DEBATES

OF THE

LEGISLATIVE ASSEMBLY

FOR THE

AUSTRALIAN CAPITAL TERRITORY

HANSARD

14 September 1994

Wednesday, 14 September 1994

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MADAM SPEAKER (Ms McRae) took the chair at 10.30 am and read the prayer.

DISCHARGE OF ORDERS OF THE DAY

Motion (by Mr Humphries), by leave, agreed to:

That orders of the day, Nos 1 to 4, private members business, relating to the Discrimination (Amendment) Bill (No. 2) 1993, the Landlord and Tenant (Amendment) Bill 1994, the Commercial Tenancies Bill 1993 and the Crimes (Amendment) Bill 1992, respectively, be discharged from the notice paper.

MEDICAL TREATMENT BILL 1994

Debate resumed from 21 April 1994, on motion by Mr Moore:

That this Bill be agreed to in principle.

MR CONNOLLY (Attorney-General and Minister for Health) (10.33): Madam Speaker, in the last sittings of the Assembly I tabled the Government's response to the Assembly's Select Committee on Euthanasia, in which we indicated that we fully endorsed the unanimous recommendation of the select committee that the original Bill proposed by Mr Moore be discharged but that a Bill dealing with what is known as "natural death" replace it. The debate on euthanasia and natural death has been a contentious one in this Territory over the last 12 months or so. The Government has always made it clear that it anticipated that debate in this area would go down the path of first passage of a natural death Bill, followed by community debate on active euthanasia.

There is a substantial difference between natural death and active euthanasia. The issue of natural death legislation seems to have received very widespread community support. Many church leaders who have quite fundamental objections to active euthanasia are very comfortable with the proposition that the individual should have the right to deny interventional medical treatment. Intensive care medicine has advanced to such a state that it is theoretically possible to keep a person breathing, or living, almost indefinitely. "Living" is probably an inappropriate term, because they are simply functioning. A person can be clinically brain dead; but, plugged into the appropriate technological life support systems, the body can continue to function for weeks, months or, theoretically, years. That is something to which many people have quite profound objections. Indeed, many of the moralists and ethicists who very strongly oppose active euthanasia also have great qualms about interventional medicine which artificially keeps a body functioning.

To take a particular religious view of the process of dying, there is a very strong argument that death should be allowed to take its course and that intensive care clinicians should avoid artificially prolonging the process. Mr Moore's Bill, the Medical Treatment Bill, essentially clarifies the legal situation in relation to withholding treatment. The difficulty at the moment is that a doctor or other medical professional who ceases that interventional treatment is in a very grey legal area. Even though it may be clear that they are acting in accordance with the wishes of the patient, doctors are under an ethical and legal duty to provide treatment. Doctors are constantly being sued by patients or patients' families, alleging negligence in failing to provide appropriate treatment. The doctor who pulls the plug, or turns the machine off, must always worry whether or not at some time in the future their conduct could find them in court.

In essence, what Mr Moore's Bill proposes to do - it is something that the Government had long ago announced its intention to support - is ensure that there is a method by which an individual can make it clear that they do not wish to have intensive interventional treatment and that they wish nature to take its course; that those wishes will be respected; and that medical professionals, health professionals, doctors or nurses who, in good faith, obey those instructions and give effect to the wishes of the individual will not face legal action. The so-called "living will" is a simple form in which an individual can make that election. We do not know how often people will choose to do that; but, certainly, it is something that should be there if a person does want to make that election.

One significant recommendation that came out of that committee process and that is reflected in this Bill is a simple form of written direction, printed as a schedule to the Act, which can easily be circulated. It is the sort of thing that I would anticipate that the Department of Health would have printed and made available in health care facilities here in the ACT. It is a significant step forward, in the sense that it allows the individual's rights to be respected and provides legal protection for medical professionals. No doubt, medical professionals do respect individuals' wishes when they say that they do not want further intensive interventional treatment; but there is always that doubt as to their legal status and there is always that possibility of litigation.

The Government has a range of amendments, which have been circulated and which carry with them a fairly extensive explanatory memorandum. By and large, these relate to fairly technical issues which we seek to tidy up. There is some interrelation between the Bill and the powers of attorney legislation. There are other clarifications and improvements of which I believe the proponent of the Bill generally is supportive. There is one other issue that the Government has addressed, and that relates to the provisions in the Bill which say that there is a right for patients to seek as much pain relief as they want. That is a very sensible concept and one which we support. Indeed, it came out of some very carefully considered work that was done by the committee.

However, we do suggest a qualification to that provision. We say that the right to maximum relief from pain and suffering should be qualified so that it reads "relief from pain and suffering to the maximum extent that is reasonable in the circumstances". At the end of the day, maximum relief from pain and suffering is death. It is clear that the intention of the Assembly in passing this Bill is not to facilitate active euthanasia, in the sense of a massive dose of a pain-killer which would immediately result in the death of

the patient. On the other hand, and balancing that, it is the intention of the Assembly that a patient should be able to receive substantial pain relief, even though the natural consequence of that pain relief may well be to hasten the end. It is a subtle distinction, but one that I think needs to be drawn.

Those amendments are put forward in the spirit of clarifying the intention of the Bill and making it clear, to anybody who would want to say the contrary, that this is not a Bill about active euthanasia. I know that it is not Mr Moore's intention that this be a back door to active euthanasia. He wants those issues debated later. I know that the intention is really to say that a patient should be able to get maximum pain relief, even though that may have some unintended consequences. It would not have been the intention of the Bill to say that a patient has a statutory right to demand, for immediate consumption, a litre of morphine - the consequences of drinking which would be sudden and immediate. So the amendment is put forward for that purpose.

There is also an issue, as my drafters advise me, which relates to the situation in a less than terminal context and the situation of a pregnant person seeking maximum pain relief. Doctors always have to have the qualification to be able to say, "We do not believe that this additional pain relief is appropriate because of the consequences that it could have on the child". It is important that there be that balance. So, the amendment is put forward for those purposes, not in any way to subvert the intention of that important provision which empowers the patient to say, "I know that the consequences of large doses of pain relief may be adverse; nonetheless, I want the pain relief". That is a provision which the Government fully supports; but it is a provision which could be read to suggest that a person has a statutory right to have a litre of morphine - which would result in very rapid death - or the right to demand, if not a lethal injection, a lethal intravenous drip or a lethal cocktail. That is not the intention of the Assembly. So, that is why those amendments are put forward.

Generally speaking, the Government welcomes this Bill. As I said in the Government's response to the committee's report, it was a very significant piece of work that was done by that committee. The fact that a unanimous committee recommendation was able to be produced is an indication that the committee system of this Assembly can work for great public good. We will not be the first place in Australia to have natural death legislation. It was passed some years ago in South Australia and Victoria. This legislation will be the most advanced in the country. We have benefited from the examination by members of the committee. Mr Moore, as the original proponent, has obviously looked carefully at what has happened in Victoria and South Australia. In proposing some of these finetuning amendments, the Government has also looked at that. I think we can say that our legislation, if passed by the Assembly, will be pretty much the best in the country.

Mr Humphries has circulated some amendments. The first seems to just correct a typographical error; so we will clearly be supporting that. I will listen to the precise explanation for the second amendment before we indicate a position on that. Mr Moore has circulated some amendments this morning. As we see them at the moment, they are just further expanding on the requirements for informed consent and

would seem to be sensible amendments. A useful issue for the Social Policy Committee or another committee in the next Assembly could well be the issue of informed consent - not just in the context of natural death and dying, but across the whole range of individuals' dealings with the health system. It is a massively difficult issue, not one that I want to propose an instantaneous solution to, and a subject that could well benefit from being aired in an Assembly committee and a consensual approach to a solution. So, I recommend that to whoever will be looking after committees in the next Assembly. This provision here expands on what is required in informed consent in this context, and for that reason it will be supported.

MRS CARNELL (Leader of the Opposition) (10.45): Madam Speaker, as a member of the committee that came up with this legislation, I believe that it does achieve the ends that the various people who appeared before the committee and society itself want. The Liberal Party will be treating this Bill as a conscience issue. Therefore, everybody will be making their own decision on it.

Ms Follett: Does that mean that you would split?

MRS CARNELL: No; it is just a conscience issue.

Mr Humphries: It means that we have a conscience. That is what it means.

Mr Berry: Whenever you cannot agree on anything, it is a conscience issue.

Mr Humphries: We will tell sometime what it means.

MRS CARNELL: All right; we could have a debate on consciences. I think that anybody who has been through the sort of committee process that we went through or anybody who has had a look at the health system will know that the difficulty of balancing rights in this area is going to become more and more complex as medical technology becomes more and more advanced. Mr Connolly made a number of very good points, many of which were along the line that medical technology can now keep people alive indefinitely, with absolutely no brain function at all. People can end up alive, but with absolutely no quality of life at all. This Bill attempts to place, and I think it does place, top priority on the quality of life, as distinct from maintaining life artificially, with potential suffering. Secondly, it provides legal protection to medical practitioners who act ethically, in good faith, and who comply with the clear instructions issued by the patient who is of sound mind. That meets the conditions of the Bill, which has a quite onerous set of requirements.

I know that, if Mr Moore had his way totally, all of the requirements that are in this Bill would not be there. But what we have attempted to come up with is, again, a balance of the rights of the people involved. One thing that happens in the medical arena when you get heavily into the medical technology area - doctors, nurses and others would be the first to admit this - is that the rights of the patient are often not thought about a lot. It is very hard to take into account what the patient really wants when a patient is unconscious, heavily medicated, or whatever. It is important to give a patient the capacity to make their will clear, prior to those situations happening, or to give a patient

the right to grant a power of attorney, which can be granted only by an adult person of sound mind. "Being of sound mind" is a term that is represented in many facets of the law; so that is not a difficult issue to define. This right can be exercised only in the event that the grantor of that power of attorney becomes incompetent. Obviously, those sorts of things are important to a lot of people.

It is interesting to note that, where this type of Bill has been brought in, not an awful lot of people use living wills, advance directives, or whatever we want to call them; but they are very important to those people who want them. I do not think that it is appropriate not to give them that right. A number of doctors from various avenues of medicine came before the committee. Their concern was that, as the law progresses and as society becomes more and more litigious, it becomes more difficult for them to do what they have always done and continue to do; that is, to alleviate pain and suffering and to do what they believe is best for the patient. I stress the words "they believe". This Bill at least balances that and emphasises what they believe and, at the same time, what the patient believes is right for the patient.

We have seen a number of cases - some of the most famous have been overseas - where relatives have disagreed and have not been willing to allow the "plug to be pulled" on a patient who is brain dead, who is just a vegetable. I think you could get into a fairly interesting argument, as we did on the committee, about what actually constitutes life. This Bill does not get into that area at all; but attempts to allow the patient, quite definitely, to state what they want, when they are of sound mind. It provides for a person who is 18 years or older, who is of sound mind, who is informed of the nature of the illness, alternative forms of treatment and the consequences of remaining untreated, and who makes a decision, voluntarily and without inducement or compulsion, that he or she wants to refuse medical treatment to direct that it be withdrawn. I do not think anyone would argue that that is an appropriate approach. Almost every doctor that appeared said that this sort of thing was happening every day; but they were not confident that, with the law being as it is, they were not open to being sued, as has happened overseas. I do not believe that anybody would swap with a doctor in that position. I think that this legislation goes a long way to overcoming those sorts of problems.

Mr Connolly brought up as well the issue of pain and suffering, which is covered in the Bill. I will be supporting Mr Connolly's amendment to the Bill, because, as Mr Connolly rightly said, one thing that the committee was very definite about was that nothing in this Bill changes the intent from curing pain and suffering to producing death. It must be very clear that that is the case. Mr Connolly's amendment, while achieving the same ends, certainly makes it just that much clearer for those people who have a problem with that. I do not think anybody would believe that a patient should go through unnecessary pain and suffering; but I see it, and when I was practising pharmacy more often I saw it all the time, because doctors were not willing to operate at the perimeter of safety, as far as the law went, particularly those who were not specialists in the area.

So, time and again, you see doctors underdosing terminally ill patients, not because they do not care - the doctors care a lot - but because of that very difficult issue of knowing when morphine actually kills a terminally ill patient or brings forward death and when it alleviates pain. What this Bill does is state categorically that, when a professional acts in

good faith and in accordance with this Bill, he or she will not be liable. That has to be a good step. I believe that it will help doctors do what they want to do and that it will also help patients have real rights in this important area.

I believe that the Assembly should support this Bill. I think it is a step forward. However, I do understand the arguments that say, "It is all too hard. It is better just to let things go as they are". If they were working perfectly, I would agree. The fact is that they are not. The fact is that people are being underdosed with pain-killers because of the concern of some doctors in this area. We want to make sure that that does not happen. I certainly want to make sure that that does not happen. I also believe that we must remove that added burden on doctors who are treating the terminally ill, to ensure that the quality of life of those people is considered and that their wishes are adequately carried out. This Bill makes us sure of that.

MR KAINE (10.53): The motion before the Assembly is that we agree in principle with this Bill. I make it quite clear from the outset that I do not agree with this Bill. There are two questions that we should be asking ourselves in discussing such a matter. The first is: Should we be legislating in this field at all? If the answer to that question is yes, we should be asking: Is this Bill an appropriate Bill? I will deal with each of those questions. My considered answer to the first question - whether we should be legislating in this field at all - is, "No, we should not". My answer is based on the fact that there has been no ground swell of public opinion asking for such a Bill.

We should look at the process by which this Bill arrived on the table in the Assembly for discussion today. It started because Mr Moore thought we should have an active euthanasia Bill. That is where it began. There was no ground swell of public opinion for that. There was a very small number of lobbyists who came to see me, as I am sure they came to see everybody else, and pushed their case for active euthanasia. I reject that as a principle. We had a very small minority seeking to have in place a law which would make active euthanasia legal. What did this Assembly do with that? Obviously, there were great reservations about it, because the Assembly referred it to a committee. I note that, significantly, Mr Moore, the proponent of the active euthanasia Bill, became the chairman of that committee. So he had every opportunity to convince - not this whole Assembly, but a small committee - of the rectitude of his position. And what happened? They went through a very extensive public hearing process, and the majority of the evidence given to that committee was opposed to active euthanasia.

If the committee had stopped right there, we would have no Bill in front of us, because the committee would have said, "Mr Moore's initiative is not a goer". But it did not stop there. The committee obviously were not prepared to say, "There is no basis for the Bill put forward by Mr Moore, and it should be rejected". For some reason they said, "What can we salvage out of this?". We have this watered-down document - which does not refer to euthanasia at all, although it purports to support it, in some fashion - called the Medical Treatment Bill. Is that not a nice euphemism? Are we not great in thinking up euphemisms when we are really talking about killing people?

There was no demand whatsoever for this Bill; but Mr Moore had to come up with a compromise where he retained some face. So he has accepted this; but he has made it clear, as recently as this morning on public radio, that this is only the toe in the door. He still intends to pursue the active euthanasia Bill that he put forward initially. Are we other 16 so gullible that we are going to be driven along by Mr Moore in this fashion? For my part, the answer is, "No, I am not". I insist that there was no demand at all for this Bill. It is a very poor compromise, and it must be a poor compromise even for Mr Moore. We should not be debating the Bill at all because there was no demand from anybody for a Bill of this kind. Yet we are debating it here today. So, on the first point, of whether we should have this legislation before us at all, the answer, to my mind, is no. We should not even be looking at such legislation, for any reason, because there has been no call for it. So, whose interests are we serving? Are we serving the interests of the three or four people who constitute the ACT Euthanasia Society? I do not think they constitute a big enough majority to demand this kind of legislation.

The second question is: What is there about this legislation that is before us that commends itself, given that there is no demand for it or no call for it? The justification is that we have to legalise what is happening already. My response to that is, "If what is happening already is illegal, why do we have to legalise it?". Do we have to make every act that somebody wants to commit legal, particularly when it gets down to terminating somebody's life? There are one or two provisions in this Bill and, if it had confined itself to them, I would have supported it. I would support the proposition that, if an adult person, in sound mind, fully understanding their situation, is prepared to write a written will that they want something done, it should be honoured.

