it should say paragraph (1)(k)?

Mr Bell: Yes. If you intend to use that convention, you should apply the same convention to subclause (a). Do you agree?

Mr HATTON: I am prepared to take the word of a very senior parliamentary draftsman who says that this is consistent with the way legislation has been presented.

Mr BELL: Look at the first line of subclause (a) and the first line of subclause (b) and you will see that either you refer to subsection (1)(c) and subsection (1)(k), as is the subclause (b) convention, or you refer to subsection (1) paragraph (c) and subsection (1) paragraph (k). Do not try to teach your grandmother to suck eggs.

Mr Hatton: You are trying to teach ...

Mr BELL: No. I am telling you what is consistent and what is not, and what is there ain't consistent. Agreed?

Mr HATTON: Are you saying that you know more than a parliamentary draftsman who has 30 years experience?

Mr Bell: I certainly know more than you, boyo.

Mr HATTON: I think I will rely on his experience.

Mr Bell: It is wrong.

Mr CHAIRMAN: The question is ...

Mr BELL: Hold on, Mr Chairman. I will come back on this because it is not consistent.

Have a look at subclause (b). Since the AttorneyGeneral has decided to make a point of this, I thought he might come back at me and say that he had accepted advice from the Clerk and the Parliamentary Draftsman that these matters can be corrected.

Mr Hatton: Which is what I did say. What they said is right. They said that it is right.

Mr Coulter: He received advice that it is right. Do not mention it again.

Mr BELL: You do not have a clue about what is being discussed, Barry. Take the act and look at section 7. Section 7 has 4 subsections and subsection (1) has paragraphs (a), (b), (c) etc and some of those paragraphs have subparagraphs. For example, paragraph (b) has 3 subparagraphs. Do you follow that? Subclause (b) of clause 4 should refer to subparagraphs (c) (i) not paragraph (c)(i). Okay?

Mr HATTON: It is a simple matter. If you take subsection (1)(k), that reference directs you to paragraph (k) in subsection (1). It takes you there. That is the purpose of the amendment, to take you to that point. It then refers to specific words within that paragraph, and similarly in respect of the other amendments. It is consistent with drafting practice ...

Mr Bell: It is not.

Mr HATTON: It is.

Mr Bell: It is not, but I will not be able to convince you.

Mr COULTER: Mr Chairman, we have sought the advice of the Parliamentary Counsel on this. Examples have been given to me under consequential amendments to the criminal law acts and the Brands Act etc. It is totally consistent with the way we go about doing our business. The honourable member for MacDonnell may want to argue, but what he is going on with is nonsense. We have sought Parliamentary Counsel advice, and the Parliamentary Counsel says that it is consistent in the way it is done. I think we have to move on, Mr Chairman. I do not want to gag debate, but ...

Mr Bell: That is fine. I have made my point.

Mr COULTER: We have accepted the assurance of the Parliamentary Counsel.

Mr Bell: I will take it up with him.

Clause 4, as amended, agreed to.

Clauses 5 to 7 agreed to.

Title agreed to.

Bill passed remaining stages without debate. *Last updated:*
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