But this goes further than that. It allows an oral direction. If a person is in hospital and suffering, and has not made a written will, but at a particular point decides that he or she wants to give an oral direction, how does the health professional satisfy himself or herself that all of these preconditions are met? How do you define "being of sound mind"? If you are suffering severe pain, are you of sound mind? Is the person competent to make an oral direction under those circumstances? So, I would say that, if you want to stop at a written will made by an adult person of sound mind, fully understanding their condition and the ramifications of it, that is fine. I also support this notion expressed in clause 22:

Notwithstanding the provisions of any other law ... a patient under the care of a health professional has a right to receive maximum relief from pain and suffering.

You should not have to embed that into the law, however; it should be a natural human right. Why do we need to embed that into the law? I accept that that is a valid proposition; but those are the only two valid propositions in this document that I accept. I do not accept that we should be allowing oral directions to be made by a person who is in pain in a hospital. Are they of sound mind?

The other thing that I object to most passionately is the notion that health professionals are somehow superior to other human beings and can make judgments about these things. I do not accept that for a minute, because it places a very strong legal onus on the medical professionals. For example, clause 16 states:

A health professional shall not comply with the request of a grantee to withhold or withdraw medical treatment from the grantor unless satisfied that -

(a) the power of attorney under which the grantee's request is made complies with this Act ...

You have a nurse on the floor of the ward, and Freddy comes in and says, "Pull the plug on Aunt Fanny because I have a document here that is a power of attorney". Is the nurse supposed to make a legal judgment about whether that complies with this Act? The answer is that the nurse would not be competent to do so. In fact, it is stated twice in here that this is the case. I find it quite exceptional that we are placing this kind of responsibility for legal decisions on health professionals. They are not qualified legal people. How can we expect them, under stress, which we know exists in our hospitals - we have heard a great deal about it lately - to make rational decisions that will involve them in legal consequences if they are wrong?

Let us look at that question for a moment. The Bill purports to place a legal responsibility on these people. At the end of the day, how good is that legal prescription that is going to make these people act in the proper manner? It has no validity at all. Clause 20 states:

A health professional incurs no liability for a decision made by him or her in good faith and without negligence ...

How do you prove that? The health professionals make their decision, the person dies, somebody challenges it, and you find yourself in the High Court arguing whether or not this decision was made in good faith and without negligence. In other words, it would be thrown out by the court. It would always be assumed that the health professional had acted in good faith. Unless you can prove negligence, it is clearly without negligence.

The legalese in which we are trying to cloak this legislation, that says that these things can happen only if people comply with the law and establish the fact that the document before them is in accordance with this Act, is a load of rubbish. No medical professional, in the heat of the moment, is going to dash off and have a look at the Act to see whether it complies in every detail. That is a lot of baloney. But the Bill purports to give all these acts legal backing. It does no such thing. The first time somebody dies as a result of a health professional making a decision under this legislation and it ends up in the High Court because a relative takes exception to it, it will be proved what a paper tiger this piece of legislation is.

Madam Speaker, first of all, there is no need at all for this legislation. I do not know why people put the legislation before us. It was not what anybody asked for originally. What was asked for originally was totally rejected. It was rejected by the committee which Mr Moore chaired. So, instead, we got this. When you look at this piece of legislation that is before us, you find that most of it is unnecessary, and what little is left that might be necessary is the two points that I made, which I said I would agree with.

There is no legal binding on any health professional anyway. At the end of the day, they simply say, "I acted in good faith", and who is going to say that they did not? Is Mr Connolly going to say that they did not? Mr Connolly is the Attorney-General of this Territory. Is he going to say that they did not act in good faith? Of course he is not.

So I submit, Madam Speaker, that we do not need the law. It has not been established that we need it. The law before us is a bad law. If the Assembly passes it, it will discover in the future that it has made a rod for its own back. What it does is give Mr Moore a toe-in for the whammy - the active euthanasia Bill. I know that because he said so this morning. That is coming down the track. I do not support this Bill. I do not support it in principle and I do not support a great deal of the detail that is in it.

MR LAMONT (Minister for Urban Services, Minister for Housing and Community Services, Minister for Industrial Relations and Minister for Sport) (11.05): Madam Speaker, I am extremely pleased that I waited to make my contribution until after it was quite clearly demonstrated by Mr Kaine that he basically and fundamentally misunderstands the processes of this Assembly. That is the only conclusion that one can draw from the diatribe we have just heard him undertake for the last five minutes.

Mr Kaine: Madam Speaker, do I have to be personally abused because I have a different view from that of the Minister? It was not a diatribe; it was a decent, honourable speech. I expect to be paid the same respect as everybody else here is paid.

MADAM SPEAKER: Mr Lamont, I ask you to take that into account.

MR LAMONT: Madam Speaker, the simple position is that, if I take account of the lack of objectivity which Mr Kaine has demonstrated in addressing this matter, I can draw no other conclusion than that it was a diatribe. The simple fact is that this Assembly has a right to determine how it deals with the business before it. Mr Moore, quite properly, as a private member, presented a proposal, and then sought the agreement of this Assembly to conduct a particular process provided for in our standing orders. They provide for a committee of this Assembly to consult with the public - an exposed and open process - a principle that I would have assumed would be supported by Mr Kaine.

Notwithstanding a number of positions that Mr Moore put quite forcibly, as was his right, that committee, comprising Mrs Carnell, Mr Moore and me, came down with a report. There were differences within that report; but there was an acknowledgment that, as far as legislators are concerned, incrementalism in this case is an appropriate way to proceed. That did not mean that there was support within this Assembly for active euthanasia; but it did say that, before that matter is considered within our community and the community's position is reflected in this Assembly by legislation, if that is the case, we should proceed at least to clarify the position as it is acknowledged to be at the moment. That is what Mr Moore's Bill and, indeed, the consequent amendments that have been proposed by our side are attempting to do. I find offensive Mr Kaine's suggestion that I, as a member of this Assembly in the first instance, have no right to become a member of a committee of this Assembly, to allow the matter to be debated, to consider the issue, to put a view in terms of a report and to support a legislative package which gives recognition to the recommendations of the report.

It is obvious that, on the other side of this house, we have five members of the Liberal Party who will not be supporting this Bill and we have one member of the Liberal Party who will - or have they gagged you now as well, Mrs Carnell?

Mr De Domenico: What does that have to do with it?

MR LAMONT: I think it is interesting for that point to be brought out, because Mrs Carnell was a duly elected member of this Assembly on the Select Committee on Euthanasia.

In my memory, Mrs Carnell understood quite clearly what would very probably happen as far as the recommendations were concerned. It was a tripartite committee. It was representative of all the constituent parts of this Assembly, save for Mr Stevenson, who was not on the committee. So it was understood that if this Assembly's committee, duly constituted and elected, prepared a considered report, as I believe this is - with one exception, being the preface, but that has now been dealt with - it would very probably end up in a legislative package being brought before the Assembly. In fact, the committee itself recommended the form of that, and I believe that it took a quite responsible position in doing so. I, unlike Mr Kaine, believe that there is substantial support within our community for the introduction of legislation of this nature. I did not concur - I said so in the report and have said so repeatedly in this place - that there was wide community support, in my view and in the view of the majority of this committee, for taking the step that Mr Moore originally proposed.

The type of nonsense that was put forward by Mr Kaine in his address in opposition to this Bill was refuted comprehensively by the decision of the committee to make the recommendations that it did. It took into account the types of issues represented in the community about active euthanasia, Mr Kaine, and, in my view, quite sensibly dealt with them in the body of its report. Indeed, it also dealt with them - - -

Mr Kaine: Why did you not stop there?

MR LAMONT: It has stopped there.

Mr Kaine: No, it has not.

MR LAMONT: Yes, it has.

Mr Kaine: We have a Bill in front of us.

MR LAMONT: That is dead right, because that is what the committee recommended. It said, "This is the matter that we have tested. This is how we believe that it should now be dealt with. It should be dealt with to this point, and this point only".

Mr Kaine: I do not agree with you.

MR LAMONT: That is your right, Mr Kaine; but that is not what you have said.

Mr Kaine: Stop attacking me because I have a different view.

MR LAMONT: That is not what you have said. What you have done in your address to the Assembly this morning is basically castigate the process that has been adopted to bring the legislation forward.

Mr Kaine: I did not castigate anything.

MR LAMONT: Yes, you did. You quite clearly did.

Mr Kaine: I outlined the process, and I said that you came to the wrong conclusion.

MR LAMONT: I can understand that you have a different view in relation to how far the legislation should go or whether or not there should be any legislation at all. That was quite clearly outlined. But it is clear that the Assembly has accepted the basis of the report.

Mr Kaine: You do not know yet. The legislation has not been voted on.

MR LAMONT: But the legislation comes out of the report, and the report has been responded to and noted by this Assembly. I think that it is a quite proper process and a quite proper principle which is outlined in this legislative package before us. I believe that, as the Government has said, what we should do is allow for further debate in relation to the concept of active euthanasia. My personal view - I said it at the time - is that there was not wide community support for that concept, or there was a clear difference between people in their understanding of what that concept meant. It is simply not good enough to do a Dennis poll and say, "If you are in a stage of terminal illness, do you think somebody should prick you with a needle or give you a bottle of pills?" or whatever else. That is just too simplistic to allow for this very - - -

Mr Stevenson: On a point of order, Madam Speaker: Perhaps Mr Lamont would not use biased questions when he talks about the polls we do.

MADAM SPEAKER: That is not a point of order, Mr Stevenson.

MR LAMONT: Do you mean that you conduct that sort of poll? I just called them "Dennis polls". Madam Speaker, I am confident that everybody in this Assembly understands what sorts of polls Mr Stevenson conducts.

It has been acknowledged by our committee and in the Government's response and in comments that I have made before in this chamber that it was simply not appropriate to go to a simple survey with a simple question and then say that the answer is simple in relation to active euthanasia. So, Mr Kaine, I believe that the committee took on board and the Government in its response has taken on board your concern that you cannot have a simple answer to an extremely complex question such as this. We have acknowledged, identified and documented, appropriately, current activity in relation to the questions that are covered in this Bill concerning medical treatment of persons in a terminal state of illness, and so forth. I believe that it is an appropriate way to go.

I do not regard it as a necessary first step to active euthanasia. I believe that the incremental approach to that question originally presented to this house, which I hope will be adopted by the Assembly in the form of endorsement of the legislation today, is the appropriate way to go. If you have read my report, and particularly my preface, which has been circulated - would you like me to read it into the transcript?

Mr Moore: If you would like to, I do not mind; but most of us have read it.

MR LAMONT: Translated from the Greek, it basically says that haste in every business brings failure. That is the basis upon which my action in relation to this matter has been predicated. But we need to ensure, consistent with the policy of the ALP, that before we proceed to any legislative reform and steps in this direction we understand the impact and implications of each of those steps and that there is wide community support and wide community education in relation to those issues, to allow us adequately and appropriately to reflect the views of the community.

Mr De Domenico: Is that what the platform says?

MR LAMONT: Yes. Mr De Domenico, I understand that you are an avid reader; but it is obvious that there is a lot that you do not understand. You should go back and read the report, where I outlined the position of the Australian Labor Party and our policy, at the end of page 1 and on page 2, in trying to overcome some of the distortions - albeit accidental ones, I am sure - that were included in Mr Moore's preface to this report. I believe that I quite clearly and adequately outlined the position of our party.

I do not believe that it is appropriate for this matter to be vilified by Mr Kaine. Obviously, by your chortling, Mr De Domenico, you support him. I believe that it is not appropriate for that sort of vilification and absurdity to go unchallenged in this house. This house has a responsibility to reflect community norms and acceptable community standards. In preparing this legislation, we provided for an extensive, open and public process; for a committee of this Assembly, with your leader on it, to report; and then for Mr Moore, the original proponent, to consider that report and bring it back before this chamber. That is what democracy is all about. I think that what we are able to see here in this Assembly is not processes that achieve the lowest common denominator, but processes that are public, open and accountable. Those processes work.

There have been a number of other pieces of legislation before us that have been brought forward in a similar process, where a member of this Assembly sought and achieved support from the majority of the members to have a particular matter tested or questioned through the processes outlined in our standing orders. That is what Mr Moore had done. On this occasion, the majority of members of the committee and, indeed, I suspect, the majority of members of this Assembly believe that Mr Moore's proposition, as originally put, was not supportable. But the process that we adopted to assess the community's position, I believe, came down with a reasonable outline in this report, and this legislation is an appropriate way to reflect that. I support the issue and I will support the Bill and the amendments moved by the Government. I have some concern about one of Mr Humphries's proposed amendments; but I will address myself to that later this morning.

If it is a question of morality - it appears that that is what it is coming down to - then what we should debate and discuss is the wider question of morality. I do not believe that it is simply good enough to say, "I object to the Bill because the process that has been used to get it here was flawed, or was wrong, or was not an appropriate process". That is a nonsense argument. That is not a personal vilification of you, Mr Kaine; it is a statement of fact, as far as I am concerned, about the processes quite properly outlined in our standing orders. This legislation before us has had wide exposure and wide debate, and I believe that it is acceptable to by far the overwhelming majority of our community.

MR DE DOMENICO (11.21): Madam Speaker, Mr Lamont began his speech by criticising Mr Kaine personally for his lack of objectivity. Mr Lamont is quite capable of expressing his point of view. At least we all know where Mr Moore stands on this issue, because he has been quite public and quite open about it. There are a lot of members in this Assembly who would disagree with Mr Moore on this matter, as they would on many issues; but at least Mr Moore has the courage and the guts to stand up and say what he thinks. He takes the consequences, as we all do after we say what we think. This place has been called a political bearpit, and quite rightly so, Madam Speaker. That is what it is. So let us talk about the politics of this matter. I can recall that Mr Moore, quite rightly and quite sensibly, in terms of his constituency and his ability to play politics, had a look at the ALP platform and thought about his own personal views of the issue which was - - -

Mr Moore: And his own platform.

MR DE DOMENICO: And his own platform as well. He said, "How can I introduce a private members Bill which is likely to get support?". That is a quite reasonable way of approaching an issue. Mr Moore, having had a look at his own platform and having made public statements about where he stood - we all know where Mr Moore stood - had a look at the ALP platform, which supported active euthanasia. It was quite simple: He brought in a Bill reflecting ALP standards as well and expected to get support. But he did not get support, and why not? It was because the Labor Party, in a fulminating piece of intelligence, realised that that is not what the majority of the people of the ACT want; so then they started playing politics as well.

They asked themselves, "How can we support something that the majority of people in this Territory do not want us to do and yet be loyal to our backroom boys and girls and do what the platform tells us we must do?". The answer was, "Let us form a bipartisan or tripartite committee. The Assembly agrees that Mr Moore chairs the committee. We will stick the Leader of the Opposition, Mrs Carnell, and Mr Lamont on it. Let us see how we go. We will put forward to that committee a Bill which proposes active euthanasia as well as passive euthanasia". So off it went to this committee, and that was the Bill that this committee was going to look at. In came submissions from all over the country - some for and some against, as happens with all committees. The consensus of opinion on the committee was, firstly, that there was not sufficient public support for active euthanasia, which was the original intention of Mr Moore's Bill.

Why was it not stopped there? It could not be stopped there because the ALP platform says that the ALP supports active euthanasia. So how does the ALP get on its bike and pedal backwards at a rate of 100 miles an hour to make sure that it does not lose face with its own limited constituency, which meets in a phone box on a Thursday night? They say, "Let us try to find a compromise". So what does the committee do? It then sets about watering down the initial legislation that Mr Moore put forward, as was his right, and we find the Medical Treatment Bill that we have before us, which was going to be the one to make everyone pull out and agree. That is fine. There were rumours around the place that the bishops agree with this. So what did some of us do? We actually rang the bishops, and we found that the bishops did not agree with it. Some of the bishops said, "Our opinion is that the perfect thing is to do nothing, because we are quite satisfied with what is going on at the minute". We have not had any doctors kicking doors down and saying, "Please, Assembly, would you legislate on this issue, because it is something that is occupying our minds 100 per cent". Not one person has done that. As Mr Kaine quite rightly said, those people in our community that support active euthanasia did speak to us, and we listened to them and we expressed our point of view as well.

But it is not as if this is a burning issue in the community. For heaven's sake! Thirty per cent of our young people out there are unemployed, and we are sitting here today, or standing here today - although there is not much difference when I am doing it - debating an issue which is a nonsense issue. We do not need to be debating this issue today. No-one wanted us to do this. What we are doing purely and utterly is playing a political game in order to satisfy Mr Moore. Once again, I commend Mr Moore because he has been quite up-front about this. More importantly, we are playing a political game to enable the Australian Labor Party to back-pedal. That is what this debate is all about.

This legislation is bad law. Let us look at the process. We have had a committee initially to look at a piece of legislation, which had nothing to do with this, by the way, and they rejected that.

Mr Moore: That is not correct.

MR DE DOMENICO: Well, it had something to do with it. I am sorry, Mr Moore. Let me be as accurate as I can. Initially, we were looking at active euthanasia as well as passive euthanasia. So we have separated one from the other. The committee said, "There is not community support for active euthanasia. Just look at the passive side". We have done that. Then we have come in here to debate the issue, and we have amendments by Mr Connolly for a start. On this "superb" piece of legislation we have a number of pages of amendments from Mr Connolly. We have amendments from Mr Moore. We have amendments from Mr Humphries. Are we not looking at opening a Pandora's box here? Are we not really trying to solve in a legalistic way what is sometimes thought to be a moral problem? Is that not the wrong way to do things? I believe that it is, especially when there is no great ground swell out there in the community to say, "Please, ACT Legislative Assembly, legislate" - in a way in which no other jurisdiction has done, by the way. I am aware of legislation in South Australia, Victoria and the Northern Territory. There is no burning pressure on this Assembly to legislate in the way we are today.

Mr Moore quite rightly said, as I think Mr Lamont said, that there is a moral issue as well. Unlike members opposite, on this issue we are allowed to vote according to conscience, and we will. Let me tell you that I do not care how Mrs Carnell or Mr Humphries or Mr Stefaniak or Mr Kaine or Mr Cornwell votes on this issue, because I know the way I am going to vote on this issue. I am going to reject Mr Moore's Bill and I am going to reject all the amendments, because I really do think we are wasting the time of this Assembly and of the people of the ACT by debating this sort of legislation when there are so many other issues that, I believe, the people who elected us to be in this place want us to debate.

MS SZUTY (11.29): Mr Deputy Speaker, in speaking to the Medical Treatment Bill I should say at the outset that until now I have not been directly involved in the protracted debate on euthanasia which has taken place during the life of this Assembly. In fairness to all members of the Assembly, I believe that I should make my position on this issue quite clear. My position is quite simply that I favour a stronger position on the right of individuals to choose to die than that which is outlined in this Bill. This position is consistent with the relevant health policies which the Michael Moore Independent Group took to the last Assembly election in 1992, and to remind members I will outline what they were:

The principle of respect and dignity for every person;

The premise that individuals should have as much control as possible over their own health choices; and

That euthanasia should remain on the agenda in order that a balance be found between respect for human life and the rights of those who wish not to continue suffering.

I still support these policies and, as my colleague Michael Moore has indicated, I will seek with him to bring these policies to fruition in the next Assembly.

Mr Deputy Speaker, the rationale for this Bill was given in the introduction, section 4.1, to the report of the Select Committee on Euthanasia into the Voluntary and Natural Death Bill 1993, a Bill that has since been discharged from the notice paper, in accordance with recommendation 2 of that same report. This introduction stated:

Although there was a great deal of opposition to the "voluntary death" provisions of the Voluntary and Natural Death Bill 1993 there was total support from witnesses appearing before the Committee for the right of a patient to die with dignity and for the right of a patient to request the withdrawal or withholding of medical treatment.

Mr Deputy Speaker, these are sentiments with which, in the main, I agree; but I believe that the point should be made that dignity and death do not often go together. Indeed, death could be regarded as the ultimate indignity. The process of dying is, on many occasions, a process of continual loss of dignity as patients become more dependent on nursing staff or carers and, at times, as increasing levels of pain override all

other considerations. Dying is, in many cases, a demeaning experience for all involved, not only for the person who is dying but also for their family and friends. Indeed, I believe that the sentiments embodied in the select committee's report would be better expressed if it talked not about the right of a patient to die with dignity but rather about the right of a patient to die with a minimal loss of dignity.

Mr Deputy Speaker, to illustrate this point and the need for legislation to deal with these issues I would like to relate to members a story which I believe speaks for itself. I have omitted names and other specifics, for reasons which will be obvious to members. Some years ago there was a Sydney couple. The wife had recently retired from her professional position in the public service, and the husband, while nearing retirement and despite the fact that he was a diabetic, was still actively engaged in his role as a professor - a head of school at a university in Sydney. He was not only pursuing his teaching, administration and research roles in his specialty area of that university but also playing a leadership role in international forums in his specialty, working with other academics in his field around the world, helping to establish tertiary courses in his discipline in Asia and advising government in his area of expertise. All in all, this man was contributing significantly to Australia and the world in an area of growing importance, and his intelligence and dedication were respected by his peers in academia and by those involved in the practical application of his speciality.

This couple took a rational approach to most issues and, in particular, their own mortality. For many years they were members of the Voluntary Euthanasia Society in New South Wales and were strong advocates of its views. As retirement approached, they both recognised that it was possible that they too may well have to face the indignities associated with terminal illness and death. So, they set in train, with their legal advisers, a process of developing living wills which would allow the withholding or withdrawal of over-the-top medical treatment in the case of terminal illness. Given the state of the law in New South Wales at that time, this was necessarily a protracted process.

Unfortunately, before the living wills were finalised the professor suffered a diabetic stroke. He was admitted to a teaching hospital in Sydney, where he suffered further strokes, and his death was seen as highly probable. Only a combination of his own strong will and the intervention of the medical teams at the hospital allowed him to survive. After some weeks his condition stabilised and it was possible to assess his condition. Mentally, he was as alert and intelligent as ever; but, physically, he was paralysed on the left side and partially paralysed on the right side and, as is often the case with diabetic related strokes, his eyesight was severely impaired. After a period of stabilisation, the medical advice to his wife was that there was little or no likelihood of recovery and that he might survive for another 10 years in his current state.

As I believe most partners would do in the circumstances, his wife took the wheelchair-bound professor home and undertook the role of carer. This was a 24-hour, seven-day-a-week job, with little support and many difficulties, not the least of which was physically manipulating a man substantially heavier than herself from bed to wheelchair and back. What of the man himself? He could not feed himself; he could not clothe or

wash himself. His eyesight problem precluded him from access to the written word, television or other visual media; and his paralysis meant that, despite valiant attempts, he could not talk easily or for long periods and what he did say was almost impossible to understand. The only sense which was left to him in any significant degree was hearing, yet he was unable to tune a radio or change a cassette tape. Here was a man, with a sharp and inquiring mind, almost totally cut off from sensory input, virtually unable to communicate, and totally dependent on others for his care and stimulation. After about a year of home care he and his wife came to the realisation that her health was suffering from undertaking this caring role and, after careful consideration, reached an agreement that he should enter a nursing home. At about this time he began to articulate, as far as he could, his wish to die.

To cut a long story short, this man spent another three years in his room in the nursing home while there was a gradual decline in his health. Medical advice was that a lifespan of another 10 years was still probable. In his time at the nursing home he suffered two major kidney infections and, as often happens with the bedridden, numerous bouts of pneumonia. Despite his express wishes, albeit difficult to understand, and the imploring of his wife, medical staff intervened on each occasion to prevent his death. In his last year in the nursing home he increasingly tried to communicate his wish to die to his visitors, and particularly to his family. It got to the stage where he was asking to be helped to die, and he attempted to conspire with family members to achieve that end. Mercifully, the suffering finally came to an end. When he suffered yet another bout of pneumonia, the doctor in charge consulted his wife before undertaking any treatment and, as a result, agreed to withhold any treatment other than pain minimisation. The grateful look in this man's eyes when he knew that death was imminent was a consolation to everyone and a reflection on the indignities which he had been forced to suffer. It is indeed a tragedy, Madam Speaker, that this man's still sharp intellect was trapped in a non-functional body for nearly 4½ years, despite his express wishes to the contrary, which were made clear before his illness.

I have taken the unusual step of relating this story because I believe that it illustrates very well the indignity of terminal illness and death, both for the dying and for those people close to them, the difficulties which even the most rational of us face in having our wishes carried out in respect of how we die, and the need for legislation to allow people to choose to minimise the indignity associated with terminal illness and death.

Madam Speaker, as I said at the outset, I support a stronger position than that espoused in this Bill. That does not mean, however, that this Bill is not an important step forward in allowing people to minimise the indignities associated with the process of dying. It is. I commend the work of the Select Committee on Euthanasia in examining this issue and I commend my colleague Mr Moore for having the courage to bring the issue forward for debate. I firmly believe that this Assembly exists to provide a forum for the discussion of both straightforward and complex issues and, in this instance of the complex issue of euthanasia, that this Assembly brings credit upon itself for the work which has been achieved.

MS ELLIS (11.38): I have a few brief comments I want to make, and they are really observations on the debate here this morning, as well as my thoughts on the Bill itself. I was interested to hear Mr De Domenico's comments, in particular when he said, "Why are we doing this? There is no evidence of a strong push by the community. I do not see them ramming down our doors", or words to that effect, "to implore us to pass such legislation". The observation I would make on that is, first of all, that maybe I have access to a better consultative process than he does, because my view of the subject is that there is a strong call for it, but by its very nature it is not the sort of subject that you will see people storming down the street and bearing placards over.

In a lot of cases, in fact, an issue like this, unfortunately, does not really come to the attention, the concern, or the consideration of people until they find themselves somehow touched by it or have a need to consider it. For those in our community who have the foresight to form a position on an issue like this before that, I commend them. For those who find themselves forming a position through need, or through involvement in the subject, I think they need our support as much as anybody does. There is absolutely no doubt in my mind that a Bill of this kind is a welcome Bill within the community. I think the reverse would be more easily measured. I would be more concerned if my door was being pushed down by people opposing this. That is my measure of support, and I have not had evidence of that fact.

The point is that we have a very responsible medical profession who, as has been said in this place already, conduct their role in this area of medical care with great responsibility and, in fact, with great care and compassion. This Bill allows a protection of them to some degree, and I think that has to be applauded. What it also does is give us as an Assembly, and therefore the community as a whole, an opportunity to actually focus on this, an opportunity to make people aware of what is available to them. I noted in an interview with Mr Moore that I heard on the radio this morning that there was a point made that in some places where this is already the case the living will forms as such are not all that often used. While I am not disagreeing with that comment for a moment and while I fully understand that, I think it is only by debates such as this, by the bringing in of legislation such as this and by the opening up of the discussion as a general rule within the community that we will, in fact, see them used more often. I do not want to see them used, purely for the sake of their being pieces of paper that need to be filled in. But it is very important that people, who are in a position where they believe that they need to consider this sort of outcome for themselves, find a simple, open and compassionate way to pursue that outcome. At the moment, it is done in the dark. At the moment, it is done by them or their families, virtually in a blind fashion, and I think that bringing in legislation such as this opens the whole issue up. This makes it available easily to people in that position who believe that they need to access this sort of treatment or regime; so that they can actually do so without the fear of reprimand, embarrassment, misunderstanding or lack of compassion.

Whilst I find some of the comments from the members opposite particularly interesting, I find them in some ways offensive, in the sense that there is no real compassion being shown by them, in my view, by the points put this morning, to illustrate their care or compassion for the people that we are speaking of. That is where I really think we need to have this debate directed to. It is not a political point scoring exercise at all.

I deplore people - I am not suggesting that anybody here did; if they did, they will know that they did - scoring political points in this debate. What is really important is the people that we are speaking of when we debate such an issue. I have, as I said a moment ago, absolutely no hesitation whatsoever, in my own mind, about what we are attempting to pass here today. I am optimistic that this Assembly will give it the appropriate outcome.

MR HUMPHRIES (11.43): Madam Speaker, this Bill does challenge us to consider the appropriate limits of law-making in the ACT. Although the issue before us today is not as charged an issue as the original active euthanasia proposal put up by Mr Moore might have been if it had come on for debate here, it is still fraught with a whole range of medical and legal dilemmas or issues which we need to consider very carefully.

In a sense, I think, Madam Speaker, it is true to say that we have as much an obligation to look at what this legislation does not say as to look at what it actually says. I think, if we look at the words contained in the legislation itself, we would have to say - and I think I am supported in this by the other contributions in this debate - that there is little to object to in the wording itself of this legislation. Mr Kaine has made some comments about some words in the legislation, and I will come back to those in a moment. But the words themselves do not appear to present an enormous problem, particularly if one reads the transcript of the proceedings of the select committee and compares comments made there about the question of electing to withhold or withdraw treatment and the words that are contained in here. The contrast is not very great. I certainly think the amendments that have been put forward will improve that position; but the comment, nonetheless, stands. It is the principles at stake that are difficult to argue with.

I think, Madam Speaker, that the question, however, is what practices might result in our hospitals and medical centres as a result of the passage of this legislation that possibly we need to give more thought to. I do not know, because I am not a medical practitioner, how a doctor might react to, might deal with, the sorts of issues which are raised in this legislation. I would say that he or she would consider this to be a framework in which they would welcome working, but I do not know for certain. I do not know for certain how this will affect those practices.

Let us examine the Bill itself for a moment. The Bill grants a simple right to refuse medical treatment, either generally or in a particular respect, where a person fulfils certain criteria: They are of sound mind, they have attained the age of 18 years and they have made a written or oral direction to that effect or they have completed a power of attorney which, in turn, allows somebody else to exercise that power for them. Having stated that bald right, the right itself is then heavily hemmed in and regulated. The capacity to give a direction is tightly limited by the Bill. The conditions for its validity, indeed, are similar to those of a will. There need to be two witnesses present at the same time to witness the person's signature and then to sign that document at the same time, in each other's presence.

Having established that direction, there are a number of qualifications, or hemming in, if you like, of this right, this capacity to make this direction. First of all, the direction can be very easily revoked; for example, by an oral revocation, even though the direction itself was originally a written one. A health professional, in turn, has to explain the

consequences of such a direction carefully to the person concerned. They must ensure that the person understands. If they appear not to understand the nature of what they have agreed to or signed, then the practitioner is not covered by the protections afforded in the Bill.

I note, incidentally, that the effect of this will be that sometimes the effluxion of time will tend to erode the effect of the direction. For example, if I were to complete a direction in a state of good health and then was injured in a car accident, and I arrive in hospital in a coma, then the medical practitioner obviously cannot explain to me the nature of my direction and ascertain that my intention is as set out in the document. Therefore the direction itself, as I read the Bill anyway, will lapse. So, it does not appear to provide as broad a protection as perhaps some people have suggested.

Practice is a matter which we have to take into account. What doctors and nurses do in our hospitals is a matter we have to consider carefully when looking at this legislation. Doctors say - and I base this on my own conversations with them and what appears in the transcript of the select committee's proceedings - that these matters are raised, and these sorts of decisions about the level of treatment, based on the wishes of patients, are taken on a daily basis in our hospitals. The question is: How clearly does this Bill accord with that practice? Does it reflect that practice? Does it make the arrangements certain and predictable?

Madam Speaker, one thing we can say for certain - and this is a matter which the proponents of the Bill, I think, need to bear in mind - is that the circumstances in which a valid direction to medical practitioners can be given by a person, for example, in a hospital are certainly very heavily regulated, probably more heavily regulated than is presently the case in a hospital. I doubt, for example, that a person who wanted to give a direction to their doctor at the present time would go through the rigmarole of having two persons present to witness that direction and having them sign a document possibly in the form that exists in the Schedule to this Bill. There is arguably a more onerous burden being placed on doctors in these circumstances than is the case in the present practices being used in our hospitals. The paperwork is more extensive; the processes to be gone through to legally comply with the legislation are more onerous. It appears, however, that doctors are prepared to accept that additional level of onerousness or that level of intrusive regulation of their practices in our hospitals in exchange for some measure of legal certainty.

Madam Speaker, I rarely have the opportunity, the privilege, of being able to come to this place and listen to the debate that goes on in here in an open-minded fashion. I confess that I generally arrive here with my mind made up about issues and I then proceed to debate and vote accordingly. I have heard the arguments about the origins of this Bill and, in fact, those origins do give me some considerable concern. That has been the main thrust of the argument against the legislation. It is true that instinctively I distrust Mr Moore's motives in this matter. Mr Moore's agenda for active euthanasia is very clear. He has made that statement from the outset, and I think he would not attempt to disguise it. It is part, obviously, of a broader agenda of his, and he perhaps sees it as an appropriate first step towards something more.

However, I must say that, as far as I am concerned, it is not enough to say that the origins of this Bill are suspect in order to say that the Bill itself is worthy of being rejected. The phrase "the devil can quote Scripture to prove his purpose" springs to mind. It is worth bearing in mind, however, that it is Scripture, nonetheless, even though it is the devil that is quoting it. Having heard the debate, I must say that I am unable to discern any intellectually valid or sustainable argument, beyond mere innuendo, against the passing of this Bill; and therefore I intend to support it.

Unquestionably, the state of the law in the ACT at the present time is unsatisfactory. By refusing to pass this Bill, we would be shutting our eyes to what happens in our hospitals in this Territory every day of the week. We would be saying to people in our hospitals who are charged with these complex and difficult questions, "Do what you do now. Do it with our blessing" - as I have heard no-one here say today that they do not believe that these things should take place - "but do not ask us to protect you if you get sued as a consequence of your actions". Madam Speaker, I reject that approach. If we accept that these practices should take place in our hospitals, if we believe that medical practitioners are entitled to consult with their patients to achieve these ends, then we should protect those involved.

Madam Speaker, there are a few questions that have been raised by my colleagues that I want to respond to only briefly. Mr Kaine has raised the question of whether, having accepted that a written direction is okay, an oral direction should be a mechanism by which one expresses one's views about whether one wants treatment withdrawn or refused. Mr Kaine's argument appears to be that, if a person is in pain, ill in a hospital, it ought not to be assumed that they will have the mental state of health, if you like, to be able to give validly a direction about their treatment. In fact, it goes somewhat beyond that. He seems to suggest that a person is capable of making a written direction satisfactorily but cannot always give an oral one.

I think it is a dangerous assumption, Madam Speaker, to suggest that, because someone cannot write something down, they are not capable of making a sound judgment. Certainly, it is true to say that some people who are physically incapacitated will also, as a consequence of that, be mentally impaired at the same time, be either incapable of forming a rational judgment or so distressed at the time that they would not be able to actually proceed to make a rational judgment about their treatment. But the legislation does talk about people being of sound mind when making this kind of direction and it backs that up by saying that a medical practitioner will not give effect to a direction unless it appears that the person who has affirmed that direction understands the consequences of what they are doing. Of course, we expect certain judgments to be made by medical practitioners about the extent of understanding by their patients. We expect that all the time. Medical practitioners have to make that kind of judgment every day of the week in respect of all their patients. For all sorts of reasons, patients might not be capable of making a rational judgment. To suggest that a patient is necessarily unable to make a rational judgment because he or she cannot give a written direction, I think, goes too far.

Mr Kaine also says that we place a very heavy legal onus on health professionals in our community, and indeed we do. We place an enormously heavy onus on them through this legislation. But, of course, we also place it on them now, and I think it is true to say that in many respects the onus is less heavy, the burden is less weighing down, if the framework in which they work is clear and understandable through the legislation. Doctors are operating at the moment, to some extent, in a legal void. They must make decisions about the level and appropriateness of treatment of their patients, and some practices which occur in our hospitals in respect of that are quite common. But others are left very much to the personal judgment of doctors, and there would be a divergence of practice, in part because doctors do not have any clear framework in which to operate. The argument about common law and statute law that we had last night comes up again. If we have the chance to make clear what the law says, we should do it through legislation. This is a very good example of where that should occur. Doctors themselves have supported this concept clearly for that very reason. They want to know where they stand.

My colleague Mr De Domenico has made the valid point that there does not appear to be a great clamour for this particular legislation. That is also obviously true. None of us have had huge delegations of doctors and nurses banging down our doors; but it is also clear, from looking at the transcript of the select committee, that doctors and nurses have strong views about this matter and also take the strong view about the need for there to be some protection. Those doctors and nurses were strongly of the view that there should be no active euthanasia, and I applaud that decision of theirs; but they also took the view that the present state of affairs was unsatisfactory. That is what comes out, to me, from reading that transcript. I might also point out that, if one looks through the notice paper, it is actually very hard to find on this program any legislation which might be said to be generated by the clamour of citizens of the ACT. Unfortunately, most of it is not.

Madam Speaker, in closing my remarks, I want to say that I do have one reservation about this legislation. It is the question about whether it is a first step, a slippery slide down the path to something worse. Mr Moore's agenda is quite open about that. The Government's is less so, as Mr De Domenico pointed out. The Government has an agenda of advancing active euthanasia in a timeframe and in a context which is not clear either to me or to any other citizen of the ACT. I still make it clear that my suspicion is that we will see a move on this question very soon after next year's election. If that is the case, if the Government has that intention, should they win, if it has even the suspicion that it wants to go down that path, it should say so firmly and clearly to the citizens of the Territory now, not after 18 February next year.

I do not think, however, that by codifying, if you like, the practices in our hospitals we necessarily open the door to this further unwarranted practice. It has not been the case, as far as I am able to determine, in either South Australia or Victoria, where legislation like this has been enacted.

Mr Kaine: They do not have Marxist governments there.

MR HUMPHRIES: They, indeed, do not have Marxist governments there, and I think we can say, with some certainty, that it has not been a dangerous first step in those places. I therefore, as I indicated, will support the legislation.

MADAM SPEAKER: I call Mr Cornwell.

Mr Lamont: I was going to seek leave to speak again just to thank Mr Humphries for acknowledging that we will win the next election.

MADAM SPEAKER: Order!

MR CORNWELL (11.58): I just briefly wish to join this debate. I think it is important to state one's position on the matter. I regard Mr Moore as a zealot, who I think is determined to change the social mores of ACT society.

Mr Kaine: All by himself.

MR CORNWELL: Indeed, selectively and progressively, of course, whatever those terms mean. They mean different things, I suggest, to Mr Moore than to me. However, at least that is Mr Moore's position. He has, in this particular issue, been joined by the social engineers on the other side of the house, the Labor Party, who have a mania, it seems to me, to nail down every human condition and control it - ironically, in this case, even death.

I accept that there are practices that go on at the moment in our hospitals that may not be legally regulated, and that these may be of some concern to some people. Nevertheless, they have been going on, if I can use the word, successfully; but I would not like that to be misconstrued. They have been going on for many years. I am by no means convinced, as one of the earlier speakers said, that this legislation would allow those activities to be codified and to work perfectly. If they are to work perfectly, why do we have before us 26 amendments to this piece of legislation? It seems to me that we have not really achieved even what Mr Moore and the social engineers opposite are trying to put up, when we have a piece of legislation that has now attracted 26 amendments, and something like 22 of them are coming from the Government. I would suggest that all we have done, far from ensuring that this is going to work perfectly, is simply given another area of litigation for the lawyers to argue over and to make money from.

Mr Kaine, quite rightly, made a number of very telling points. Like him, I believe that this legislation, if passed, would be a foot in the door for something much further down the track in terms of voluntary euthanasia. I also accept his comment about people acting in good faith; but, if I could reverse Mr Kaine's comments, are you suggesting that the activities of the people in the hospitals now are not in good faith? Again, do we have to legalise people acting in good faith? I think that is an insult to the people who are carrying out duties at the moment, unpalatable though some may be.

I also have grave reservations about the euphemism, the Medical Treatment Bill 1994.

Mr Moore: It is an excellent name.

MR CORNWELL: Mr Moore interjects and says, "It is an excellent name". Mr Moore realises and remembers the effect - - -

Mr Moore: I would be happy to call it the passive euthanasia Bill.

MR CORNWELL: Mr Moore remembers the effect of an earlier Bill that came through this place, a Bill called the Unit Titles Bill, and look at the chaos that caused out there in the community because people did not know the full implications. I would suggest to you that people do not realise the full implications of this Medical Treatment Bill. Unlike Ms Ellis, I do not believe that there is a need for this legislation out there in the community. I have no doubt that, once the media report the passage of this legislation, we will get more representations than we ever have before. But if there was a need, Ms Ellis, and if you were concerned and were compassionate about this issue, why did not the Government introduce the legislation?

Mr De Domenico: Because they did not have the guts to; that is why.

MR CORNWELL: I believe that Mr De Domenico's interjection is correct, and I quote him - "They did not have the guts to". Lastly, to give the lie to this idea that there is a need out there, that there is strong support for it, why did Mr Lamont in his closing statement talk about community education on the matter? Once again we have our Labor Government social engineering and saying, "We will educate the community that this Medical Treatment Bill, this euphemism, is a good thing". Members, there is no support, no overwhelming or great demand for this legislation out there in the community, and I intend to exercise my conscience vote in voting against both the legislation and all of the amendments.

MRS GRASSBY (12.04): Madam Speaker, I consider that this is not only a good result from the committee but also a result that the public would accept. No-one wants to see anybody suffer from pain of any strength. There is not a doctor or a nurse who would like to see a patient in pain, let alone a loved one.

The Bill will take care of giving a person the right to sign a living will, and thus have any machine turned off if they are brain dead or not have artificial ways of keeping them alive. Life is precious to all of us, but if we are to be kept alive by means that are not our own - as would be the case if we were brain dead - we would not want this for our loved ones or for ourselves. This will take care of that. The machine is an artificial way of keeping people alive and can be turned off only by the decision of the person himself or herself, with a living will.

This Bill and the amendments proposed by the Minister have the agreement of the Anglican and Catholic churches. When I nursed, terminally ill patients were given pain-killers, on request, to help them stay out of pain. On many occasions, I know that this hastened their death. If the Catholic Church, which I belong to, had not been

consulted, I would be worried about it. But, as I said before, the Minister worked with not only the Catholic Church but also the Anglican Church to find that this would fit in with both their teachings.

Mr Kaine spoke about this Bill being before the house when it should not be. May I say, Madam Speaker, that the Liberals, to a woman and man, voted to send this Bill to a committee. Thus the Bill is before the house today. Believe you me, this, compared to Mr Moore's Bill of euthanasia on demand, to my mind, is a far better option. I agree with Mr Kaine that the community does not want euthanasia on demand. Although Mr Moore wants us to be a social laboratory for the rest of Australia, this will not happen with this Bill. Mr Moore may not be back in the next Assembly, Mr Kaine, so you could be quite wrong that in the next Assembly there will be changes made to this Bill to the effect of euthanasia on demand.

As I said before, life is precious. As I get older, I can understand that older folk would be worried that maybe a member of the family, God forbid, could arrange for a granny who was sick and was not sure what she was signing to sign a living will because she had become a nuisance. Maybe there was money involved. We have all heard those stories.

Mr Kaine, if Mr Moore is back in the next Assembly, he may not have the power to force the Liberals, as he does on many occasions, or as he does sometimes to the Labor Party, to vote on his social laboratory experiments. We all know the problems of a government in a minority; every one of us here knows that, particularly the Liberals. We only have to look at Mr Fahey in New South Wales. He has more grey hairs now than he ever had before he became Premier. There is not one of us here who in the most dreadful of pain would not wish ourselves dead. I can recall on occasions when I suffered from migraine headaches lying in a bed and really wishing that I could die; but I would loathe it if somebody were then to hasten me to where I did not want to go. In this case, it cannot be done. Unless I sign a living will, it cannot be done. It can be done only if I am being kept alive by artificial means.

A very dear friend of mine some years ago found that she had terminal cancer. She was in terrible pain from time to time, but on many occasions went into remission. There were occasions when she thought she had beaten the cancer. When she was in the most terrible pain I am quite sure that there were times when she possibly thought she could have had something given to her to send her on her way to a better place. However, when she was in remission she was very glad that she had not done that.

I think that, with a living will, it is not being given an injection; it is being kept out of pain to the best possible extent. If by chance this pain-killer is given in doses the body cannot handle and you do go to a better place, then I guess I would rather be kept out of pain when I knew that I was terminally ill and be given the drug that would keep me out of pain rather than have to suffer the pain. I would hate to be kept alive on a machine when my brain was completely dead. I think that to put my family through that would be terrible.

I think this Bill is an adequate Bill. It is accepted by the majority of the population and by the churches, as are the amendments. I congratulate the Minister on the fact that he has been able to come up with these amendments to this Bill from the committee's report.

MR STEFANIAK (12.10): I have listened carefully to what everyone has said. This is a fairly complex and vexed issue. One point that Mrs Grassby made at the end was that it is supported by the churches. I think it would be more correct to say that the churches' attitude would be that they really do not see the need for it, but there are points in there, if we have to have it, that they would like to see. That is probably a more accurate reflection of the situation.

Mr De Domenico: They have not seen the amendments yet.

MR STEFANIAK: That might well be so, too, Mr De Domenico; they have not seen the amendments. I have actually seen the amendments and perhaps there is a lot of merit in that particular position. This is not a Bill to bring in active euthanasia or voluntary euthanasia as such. My colleagues have said, be they supporting it or not, that it probably is a foot in the door by Mr Moore. They are probably quite accurate. Mr Moore, as my colleagues have said, of course, has always been very open about his views and very open about what he does, but whether that should be supported or not is another thing entirely. I also can count, Madam Speaker, and it is quite obvious from what people have said here today that this Bill will be approved in principle.

There are a number of points raised which I would like to cover. Firstly, my colleague - indeed, my learned colleague - Mr Humphries spoke about the common law and statute law and gave a quite learned dissertation on that last night. I think that is a terribly important point here. At present, of course, doctors do terminate life. The proponents of this legislation have indicated that all this will do is, in fact, give some certainty and enable doctors to have some legal cover to do what they are doing anyway. Also it has been said that it would show more care and compassion for relatives and, indeed, the person who is to die at any rate.

The law in Australia is a mixture, of course, of common law and statute law and I think one does need to go back to that, to an extent, to see what the difference is. The common law is the law of the land, the law applied by the courts, the law applied by perhaps convention that has grown up and has been supported in court cases. Statute law is there to interfere and intervene when the community and the legislature on behalf of the community see a need to change an existing situation which is not covered by statute law or perhaps is covered by common law, but not satisfactorily, and there is a need to change.

I have not seen a huge demand in the community to change this. I am mindful of what other members have said about their views on active euthanasia - that the vast majority of the community would not support that second step Mr Moore might want to take, but there may well be support for this. But, again, I can also see that people's doors have not been battered down. I can appreciate, I suppose, the concern of some doctors that they would like something in concrete, something written, to protect them. That might be somewhat misplaced, in that they have, it would seem, protection by convention, protection by the common law, at present. This is a situation that I think all people realise has been going on for many years in the ACT as a matter of practice and as a matter of convention.

We are not the United States; there have not been any cases here where doctors have been taken to court for such acts. In fact, there have been very few cases where you doctors have been taken to court, and for a very good reason. They do have to exercise due care and skill. They have to exercise their expertise. If things do go wrong, it is often very hard to say - unless someone ends up with a pair of scissors stapled inside their stomach - that the doctors actually have been negligent there. As a practising lawyer, I have been involved in a number of legal cases where there has been a question of medical negligence. Invariably, it is a very hard thing to prove. There are probably some very good reasons for that, by the very nature of the medical profession. They do deal with questions of life, injury and death and, despite their excellent efforts to save life, people do die.

I suppose that I go back to the old proposition: If it is not broken, do not fix it. We have seen many situations of very well-meaning attempts to regulate, to legislate, to rectify perceived wrong or perhaps to rectify situations that could be improved. Quite often those attempts, because of the legislation, rather than assisting, actually end up hindering to an extent in certain situations. It is a totally different situation, but the Family Law Act 1975 was trumpeted as a great advance on the old Matrimonial Causes Act 1959, and in many ways it certainly was; it simplified divorce; it simplified a number of areas. That, however, has become an incredibly complex piece of legislation, with constant amendments and constant trauma, and more people have suffered as a result of that, and it has caused more consternation in the community than the old Act it replaced, the Matrimonial Causes Act, ever did. Yet it was put in place with the very best intentions.

Legislation is not a panacea for everything. It is there for when there is a perceived need, that there must be a change, that a situation is wrong and it has to be altered. I really wonder whether that is the case here. I do not believe, looking at all the arguments that have been put up today, that there is a need here to regulate, that there is a need at this point in time to legislate. Accordingly, I will be voting against this Bill. I might say, however, that, as I can count, it is obvious that this Bill will be approved in principle. There are a number of amendments which would make the legislation that is sitting before the Assembly better, in my opinion. Accordingly, I will vote for any sensible amendments that will make this piece of legislation as workable as possible, even though I do have some grave reservations about the need, which is why I intend to vote against this Bill in principle.

MR STEVENSON (12.16): Why would someone decide to die? When I talk about deciding to die, this Bill allows someone to remove medical treatment when they may have a terminal illness. It allows them to make that decision.

Let me look at the definition of "terminal illness". We have all heard of many cases where people have been told that they have a terminal illness, that they will be dead soon. We all know of cases where people were told that, and they are living decades later. The idea of terminal illness is purely in the mind of the beholder and the understanding they have of what illness is.

Why would someone want to remove medical treatment? Look at what the definition of "medical treatment" is. Under the Bill it means:

(a) the carrying out of an operation;

(b) the administration of a drug; or

(c) the carrying out of any other medical procedure.

This Bill goes on, in the next definition, to give a definition of "palliative care". Under proposed section 5, subsection (2), it says:

This Act does not apply to palliative care ...

The definition says:

(a) the provision of reasonable medical and nursing procedures for the relief of pain, suffering and discomfort;

... ...

One could look back at the definitions of "medical treatment" and "pain, suffering and discomfort" and find that the carrying out of an operation, the administration of a drug or the carrying out of any other medical procedure may well fit within "palliative care", under the definition - not what it might mean in someone's head or what they thought it meant in the past, but under the definition within the legislation. I thought that was an interesting point.

It could well be that someone wants to end their life because of physical pain. At one time I did my back in weight-lifting and I considered the pain to be unbearable. That was a purely personal viewpoint. I could not sleep, I could not get into any comfortable position, and it was agony. I do not have a lot to compare it with, and I think some people that have been sick may well have. They can lead lives like that. But at the time I realised why someone might want to say, "I do not really want to confront this any more". I understood that, and I think it was useful, for that very reason.

I can understand someone at the time feeling that way. Later, of course, when the pain has gone they do not feel that way, as Mrs Grassby said. Given the power, and being of sound mind at the time, they may have made a decision, like a lot of people, that they simply can no longer confront the pain, and I understand that. But, of course, once the pain has gone, once someone has come up with another way of treating the pain and it is no longer a problem, any such thought has gone out the window.

There is a very important point in this Act. This Act talks about health professionals. It should talk about what it talks about in the definition - a doctor or a nurse. There is some debate in our society as to who would be more relevantly called health professionals. One could refer to medical professionals, professionals in sickness, and treating it with drugs and operations and so on - suppressing the symptoms. But "health", I feel, would be more relevant when you talk about health practitioners.

Under this Bill, before a person makes this decision they are required to be informed of alternative treatments; but that requirement is, I suggest, not going to be followed. The reason is that the requirement is being made of a doctor and a nurse. For a start, they may not know of various alternative treatments and they may have no interest whatsoever in various alternative treatments, many of which can handle pain exceedingly well. I know people that have gone to the dentist and had a great deal of work done on their teeth without any injections. It is not that they have not normally felt pain in their life, but they have used alternative methods of handling that pain. The point I make is that the information you get from some doctors and some nurses may not include alternative treatments that are available.

Secondly, they may not know the treatments. The patient may not know the treatments but, on finding out about such treatments, at a later time may decide that there are methods other than to remove treatment that is keeping them alive at the time. I think that the more realistic reason for someone to make a decision to end their life, to remove medical treatment, is a feeling of uselessness or that they have become a burden to their family or society. Why would someone make that decision? I suggest that it could be influenced by what their family and society feel - in some cases influenced greatly, in other cases perhaps not at all. I could see a situation where someone did not want to be a burden on their family. This viewpoint could be encouraged by the family not wanting the person to be a burden on them. Through various subtle or not so subtle methods, they could get across the point, "Gee, it really is difficult; but that is okay. We are happy to do this". It can be a subtle situation. It may be rare, but it is certainly possible.

Leaving these points aside, let us look at the situation of a particular person. This person was incontinent; this person had to be virtually spoon-fed for any sustenance. There is no doubt whatsoever that they were not capable of looking after themselves. Under those criteria many people would say, "It could well be a good idea to remove medical treatment". Actually, I was not talking about the end stages of someone's life; I was talking about the beginning stages of someone's life. The person was a baby. It brings up a relevant point, though it may sound unusual. The relevant point is: Are there responsibilities we have in life? We certainly acknowledge a responsibility to babies. Do we acknowledge the same responsibility to people when they are older? It is another interesting point.

I do not believe that you can keep anyone alive if they do not wish to remain alive. I have not heard this brought up in the debate on euthanasia anywhere. I believe that it is a compelling argument, and it comes back to: What is man? What are we? If you believe the "Man from Mud" theory that Wilhelm Wundt pushed just over 100 years ago, you may feel that it is a body and you can keep it alive because it has no volition in the matter; there is no say on behalf of the person. But I suggest that if you do a bit of study of psychology - and I do not mean what it is thought to become, the study of animal behaviourism; I mean the study of the psyche - the psyche of course is the immortal, rational spirit. That is the definition of man. It has been changed in a number of

dictionaries over the years to suggest that we are animals rather than spirit. But if you study every great religion that has existed on this planet - and there are many - you find that in every case they acknowledge that man is a spiritual entity, not just a body and not just a mind.

I believe that the will to live is so strong with people that they decide that they want to stay and fight on. When do they decide that? They might not decide that when they are 18, 20, 30, 40 or 50. They may think at that time, they may even make a logical decision when they are of sound mind, that if they were old and were a burden on their family, a burden on society, perhaps could not do the things that they may have wanted to do when they were younger, and had the option of being given medical treatment - and that is a wide, expansive area - they would rather not have that medical treatment so that they could die. However, when the situation comes, you might find that that will to live is so strong that that is not their decision any more. I believe that the strongest drive in mankind is the will to live.

Mr Moore: Did you poll on this issue?

MR STEVENSON: Mr Moore asked whether I polled on the issue. There is one thing I will mention because much was said about whether or not the decision came from the people in general. Over the years we have polled thousands of people on various issues, literally dozens of issues - some more than once. At the bottom of the sheet we have a fairly standard question. It is, "Is there any other question or issue that you feel we should take up?". To the best of my recollection, I have never seen any comment about euthanasia.

MADAM SPEAKER: Mr Stevenson, it is 12.30 pm, so the debate is interrupted in accordance with standing order 77, as amended by temporary order.

Sitting suspended from 12.30 to 2.30 pm

QUESTIONS WITHOUT NOTICE

Drivers Licences - Testing

MRS CARNELL: Madam Speaker, my question is addressed to the Minister for Urban Services. The Minister has indicated that anti-skid training and a first aid certificate will be compulsory requirements for new drivers in the ACT under a new licensing scheme he announced last month. Can the Minister tell the Assembly exactly how much these additional requirements will add not only to the actual cost of a drivers licence but also to the cost of obtaining a drivers licence? Can he also advise exactly where this anti-skid training will be conducted, who will conduct it and how the 9,000 drivers who undergo licence tests every year will be able to be accommodated?

MR LAMONT: I thank the Leader of the Opposition for her question. Madam Speaker, as this Assembly has been informed, the Government has been reviewing the question of transport regulation in the ACT over the last 12 months. A report is shortly to be presented to the Government, outlining the range of reform programs that are being considered for introduction. One of those matters deals specifically with the question of whether or not the current system of licence testing is the appropriate way to continue to award licences in the ACT. It is my very firm view that it is not; that it is in need of substantial reform; and that we should adopt the principle that has been in force in South Australia, where competency based training has been the preferred method of obtaining a licence. Mr Moore would be very well aware of that, considering his questions during the Estimates Committee process about the wider issues of licence testing and vehicle testing in that State.

The proposal is, in fact, to proceed to endorse the concept of competency based training, which would require a person seeking to gain a licence to undergo specified competency based training. That competency based training - - -

Mrs Carnell: That is not the question.

MR LAMONT: Mrs Carnell, I have found in the past that, unless I speak basically in monosyllables and very slowly, I can tell you a lot of things but you simply do not understand them; so I am taking some time to make sure that you at least understand the context within which your question is asked and my answer is being given.

What we are proposing to do, Madam Speaker, is to implement a system that will require that learn to drive schools become accredited and that they, in fact, be able to undertake the provision of particular competency based training within a defined program for learner drivers. This process will require, and I am confident of achieving, the cooperation of the driving schools within the ACT; it will require, and I am confident of achieving, the endorsement of this Assembly; and it will require, and I believe will achieve, the overwhelming support of this community.

To answer your question on cost, Mrs Carnell, I need to put it in that context. South Australia, after an extensive review very similar to ours, came to the position which said that competency based training should be made available. That cost was between $300 and $350. It could have been a little higher, depending upon the number - - -

Mrs Carnell: How much will it cost here, and how much will the first aid training cost?

MR LAMONT: Let me finish, Mrs Carnell. The cost will depend upon the rate of attainment of competency based skills accreditation through that system. If a person is unable to acquire the required level of competency, they may require additional instruction, and that is reasonable. That is the process that we are adopting. The cost will depend upon how quickly the individual is able to pick up those skills and the length of time they take in going through that process comfortably. But the question you have not asked, because you are not game to ask it - all you want to do is to get - - -

Mr Kaine: On a point of order, Madam Speaker: The Minister clearly does not intend to answer the question that was asked. Would you invite him to sit down so that we can get on with question time.

MADAM SPEAKER: Mr Kaine, I believe that Mr Lamont is answering the question. Have you finished, Mr Lamont?

Mr Kaine: No, he is not, and he just said that he was going to answer the question she did not ask, which is exactly what he has been doing for seven minutes now.

MR LAMONT: Yes, I know; but I have been trying to help the Opposition all day. Mrs Carnell does not know the question to ask. Any cost associated with the introduction of a competency based driver training system must be measured against the horrendous, well-publicised and acknowledged cost of road trauma and road deaths in this country, and in particular that ascribed to the lack of competence by new drivers, particularly in the age group of 18 to 25 years. Mrs Carnell, before you seek to get a very belated headline out of this, you should understand that that is the comparison you should be making.

MRS CARNELL: I ask a supplementary question, Madam Speaker. The question I asked was: What the cost of anti-skid training and first aid certificates would be under the new proposal? Mr Lamont, is it true that the cost to instructors of accreditation will be as much as $5,000 each?

MR LAMONT: Madam Speaker, I thank Mrs Carnell for the supplementary question, because it gives me another opportunity to demonstrate Mrs Carnell's ignorance of what is happening within the driver training industry in this country. It is interesting to note that the in-principle proposals, which have already been well debated within the professional driver instruction industry in this Territory, have received overwhelming endorsement. What you are talking about is one individual driver instructor who is not a member of the PDIA - - -

Mrs Carnell: I am talking about the association.

MR LAMONT: I am sorry. The PDIA, who saw me as late as this week, have been involved in the total review process. Not only have they been involved in the review of transport regulation in the ACT; they have already, of their own volition, compiled extensive accreditation programs for their own members. These are people who you are alleging have not been involved. They have already developed comprehensive driver training packages - - -

Mrs Carnell: Which you said that you would not use.

MR LAMONT: These packages are consistent with the objectives outlined in the transport regulation review, and I applaud them. Mrs Carnell says, "Which you said that you would not use". Mrs Carnell, I am committed to testing the veracity of any organisation and any course that it proposes, and the PDIA were informed of that when they saw me this week.

I thank them very much for the information over and above what they had already provided during the review of transport regulation in the ACT. I said to them that I will take that on board in considering the final framework to be implemented; that the framework acknowledged by the PDIA and, in fact, the PDIA's own program would be costed out at around those figures that you are talking about. The organisation that you apparently are representing here this afternoon or whose issues you are pursuing here this afternoon themselves acknowledge that there will be a cost, but that cost has to be measured against the cost to our community of allowing on the road drivers who are basically unprepared for what they meet on the road. Every member of this community - everybody inside this Assembly and everybody outside it - in fact bears that cost. We are talking about a competency based licence to drive program but also about accrediting the instructors. I presume that you would also support the proposition that persons putting out a shingle, proposing to teach somebody to drive, should have the necessary qualifications to impart the required knowledge. That is simply the fact; that is what is being proposed; that is what the PDIA support. That is what they support not only here but nationally.

I come to the question of five fingers. Mrs Carnell, you of all people should know. Mr De Domenico held up only one finger and made you the leader, so holding up five is not going to do much good for you this afternoon. The costs will be discussed and debated with the industry; but you can rest assured, Mrs Carnell, that the system that will be introduced will be an enhancement upon the system introduced in South Australia. It will be one that I am confident will have the support of not only the broad community in the ACT but the licence to drive companies here. Mr De Domenico, you might find the matter a humorous one; but it is something that I treat quite seriously, and you can rest assured that I will be pursuing it with vigour.

Canberra Institute of Technology, Reid - Parking

MR STEVENSON: My question is also addressed to Mr Lamont. It requires only a brief answer. It concerns the introduction of pay parking at the Reid campus of the Canberra Institute of Technology. On 22 August last a $5 a day fee was introduced for the car park next to the School of Tourism and Hospitality. The amount of unlimited non-pay parking in that area is extremely limited. Staff at Reid now have to pay for parking. Staff of other CIT colleges such as Bruce, southside and so on do not have to do that. Suggestions have been made that car pooling could solve the problem or that people could travel by bus, but this is particularly difficult for teachers and staff working in that area. First of all, they are quite often required to work different hours and flexible hours. This is certainly so with the range of night-time courses that the colleges teach. Staff are also required to carry heavy text books, assignments and so on.

MADAM SPEAKER: Can we get to the question?

MR STEVENSON: I ask Mr Lamont: Can the matter be made equitable?

MR LAMONT: I thank Mr Stevenson for his very detailed question. I can provide a very simple answer. In fact, what we have introduced has made the system equitable. In fact, the parking that was provided around this area was the only parking within the city precinct that did not have some cost recovery associated with it. The changes were introduced in consultation with the students association on Reid campus. There are concessional parking arrangements available for students which, in a national sense, place them at probably the most generous end of such parking.

You will probably understand, Mr Stevenson, that parking such as this on education campuses of this nature around Australia is generally not provided under any circumstances. The normal commercial arrangements for city parking apply to most of those campuses. I understand that that of itself is not a reason to say that we here should slavishly follow what happens in other States and other areas. I think it is reasonable to say that there was a requirement to reasonably assess the provision of such parking; and I believe that we have done so, taking into account equity, reasonableness and fairness for students, those less able to afford the very high parking charges that apply in other areas around Australia. I believe that the decision we have made in the circumstances is reasonable.

MR STEVENSON: I ask a supplementary question, Madam Speaker. When the Minister talked about equity, he did not mention the other colleges. Mr Lamont, are you saying that the reason is simply that that particular college is located in a particular environment and that there does not need to be equity with other colleges in Canberra? Also, you mentioned students but not staff, who are required to pay $25 a week on top of their other expenses.

MR LAMONT: The assessment of that car parking area also indicated that a considerable number of persons who had absolutely no relationship with the CIT were using it for their parking. On that basis we negotiated with the student body and, I believe on a reasonable basis, determined an outcome that suits the greatest need. If we were to talk about those provisions applying to staff, the next argument that I would have from you would be that the staff, say, of the Treasury just across the road should enjoy the same free parking arrangement here within the city. I am afraid that your argument, Mr Stevenson, does not stand the test of close scrutiny. I believe that we, in regrettably and reluctantly reviewing the situation as it applies at that campus, have implemented a reasonable compromise for those competing needs.

Chapman Oval - Toilet Block

MR DE DOMENICO: My question is addressed to the Deputy Chief Minister in his role as Minister for Urban Services. Minister, it has been reported that when speaking to a recent meeting of the Weston Creek Community Council you said:

I am advised that to build an aesthetically acceptable toilet block at Chapman oval would indeed cost in the order of $100,000.

Minister, what do you mean by "an aesthetically acceptable toilet block"? Secondly, how much would an ugly toilet block cost?

MR LAMONT: Madam Speaker, as you would appreciate, I would never build an ugly toilet block, so I cannot answer the second part of the question. In relation to the matter of the dunny, I probably cannot give a complete answer but would bow to Mr De Domenico's better knowledge on these matters.

MR DE DOMENICO: I ask a supplementary question, Madam Speaker. Minister, how could any toilet block possibly cost $100,000 - which, by the way, is the cost of a 20-square house?

MR LAMONT: Mr De Domenico, I am very happy to answer you. I appreciate your quoting verbatim the quote that Mr Cornwell took verbatim from a quote that I made.

Mr De Domenico: No, it was in the paper.

MR LAMONT: What you are saying is that you have a quote from a newspaper which records a discussion I had with - - -

Mr De Domenico: Did you say it or did you not say it?

MR LAMONT: If you stop your clatter and chatter and fratter, I will get onto the things that matter. Mr De Domenico, there was a proposal which said that a rest room facility, including change rooms and toilet, was required for that area. To do that would cost, as I was advised, about $100,000. That would be to ensure that it was of an appropriate design; that it was not a single dunny with two feet between the bottom of the door and the floor, with the moon cut in it and with white toilet paper rolls flying out the back of it. That would be aesthetically not acceptable, even to you. That was certainly not what was proposed for that oval. I stand by what I said to the Weston Creek Community Council, in very pleasant circumstances at an evening which your colleague Mr Cornwell attended. The information that I gave was in relation to the question that was asked.

Calvary Hospital - Paediatric Ward

MS ELLIS: Madam Speaker, my question is directed to the Minister for Health. I ask the Minister: Will the Government endorse Mrs Carnell's promise to establish a paediatric ward at Calvary Hospital?

MR CONNOLLY: Madam Speaker, no, the Government will not - not because it is bad economics, which it is, but because it is bad medicine. The advice that we have consistently received, the advice that Mr Humphries received when he made the decision to have a single paediatric unit at Woden Valley Hospital, is that in a city of this size it would be very bad medicine to seek to duplicate paediatric services. Bear in mind, Ms Ellis, that in Sydney - a city which, on the last advice I received, is a little larger than Canberra, by a factor of about 20 - there are two units.

Madam Speaker, to duplicate paediatric services would put at significant risk what we have at Woden. What we have at Woden is excellent. The facility at Woden hospital has a capacity of 60 general medical, surgical and isolation beds. We should also bear in mind that the neonatal intensive care unit is at Woden hospital, with six level 3 cots. The link between the two units is very significant. That unit is staffed by 17 medical staff and 133 full-time equivalent qualified nursing staff. That number has gone up quite significantly in the last month. It was in the order of about 118 a month ago. Madam Speaker, to duplicate that would mean a significant deterioration of services. That is not my view; that is the view of the ACT representatives of the Royal Australian College of Paediatrics, who consistently advise the Government that it would be bad medicine to duplicate paediatric services. The majority of paediatric registrars at Woden hospital are, in fact, on secondment from the Prince of Wales Children's Hospital to accredited training positions at Woden. Around Australia there is a shortage of paediatric specialists. The Prince of Wales is one of the front-line hospitals, one of the best. They have people down here at Woden who are accredited for training.

Should we split paediatrics? Madam Speaker, the advice I receive is that, if we did, it is unlikely that the accreditation would continue, because people simply would not have exposure to the same volume of work. If we did not have the accreditation, we would not attract the registrars. Similarly, trained paediatric nurses are a scarce and specialised resource.

Mr Berry: How much would it cost?

MR CONNOLLY: Mr Berry interjects, "What would the costs be?". I have not addressed costs. Mrs Carnell says that it will cost $1m. She has promised $1m, despite her promise to slash over $30m from health expenditure, which was exposed yesterday, to the great embarrassment of the Opposition front bench, who were squirming at Mrs Carnell's foolish little statement, "Oh, I did not promise that". We tabled her promises to make expenditure cuts - "reductions", she called them - of $34m, balanced against new initiatives of $3m. The net result, on Government arithmetic - the Opposition obviously has a different view - of 34 minus 3, being 31, Mrs Carnell is talking of over $31m of expenditure reduction.

Madam Speaker, it is not economics that makes us say that Mrs Carnell's promise is foolish; it is medicine. On the advice of the Australian College of Paediatrics, it would be bad medicine to duplicate. However, we are not going to duplicate; so that promise, like all of Mrs Carnell's shoot from the hip, populist, foolish promises, will not be honoured by her. The Government, however, has put a proposal to Calvary Hospital, which of course rejected Mrs Carnell's foolish promise when she made it publicly. Calvary Hospital officials said, "No, that is not what we want". We are working with the emergency department at Calvary Hospital with a view to rotating some of our resident medical officers from our paediatrics unit - which links into Prince of Wales, has national accreditation and attracts some of the best doctors doing their paediatric specialty training in Australia to come to Canberra - through the Calvary emergency department so that we can provide some outpatient services at Calvary Hospital.

But, Madam Speaker, to provide paediatric in-patient services - Mrs Carnell speaks of just overnight services - would mean providing second-rate paediatric medicine for the people of North Canberra, and that is something that we will never do. We will take advice on issues such as this from the Australian College of Paediatrics and from specialists in the area, and we will make decisions in the interests of the better medical treatment of the Canberra public. We will avoid the cheap, foolish and silly political statements that Mrs Carnell and some of her more enthusiastic Liberal candidates like to make in running around Belconnen. Madam Speaker, I wait for the promise to provide a paediatrics ward in Tuggeranong as an add-on to the hospital that, on one particularly inspired occasion when somebody shoved a camera in front of her, Mrs Carnell promised to provide to the people of Tuggeranong.

Bushfire Prevention Measures

MR STEFANIAK: My question is directed to the Minister for the Environment. As we all know, the ACT Government is currently burning off in areas around Canberra. Could the Minister advise why this burning off is occurring in September, given that you have just declared a drought and also the fact that it is springtime, when birds are building their nests? The burn-off really should have occurred during the winter months of June and July, when there were better climatic conditions and there was little, if any, growth.

MR WOOD: Madam Speaker, the answer is quite simple. It is the appropriate time to do it. The grass is in a burnable state. Earlier, it was less so. This is the usual time for such activity. It is ahead of what appears to be a very threatening bushfire season. I am getting innumerable requests from the community, asking that exactly this be done. We are taking this measure in the interests of the bush capital. There is so much bush around the city that we need to ensure that the bushfire risk is contained. I am informed that this burning is entirely consistent with past patterns. I note what you say about springtime and such matters, but this is an entirely appropriate time to do it.

Farm Vehicles - Registration

MR MOORE: My question is addressed to the Chief Minister. Chief Minister, I notice that you reacted with speed and efficiency to resolve the grievance of tourist bus operators in the ACT, who publicly complained of the high cost of registering their vehicles in the ACT when compared with New South Wales. Can you explain why you failed to respond to the exact same arguments which I presented to you several months ago in relation to the registration of farm vehicles in the ACT?

MS FOLLETT: I thank Mr Moore for the question, Madam Speaker. I have that matter on my desk at the moment. I will take his question on notice. I need to consult with my colleague Mr Lamont, who was also instrumental in alleviating the plight of the small tourist bus operators. I will provide Mr Moore with a response as soon as I can.

State Bank - Rates Collections

MR KAINE: I have a question for the Chief Minister and Treasurer. Chief Minister, when the Government banking contract was let to the State Bank, did the Treasury assess the bank's capability to process rates collections in a proper manner and, if so, how did they assess the bank's capability to do that?

MS FOLLETT: I thank Mr Kaine for the question, Madam Speaker. It is a timely question. At the time when the ACT Government banking contract became renewable, there was certainly a very stringent process of assessment of the various contenders' capacity to provide all of the services that are needed in our community. Indeed, some of the tenderers for the banking contract were not able to provide all of the services that are required, which are very comprehensive and encompass, as Mr Kaine would know, both the municipal- and State-type taxing arrangements and a whole range of activities right across our community. There certainly was a very stringent process of assessment of the suitability of the various tenderers. That was a process independent of government. It was conducted with expert advice and with the involvement of the Treasury itself.

Nevertheless - as Mr Kaine, I am sure, knows very well - there has been a problem in recent times. There was a delay which was caused by an internal processing problem between three State Bank agents and the Tuggeranong branch of the bank, where the payments were to have been processed. What happened was that the agents did not supply the required paperwork promptly, and no further action was taken with the vouchers and the cheques until a random check revealed the unprocessed documents. There were some 65 ratepayers who had their payments affected by this problem. The total amount of money involved was over $50,000, so it was a not insignificant problem.

The regional manager of the State Bank has since advised that all payments collected by the State Bank have now been processed, and all the funds have now been deposited in the appropriate account. The Revenue Office has also been provided with a list of all the ratepayers whose payments were delayed. The Revenue Office will be writing to all of those ratepayers to advise them individually that their right to pay by instalments has not, in fact, been affected. There is also a question of some interest payable to the Territory. Treasury will be recovering that lost interest that came about during the period of the delay. To be brief, Mr Kaine, there was a very thorough assessment process. There was this single incident of difficulty, and I certainly trust that it will not be repeated.

MR KAINE: I ask a supplementary question, Madam Speaker. Given the events of recent times to which you allude, Chief Minister, are you now satisfied that they will not happen in the future and that the State Bank does in fact have the capability to process rates collections properly; and can you assure us that no ratepayer will be disadvantaged as a result of the State Bank's failure to meet their obligations?

MS FOLLETT: I can certainly assure Mr Kaine that the ratepayers will not be disadvantaged. It is a very important point that people who paid their rates on time subsequently received letters from the Revenue Office saying that they had lost their right to pay by instalments because their payments were late. That was very disturbing for those ratepayers and also makes for poor relations with the Revenue Office. I certainly trust that this sort of incident will not happen again. I am sure that the State Bank takes the view that they have a reputation to guard in this matter. I trust that they regard it as something of an honour to be operating as the ACT's bank and that they will institute appropriate procedures to ensure that this kind of incident does not happen again.

Housing and Community Services Bureau - Appointment

MR BERRY: My question is addressed to the Deputy Chief Minister in his capacity as Minister for Housing and Community Services. Yesterday the *Canberra Times* reported the appointment of Mr Peter Guild to the Housing and Community Services Bureau. Would the Minister explain to the Assembly what Mr Guild's role will be and the significance that his appointment has in terms of housing policy?

Mr Kaine: What happened to Ken Horsham?

MR LAMONT: I thank Mr Berry for his question. If you can exercise some restraint, all will be revealed to you, Mr Kaine. Madam Speaker, the article advised that Mr Peter Guild, former first assistant secretary and head of the Land Division of the Department of the Environment, Land and Planning, had been appointed to a new position of general manager, ACT Housing, starting on 12 September 1994. The creation of a new position of general manager, ACT Housing, at the Senior Executive Service band 2 level, to manage the housing group, including the Housing Trust, recognises the enhanced role required of the Housing Trust and places greater emphasis on the strategic focus of the housing group within which it is now located.

Ms Suzanne Birtles will continue in her current statutory role as the Commissioner for Housing, underpinning the Government's commitment to enhancing the management of client service delivery on behalf of the Housing Trust. The changed arrangements flow from the findings of the housing review, which emphasised the need for more focused strategic planning and policy review within a widened appreciation of the housing environment, improved services for Housing Trust clients and enhanced asset and financial management strategies. The new arrangements will increase the capacity of the Housing Trust to provide high-quality services to its clients, to offer a comprehensive range of housing assistance options and to responsibly manage its asset base. The work undertaken by the housing review has been consistent with national efforts aimed at reforming the delivery of public housing, particularly the recommendations of the Industry Commission's report on public housing, the Hilmer report on national competition policy and the national housing strategy.

Dual Occupancies - Banks

MR CORNWELL: My question is directed to Mr Wood as Minister for the Environment, Land and Planning. I refer Mr Wood to an answer he provided to me yesterday in relation to dual occupancies at Banks. He said, among other things:

... it is open to any lessee to apply to vary the terms of his or her lease and to apply for approval of the development of more than one dwelling on a block.

I ask Mr Wood: What procedures apply in new suburbs such as Banks and others where adjacent blocks might not yet be built upon? What procedures apply to seek the approval of or even to advise the owners of these adjacent but still vacant blocks that a dual occupancy is proposed to be built next-door to them?

MR WOOD: Madam Speaker, there was a particular problem in Banks that, I have to say, the Planning Authority and others had not anticipated, and it relates to the problem that Mr Cornwell raises: How do you tell someone what is proposed on a block when the land nearby has not been sold? With that land in Banks, as in other greenfields areas, no public notification was required for dual occupancies. We will take steps to amend those procedures so that, when the developers bring in an implementation plan for the larger suburban area, they will need to indicate what allotments might be used for dual occupancies, so that that is known. Then there will be a prohibition for, say, five years before any claim can be made for a dual occupancy.

In Banks the blocks could be purchased, a lease variation for dual occupancy could be sought, and in the circumstances no public notification was required. We believe that we can fix that for the future. I believe that we have settled the issue there for the present. I have met with residents there. We have indicated that because of the number of dual occupancies in two parts of southern Tuggeranong it would be inappropriate to have any more; and, on amenity grounds, there will be no more.

MR CORNWELL: I ask a supplementary question, Madam Speaker. I thank the Minister for his assurance that this is going to be corrected in the future. Is he aware, and, if he is not, could any steps be taken to ascertain, whether in other new greenfields developments such as Gungahlin there are any other dual occupancy situations such as that encountered in Banks? If there are, what action could be taken?

MR WOOD: Madam Speaker, we are monitoring that situation to see what is happening, just to ensure that the interests of future purchasers are protected. We are watching it. The planners are taking care to assess applications coming in. The leasing branch are doing likewise. We believe that the situation is under scrutiny now and is okay and will be quite clearly established in the future.

Ms Follett: I ask that further questions be placed on the notice paper, Madam Speaker.

ADMINISTRATIVE ARRANGEMENTS
Paper

MR BERRY (Manager of Government Business): Madam Speaker, for the information of members, I present details of the Fourth Follett Ministry and amendments to the Administrative Arrangements dated 13 April 1994 and 20 May 1994 and gazetted in *Gazette* S106 dated 8 June 1994.

LAND ACQUISITIONS

MR WOOD (Minister for Education and Training, Minister for the Arts and Heritage and Minister for the Environment, Land and Planning): Madam Speaker, I want to respond to a question that Ms Szuty asked me yesterday. She asked a question about her briefing concerning the Lands Acquisition Act and information she had been given during that briefing that there were no claims. I should state that negotiations with Mr O'Brien over the acquisition of part of the Fassifern rural lease began in 1992. A final offer was made in December 1993, well before the lands acquisition legislation was passed. Unlike most rural leases, the Fassifern lease does not contain a withdrawal clause. Therefore, the department's intention was to acquire the land by negotiation. This was still the intention at the time that Ms Szuty was briefed on the legislation. Mr O'Brien has been reluctant to agree to the department's offer - an offer made on the advice of an independent valuer. The acquisition legislation has now been passed by the Assembly and may be used to progress the matter, should negotiations - and I stress "negotiations"- not be concluded satisfactorily. Under the new rural leasing policy, all lessees will be given the opportunity to negotiate new leases without withdrawal clauses. The land acquisition then becomes the mechanism for the Government to acquire land. I understand that rural lessees welcome this approach.

COMMUNITY CONSULTATION STRATEGY
Discussion of Matter of Public Importance

MADAM SPEAKER: I have received letters from Mr Berry and Mr Humphries proposing that matters of public importance be submitted to the Assembly for discussion. In accordance with standing order 79, I have determined that the matter proposed by Mr Humphries be submitted to the Assembly, namely:

The shortcomings of the Follett Labor Government's community consultation strategy.

MR HUMPHRIES (3.11): Madam Speaker, about 20 years ago there was an opinion poll conducted in which the question was asked, "Who is the greatest human being?".

Mr Kaine: What did they say - David Lamont?

Mr De Domenico: Mohammed Ali?

MR HUMPHRIES: No, they did not say David Lamont. They in fact did answer, as Mr De Domenico just guessed, Mohammed Ali, the boxer - or Cassius Clay, as he was previously known. That would seem to be a pretty extraordinary result. I do not think anybody, even an avid sports fan, would think that a boxer could possibly have ranked as the greatest human being that has ever lived. The explanation for that response, of course, was that the slogan used by Mohammed Ali - "I am the greatest" - was so widely disseminated and permeated the minds of so many people that when they were asked the question - - -

Mr Connolly: It is just that if you did not give that answer he would come around and see you.

MR HUMPHRIES: Yes, that could be the other explanation, but I doubt it. The fact is that so many people heard and understood that description of Mohammed Ali that they responded, "Yes, Mohammed Ali; he is the greatest, obviously".

Mr De Domenico: It has nothing to do with consumer affairs, has it?

MR HUMPHRIES: It has nothing to do with consumer affairs, no. Madam Speaker, I cite this particular instance because people will be aware that this Government has a little self-promoting slogan of its own - not quite as immodest as, "We are the greatest", although nothing would surprise me, frankly. We do have the world's greatest consumer affairs Minister, of course, sitting in the Government's ranks; but, apart from that, everyone else is slightly too modest to be able to declare themselves to be the greatest anything. But they do run with the slogan, the self-promoting slogan, "We are a consultative government". I suppose that if they say it often enough, or frequently enough, in as many places as they can - - -

Mr Kaine: They begin to believe it; that is the trouble.

MR HUMPHRIES: They begin to believe it, and people begin to believe it generally.

Madam Speaker, we had produced before us a few weeks ago this document, *Towards a Consultation Protocol*, in beautiful off-green; a slender document - - -

Mr Kaine: As befitting the subject matter.

MR HUMPHRIES: As befitting the subject matter; fairly generously spaced; with only one picture - of course, of our ubiquitous Chief Minister - in one of the early pages. This document is the Government's blueprint for proving them to be the consultative government that, of course, their propaganda says that they are. That is the justification for this Government's claim to be a government that listens to what people in the ACT want.

Does the Government deserve this title, Madam Speaker? Frankly, on neither its record to date nor the kinds of plans for future consultation outlined in this document, can we say, in any sense of the word, that this is a consultative government. We simply cannot.

This Government's approach, as exhibited in this document, is a lazy, even a hazy, approach to consultation. Let me quote what one community group said about this document:

It is a shallow and disappointing document, completely failing to address a number of important matters, and being couched in such generalities that accountability would always be easy to evade. Repetitions and padding within the 18 or so printed pages do not inspire great public confidence in this exercise, but the proof of the pudding will be in the eating after all the essential revisions have been attended to.

A great many are referred to in that submission. This document proves, frankly, that the Government's response to the consultation challenge is a ponderously bureaucratic one and one that contains no indicators whatsoever, no sharp edges on which the Government might be caught, whereby it can determine its successes and, of course, its failures.

This is a pre-election gimmick, from a Government which, given its record, should not even dare to talk about community consultation in this place. Its record shows that it listens only to groups whom it wants to hear, and simply makes the same decisions as it would have made anyway. We have not seen any evidence at all in this place, Madam Speaker, that this Government has ever changed its mind once on the basis of community consultation, but we have seen plenty of examples of where the Government has refused to do so in the light of extremely great community pressure. The paper is mixed together, like food in a blender, by the Chief Minister's own department. Yet, in exhibiting a token commitment to asking the community its views, it did not even bother to ask other departments and agencies within her own Government about the policy, about the document.

We had a call, Madam Speaker, from a particular agency bureaucrat a day after this document was launched, saying, "By the way, we in this department, department X, know nothing about this document; it is news to us. This is a framework in which we have to work; we have never seen it before". That is the level of consultation this Government manages to achieve. Madam Speaker, why does it take a Government green paper, three years in preparation, to make the point that you should listen to groups and individuals who are affected by Government decisions? Basically, that is all this document does. You could summarise it in one paragraph.

We have to work out better ways of listening to people, and that is about it. I remember that Ian Warden in the 1989 election had what I think he called a promisometer that he would pass over documents to pick up matters of substance in them. I can assure you he still has it. He should run it over this thing, and he would see absolutely nothing. Let us look at the document itself.

Mr Kaine: A zero reading; in fact, it will probably zap down into the negative.

MR HUMPHRIES: I reckon that it would.

Mr De Domenico: It is a pretty pastel green, though.

MR HUMPHRIES: It is a pretty pastel green; I will agree with that, Mr De Domenico. Madam Speaker, we have this document of 18 pages. There are a few blank pages in between, mind you, and a few pictures; but let us put that to one side. We get at the beginning of the document these headings: "Introduction" and "A Definition of Consultation". Okay, we want to know what the Government is going to do. How is it going to consult? We are looking for the actual guts of the document. Then there is the heading, "Why a Consultation Protocol?". Obviously, we want a document so that we can consult. The next heading is, "How to Tell Us What You Think". Then there is, "What happens next?". Bugger-all, you might say; but that is to one side.

It is not until we get to the middle of the document, with the staples showing, that we actually get to the substance of the document. The heading is, "The Proposed Consultation Protocol". Sweat is glistening on the brow, the heart is in the mouth, the chest is thumping with anticipation. What are we going to see in this consultation protocol? On the next page, page 11, there is, "The Purpose of the Consultation Protocol". Where is the protocol itself? On the next page there is, "Appropriate Issues for Consultation". That is fine. Just about everything is mentioned in that short section. Okay. But how and where does it happen? Who is to be consulted with? Those three paragraphs can be basically summarised as "everyone". The next heading is, "Consultation Methods". We are getting down to the detail. It is at page 13, out of 18; but at least we are getting there, Mr Deputy Speaker. Under "Consultation Methods" it says, "Basically we talk to people. We ask them questions and they tell us things that we may or may not want to know". Under the heading "Use of Existing Consultation Forums", basically it says that we should use them. Of course, on the next page we actually get to the end, with "Cost of Consultation". There will be a cost for the consultation is basically what that section says.

For goodness sake, what a waste of taxpayers' money to spend - I do not know - several hundred dollars, presumably, printing X hundreds of copies of this load of rubbish. Where do you think you are getting off, wasting public money on this sort of garbage? Honestly, statements like this really indicate the tenor of this Government's approach to consultation:

Rather, consultation is about providing an opportunity for the community to influence decisions. The final responsibility for decisions rests with Government.

Chief Minister, let me tell you that there is an alternative to that. Under the community referendum proposal put on the table by Mrs Carnell, governments do not just make the final decisions in this community. It is possible, shattering though this idea may be to you, for responsibility to rest elsewhere in some cases. It is possible for the people of this community to actually have a veto or to make a different decision to that made by this Government or a government if they do so by majority referendum. That is a different way of finding out what the people of the community actually think.

We have another problem. This strategy totally ignores government consultation with individuals. It is all about groups; it is all about the lobby groups. Which group gets the most attention? Juggle the lobby groups. Those with the most noise get the most attention.

Mr Kaine: And the most money.

MR HUMPHRIES: And the most money, indeed. Let us look at the question of what this Government's record has been, because, if we cannot see a record of consultation, we are not going to see anything improve with a shallow, bland document like the one which has been put before us. Look at the Government's record on consultation. The Government says in this paper:

The Government has established a unique consultative Budget process which enables a high level of community input.

Last year we had an education budget which talked about slashing, I think it was, 90 teacher positions out of the ACT education system. Was that result produced by consultation? When the consultation, so-called, conducted after the budget, said, "No, thank you very much, Chief Minister; we do not want to slash 90 positions from the education budget", did the Government pay attention? Of course it did not. It had to be dragged kicking and screaming on the floor of this place to debate a motion removing that element from its budget discretion. So much for budget consultation. This Government's willingness to be re-elected more than their willingness to listen caused them to back down on that question.

The Government has been presiding over rates increases, sometimes of a huge percentage figure for some particular suburbs for four of the last five years that they have been in government; in fact, for four of the last five years when there has been self-government. Of course, we have had a sudden knee-jerk reaction from the Government that says, "Oops, something is going wrong with rates". But is it the result of consultation with the community that has produced that? Of course it is not. It is the result of people banging on Rosemary Follett's door and saying, "For God's sake, rates are going through the roof and I am not taking it any more".

So you get headlines in the *Canberra Times* such as, "Follett in switch on rates after outcry" and "Follett back-flip on open rates review". Is this consultation? No, it is not. This is reaction to popular concern, which was not expressed to this Government, except by letters to the editor of the *Canberra Times*, people ringing up and expressing their anger and through the Opposition getting involved and talking about the need for rates action as well. That is what caused this Government to act. I will not talk about the planning and dual occupancy inquiry going on at the moment, because we know what kind of consultative government produced that.

Almost every portfolio of this Government is littered with examples of where the so-called consultation process has broken down irretrievably. The best example, though, Mr Deputy Speaker, I think, has to be last year's Electoral Bill. The Government produced - obviously, without a skerrick of consultation with anybody - a Bill before this Assembly which, as we all know, bastardised the Hare-Clark electoral system. The Government, a week later, under intense public pressure, had to back down. Could you characterise that as a change in government policy generated by consultation? Of course, Mr Deputy Speaker, by no stretch of that definition could you call it that.

Mr Kaine: It was blowtorch on the belly time.

MR HUMPHRIES: It was, as Mr Kaine says, a blowtorch on the belly that caused Ms Follett to back down. In the end, she did not say to this community, "We respond to community pressure by changing our view on this issue". She ended up saying, "We do not have the numbers on the floor of the house". I think on Matthew Abraham's show she also said, "Nobody ever told me that they did not like my ideas for above-the-line voting. Nobody ever told me that they did not like above-the-line voting".

Mr Kaine: She spoke only to Wayne Berry.

MR HUMPHRIES: She, obviously, spoke only to Mr Berry. It was practically the Bastille over at the old Assembly building - people clamouring to say to this Government, "You got it wrong". But, no, this Government did not say, "Yes, we got it wrong because people have told us so". This Government said, "We are backing down because we do not have the numbers".

Mr Deputy Speaker, to suggest that this Government has any view remotely sympathetic to genuine consultation is a simple joke. The non-committal generality and blandness in which this entire document is couched is disturbing. If agencies are meant to take heed of how they should better consult in the future, a much better approach surely would have been to identify good and bad examples from the past so that we could illuminate some of the points being made in this document. That is not there. There is no example in this document of how you would conduct effective consultation with this Government, except to shout from the rooftops a la the Electoral Bill last year.

I have to say, Mr Deputy Speaker, that, if the Government is playing catch-up to the Opposition because it knows that community referenda are a much more valid way of finding out what people in this community actually think and of making sure that the Government does not just listen but sits up and pays attention, it is going to be running very fast to try to catch up with our proposals in this area.

Ms Follett: Before I speak, Mr Deputy Speaker, Mr Humphries quoted from a letter at the very beginning of his remarks. I would ask him to table it.

MR HUMPHRIES: I seek leave to do so, Mr Deputy Speaker.

Leave granted.

MS FOLLETT (Chief Minister and Treasurer) (3.26): In response to this matter of public importance, I would like, first of all, to briefly describe what are the Government's key achievements to date in the area of consultation and I would like to detail the strategy that has been put in place to further enhance the consultation with the community. I would like also to draw a very sharp contrast between this Government's genuine commitment to consultation and, of course, the very shallow knee-jerk reaction that we have seen from the Liberals opposite.

I do not believe that anybody in our community could ever forget that when Mr Humphries was Minister for Health it was he who closed Royal Canberra Hospital, in the face of 40,000 signatures on petitions urging him not to do that. It was Mr Humphries, as Minister for Education, who announced, completely out of the blue, that he would close 25 of Canberra's schools - a quarter of our schools - and absolutely refused any consultation on that. What we have seen from Mr Humphries is one of the greatest displays of hypocrisy that I have ever seen in this place.

Mrs Carnell: Mr Humphries went to every single public meeting.

MS FOLLETT: Mr Deputy Speaker, I can assure you that I will not shout over these people. If they interrupt me, I will stop.

MR DEPUTY SPEAKER: I call for some silence, to hear the Chief Minister. Mr Humphries was heard in comparative silence.

MS FOLLETT: Thank you. Mr Deputy Speaker, I would also comment on the Liberals' apparent replacement for genuine consultation, and that is their Community Referendum Bill. Mr Stevenson has a similar Bill. This is a matter which I expect that the Assembly will be considering in greater detail through the committee process. I would like to say that I do regard some kind of referendum provision as possibly adding to a consultation process. That is a matter for this Assembly to decide. It is not a replacement for consultation. The notion that a one-off referendum, with a yes or no answer, could replace the enormous amount of effort, of time, of resources that goes into a real consultation process is absolutely simplistic. Only a man who announced the closure of 25 schools could ever think it was a replacement, because he has no idea what consultation means.

Other people, Mr Deputy Speaker, have also been none too flattering about CIR - and Mr Alexander Downer is one who springs to mind, and springs promptly out of mind again, which is unfortunately his wont. He has clearly changed his mind about CIR. I would like to quote from the lecturer in politics at the Australian Defence Force Academy. On the notion of CIR, Mr Mackerras has said in a recent article:

CIR is the most elite driven form of policy making invented.

Further on he said:

CIR is inherently unfair.

Later in his article he said:

This is a proposal coming from the rich and is designed to suit the interests of the rich.

So, quite clearly, the proposition that the Liberals are putting forward is not something that appeals to all sectors of the community. Mr Deputy Speaker, I would like to say that I very firmly believe that governments do have a responsibility to consult with their communities and it is fundamental to the democratic process. If a government is to be responsive to the needs of the community, then you have to listen to that community, as Mr Humphries completely failed to do when he was in government, and you must listen especially during the decision making process.

The ACT Government, as I am sure members opposite know to their chagrin, already provides many opportunities for individuals to participate in the decision making process. They can do this by commenting on various public discussion papers or by making contact with any member of the Government, any member of the Assembly for that matter, or a Minister. Of course, members must also be aware that our community is also consulted through this Assembly's own committee processes. We have existing ministerial advisory committees and statutory consultation mechanisms and they, of course, are further opportunities for the community to make a contribution.

As another dimension, we have four advisory councils which represent the views of the multicultural community, of young people, of Aboriginal peoples and Torres Strait Islanders, and of women. Each provides me with advice on issues of special concern to the groups that they represent. They also hold regular public meetings and consult with people on that basis. We, as a government, have created unique consultative processes to help shape our budgets and we have also undertaken extensive consultations on planning issues, such as the Territory Plan. We have conducted householder surveys, and all accessible avenues for the community to provide their views on matters which affect them, I believe, have been taken. This commitment to consultation has, of course, exposed the Government to many new ideas, many new views, and it has made the planning and the delivery of a range of services to the community much more effective.

Mr Deputy Speaker, to further strengthen our consultation processes we have released for community consultation a draft protocol. That was released in July of this year, and Mr Humphries has very childishly drawn attention to it. The protocol will provide for a consistent and systematic approach to decision making. I would like to say that, as far as I am aware, the consultation protocol has been broadly well received. In fact, I have recently had to extend the deadline for comment on that protocol. The document has actually gone into reprint. The protocol will provide us with a framework which will let everybody in government, from Ministers all the way through agencies, know whom they should consult with, how this should happen and when it should happen. It establishes basic principles to guide consultations between ACT government agencies and the community.

Most importantly, it will allow members of the community to know what they have a right to expect in consultation matters. The draft protocol will assist our own government agencies, of course, to assess when to consult the community. Under the protocol, ACT government agencies would be required to consult if an issue or a change is likely to directly and significantly affect a large number of people. But, if only a small number of people were likely to be affected, then negotiations with individuals or small groups may be a preferable course to adopt. ACT government agencies would also be required to consult where a proposal significantly affects the rights or entitlements of ACT citizens or where there is an issue about which a significant number of people or particular groups in our community are likely to have strong views. An example of this, quite obviously, is environmental issues.

Where a decision has been made to consult, the draft protocol provides guidance to government agencies about whom to consult, and in any consultation those who have a significant interest in an outcome should have access to the process. While emphasis should be placed on consulting those people or organisations in the community directly affected by decisions, it may also be necessary to consult those affected indirectly. Of course, not all decisions made by governments affect every citizen, and for this reason the draft protocol requires agencies to identify the appropriate part of the community with which to consult. I believe that that will maximise the effectiveness of the consultation process.

It is realistic, Mr Deputy Speaker, to expect that consultations may vary from a situation where a limited number of groups or people are approached to a situation where the opportunity to make a contribution is given to the widest range of interests possible. Where community groups with special needs or concerns are being consulted, the draft protocol suggests that it may be appropriate to first seek advice from one of my advisory councils or a relevant peak organisation. The draft protocol also encourages the use of existing community consultation structures such as peak bodies and regional forums and outlines the appropriate circumstances where a purpose built consultative structure might need to be established.

An important feature of the draft is the guidance that it provides to agencies in the area of timeframes for consultation. Obviously, that varies where issues are complex or contentious or relatively straightforward, but we are proposing that a process for a complex consultation should occur in two stages. The first stage is to be relatively open-ended. This would allow people to express their views on an issue generally and it could then be followed by consultation on a more specific proposal, which takes into account the views expressed during the first stage.

Another important feature of the draft is that it requires ACT government agencies to take into account any special needs of people who have an interest in the process. For example, meeting venues should be accessible to people with a disability and accessible by public transport. The timing of consultation should also respect the needs of those who will be involved. Government agencies are being asked to provide commonsense information about each consultation. This includes the name of the agency or the Minister undertaking the consultation; the method of consultation being employed; the assistance available to participants; the name of the final decision maker; and the anticipated timeframe for decisions and their implementation.

To further improve accessibility, the protocol requires a contact point for information on each consultation which is being undertaken, and this could be advertised as the consultation hotline. It requires easily accessible locations for individuals to have access to relevant papers. In most cases, Mr Deputy Speaker, consultation papers should be made available through government shopfronts and library outlets, as well as to the organisations and individuals directly involved in the process. Members might be interested to know, as I have said, that we have already distributed a large number of copies of the draft protocol document - in fact, over 2,000 copies - and it has generated a lot of interest.

We have received a great many constructive comments - none from the Opposition, I am sorry to say. But I will take into account all of those comments in finalising the protocol later this year. Again, there is a contrast here between the Government's approach and the Opposition's approach to the consultation process. We have actually put out the document to the community for comment and we will respect their views. As a result of that consultation process, this protocol may well change. But, of course, what the Opposition has done is, with no mandate whatsoever, introduce a Bill on CIR, which most people do not understand and do not have a clue what it means. They know only that Mr Downer could not make up his mind about it. The Liberals at no stage campaigned on this, have not really explained it and have not really said how they will use it. They certainly have given no guarantees that they will not be abolishing compulsory voting as the next step. In fact, we know that the abolition of compulsory voting is, indeed, Liberal policy. So, it is all a bit of a worry.

Mr Deputy Speaker, I believe that the Government's approach to community consultation is the best way for the community to participate in government decision making because it is a continuous process across all issues. I do not believe that the referendum proposal, whatever its merits, is any substitute for that continuous process. What the protocol does is allow the community to explore all of the dimensions of an issue, and it is available on all issues. The danger, I believe, in CIR is that it does lead to polarisation of debate on an issue and is a decision making option for only those changes that require legislation. Our consultation, of course, goes well beyond that. As we are all aware, there are many aspects of community life and government which would be very hard to legislate for. Therefore, they would be excluded from the CIR proposal.

Finally, Madam Speaker, the draft protocol that I have put out actually requires agencies to undertake consultation with the community as part of their normal business. This is in contrast again to the CIR proposal, which is very resource intensive - about $1m for a referendum; one-off; yes, no, that is it, wham bam, thank you, ma'am. Madam Speaker, the approach to consultation that I have outlined, I believe, ensures that all members of the community have an opportunity to have a say in the decisions that affect them and I believe that it does outline the best way for the community to participate in government decision making.

MS SZUTY (3.41): In addressing this matter of public importance today, I would like to refer to a paper entitled *Consulting with your community - A guide to effective and equitable community consultation techniques for local government and associated organisations*. This booklet was written and compiled by Sue Maywald for the community consultation project and was funded under the Commonwealth Government's local government development program and sponsored by the Local Government Community Services Association of South Australia. On page 3 of the document, a series of underlying assumptions and principles are set out - 18 in all - and it is worth quoting the first principle, which reads:

Each consultation should be organised to be:

equitable - that is, shown to be 'fair and just in facilitating access to people most often excluded from influencing decisionmaking processes'

effective - that is, it establishes goals and objectives for change which are most likely to be useful and acceptable

efficient - that is, adequately resourced, with clear aims and objectives, and coordination of economic and social planning.

Also included in the appendix are three ideological approaches to consultation which are founded on personal values and ideals. I quote from the introduction to this section:

Each model assumes a different interpretation of decisionmaking, power and influence, and has different preferred methods of working and consulting with individuals in communities. A brief interpretation of how these beliefs affect our working relationships with others is included.

The three approaches which are talked about are, first of all, the bureaucratic or elitist approach; secondly, the pluralist or social democratic approach; and, thirdly, the structuralist or radical approach. From what I have seen of the ACT Government's *Towards a Consultation Protocol: A Discussion Paper Seeking the Views of the Community on a Draft Protocol for Consultations Between the ACT Government and the Community*, it seems to be modelled on the first approach, which is the bureaucratic or elitist approach, which is actually defined in this paper as follows:

This view sees working with communities as developing cohesion and community spirit. Problems are tackled because hitherto services have been unplanned and uncoordinated. Planning is seen as apolitical and carried out by a neutral and objective administration.

decisionmaking is affected by the assumptions that professionals' decisions are made apolitically. Representative democracy is seen as the only way to reflect community needs and develop a general consensus in the community.

power and influence - community 'leaders' are used as the local power brokers to have 'command' or power over others, engendering an asymmetrical relationship. The influential can assume status by controlling or owning resources, through political affiliations, by offering their judgments through their contribution to the community, or as representatives of a symbolic function. The general community influence decisions through their access to the local power brokers. The role of the bureaucracy is to maintain social order.

methods of working with the community may be through community development, social planning, community organisation, information and advice, and participation. Self help is encouraged.

preferred consultation techniques and strategies in the main include collecting information through surveys, public meetings, submissions and formal letters of concern. Consultation is seen as a one way process, with the public feeding information into the decisionmakers.

I think anyone could actually see from an examination of the Government's document *Towards a Consultation Protocol* that this is, in fact, the case. In fact, I will highlight several areas of the document where I believe this philosophy comes through. I refer to the heading on page 5, "A Definition of Consultation". It is stated there:

... consultation is about providing an opportunity for the community to influence decisions. The final responsibility for decisions rests with Government.

Further, on page 7, there is the heading "Why a Consultation Protocol?". A similar rationale is espoused in that section. Further into the document, under the heading "The Proposed Consultation Protocol" there are further examples of this particular approach. On page 11, there is the subheading "Purpose of the Consultation Protocol". Again, it has similar words to what I referred to earlier. On page 13, under "Consultation Methods", there is this example:

Choosing whether to consult with a few peak groups or more broadly, will depend on a number of factors.

Again, this relates to the power and influence that I was referring to earlier. On page 14 there are the headings "Seeking Advice on Consultation Methods" and "Use of Existing Consultation Forums". Again, there are espoused the principles I referred to earlier that are included in the bureaucratic and elitist approach to consultation.

Madam Speaker, I believe that the Government is still consulting with community groups regarding this protocol. We heard from the Chief Minister this afternoon that there was still some way to go with that consultation process. I know that there has been a lot of discussion and debate about it. Unfortunately, Madam Speaker, it has taken the ACT Government three years to get this far, and it is obvious that it still has a long way to

go to adequately address the issue. In closing, Madam Speaker, I hope that the Government - in particular, the Chief Minister - will consider the issues that I have raised during this debate today. I would be very happy to discuss the issues with her further and acquaint her with the document that I quoted from during my speech in this matter of public importance debate today, if she chooses to do so.

MR STEVENSON (3.48): There is no doubt that the Labor Party has introduced some systems that increase consultation. As the Chief Minister mentioned, there have been a couple of household surveys. Surveying is a good idea. There have also been ads in the papers saying, "Have your say". It is a good idea for people to have their say. There have been a number of other things that have been used even by other people in this Assembly, and that is valuable. However, when you talk about consultation, first of all, you could say that consultation is working together. That would perhaps be a relevant thing. To mention CIR together with consultation is unusual because usually you do not need CIR until you have had a breakdown of consultation. There is no reason to use it in most cases.

Let us say that there are half-a-dozen very important issues that people are very concerned about in any community - say, the ACT. Any of us could get a small team of people together, go out and survey over a few days, after making sure that you are asking fair questions. In 90 per cent of cases, or better, you would know without a shadow of a doubt what the viewpoint of most people in Canberra is on various issues. That is a far better thing to do than to go straight to a referendum. Why hold a referendum on things that are obvious? It would be like holding a referendum on whether or not Canberrans want to have a say via referendums. If ever there was a waste of money, that is it. You can find that out rather easily by going and grabbing a few people and asking them. Logic would tell us that people find it beneficial to have a say in how their lives are run. There are a number of different ways that could be used in the ACT to increase community involvement and increase the results. Is that not what we are really talking about, or should be talking about - the results we get in our community? It is not to do with consultation; it is to do with results, what happens.

Before you talk about consultation, people letting us know, there is a major factor. The major factor that comes first is giving people information so that they can make the best informed decision possible. Even when people are not informed, when you ask a large number of people or a good cross-section of people, they almost inevitably make better decisions than any small group, be they politicians or any other group making a decision. I do not think there is anything miraculous about that. It is simply that if you ask a greater cross-section of people you get some that are employed, some that are not employed; some women, some men; some younger people, some older people; some white-collar workers, some blue-collar workers; some people in the Services; some people in small business, some people in the unions; et cetera. You get a very good cross-section, and that is the whole idea.

One of the things that we could do in letting people know about issues is establish a special interest list.

Mr Lamont: A register.

MR STEVENSON: Yes. That would mean that people who have a special interest in a particular area could be notified via a little newsletter. You do not have to send them a great deal of information; you simply notify them that there is a proposed Bill, that there has been a ministerial statement made, that there is a committee of inquiry proposed on something. Over a period of a few years you would build up an extensive list of people who do not want to know about everything but specifically want to know about certain areas. It would be an extremely effective way of letting people know; one of the reasons being that, although you would not get to everybody, the people you got to could be expected to talk to a lot of other people that are concerned about that specific interest. That is one thing that could be done to set up the first part, before you start working together. It is making sure that both sides, or all parties, know what the ground rules are, know what the information is on a particular subject.

Another thing that should be done, and could very easily be done, is that we should have in our community regular debates according to standard debating rules where you have three people from both sides given the same time, with independent chairmen - - -

Mr Lamont: Take a straw poll at Speakers Corner in the park.

MR STEVENSON: Well said. I will digress here. Mr Lamont said that one could take a straw poll of people down at Speakers Corner in Glebe Park. Speakers Corner starts next Sunday.

Mr Lamont: Last Sunday.

MR STEVENSON: Next Sunday. Were you there?

Mr Lamont: No; it was in the paper. I saw the advertisement; I saw the photo today.

MR STEVENSON: I can tell you, on good authority, that it will not be starting until the 18th. There had been an intention to start it earlier, but it will be starting on the 18th. The first one is going to be next Sunday. The idea of having public debates is a very good one. You can have people present the well-prepared argument, as is done in debates, and take on arguments from the other side, and at the end of the debate you could allow questions from the audience. When they are directed to one side, the other side also has an opportunity - - -

Mr Lamont: Can I ask you a question about the tie? Is it true that that is the official emblem of the no self-government party now?

MR STEVENSON: No. But I am glad that you brought the matter up. I do not know whether I could have waited much longer. I was going to bring in a big sign that said, "I knew that Lamont would do it". But I felt, "Why worry? I will save it, because they will know that I mean it anyway". Let me mention that, as members know, once upon a time I committed the unforgivable sin of saying that this was a mickey mouse Assembly.

MADAM SPEAKER: You do not need to say it again, Mr Stevenson.

MR STEVENSON: I was not going to say it again. I was going to make the point that there is no way that I would make a verbal statement that this is a mickey mouse Assembly. Perhaps there are other ways of making statements about things. This Mickey Mouse tie was brought back from England by friends of mine who worked in this Assembly for a short while.

One of the other things that would be very useful, particularly for a weekly newspaper to do, is run the debate in the centre pages of the newspaper. You get people with divergent views and ask them to write up to, say, 2,000 words. Before you print you give opposite sides the initial arguments and ask them for a response. The following week you would have letters to the editor; the following week you could have a poll done in the community - possibly a newspaper poll, but that does not get you a cross-section too well. This would be a tremendous way to get good information on all sides of a debate.

One thing that works very well in Manly in Sydney is precinct groups. I know that Mr Lamont has taken on board the word "precincts". What you are doing is a good idea; but, of course, it is not the precinct groups that we talk about when we talk about Manly or when we talk about lots of small progress associations working with the government and the councils. In Manly they have some 12 precinct groups and they have regular consultation and meetings which at least one councillor is required to attend.

We could put in the newspaper all the information on what is going to occur in the Assembly, and this should be done in a weekly newspaper that is sent to all people in Canberra. It would list the current inquiries, the matters before the Assembly, the sitting times and all the rest of it. It is a very good idea.

Mr Lamont: Or we would have it on the ABC on the first Tuesday of the sitting period, as we do. Call and complain.

MR STEVENSON: That is not a bad idea, but you will find that a lot of people do not listen to the ABC and a lot do not read the *Canberra Times*. That is why it should be in a weekly newspaper.

MR LAMONT (Minister for Urban Services, Minister for Housing and Community Services, Minister for Industrial Relations and Minister for Sport) (3.58): I would like you, Mr Stevenson, to name those people that do not listen to the ABC. That would be the start of it. Madam Speaker, the Government, I think, has demonstrated consistent commitment to consultation with the community during its time in office. One example is the consultation process for the Territory Plan. Consultation on the plan occurred over two full years and concluded with a long and detailed hearing by the Planning, Development and Infrastructure Committee. Business, environmental and other community groups, as well as many individuals, acknowledged how open and transparent that process was. Another example was the consultation concerning the Gungahlin Town Centre development. This process was a totally open and transparent process from the start. I think it is interesting to dwell for one moment upon the issue of the public consultation on the Territory Plan. That went for a period of four years. From the time that the first draft Territory Plan - the concept issues - was put out, it was a period of over four years. It is appropriate that that be recognised.

The current fracas concerning questions of dual occupancy and so forth should not in any way be seen as diminishing the effectiveness of the public consultation that occurred as part of the development of the Territory Plan. In any community things as complicated as laws associated with planning, laws associated with life, health and safety and laws associated with public order and public health - all of those matters - are issues that are complex and evolving. Therefore, if you embark upon a strategy of involving the public in the processes to arrive at outcomes on those issues, it must, of itself, be an evolving strategy. It is not something which, of itself, can be singular. What happens is that you restrict the capacity to develop policy to reflect community attitudes and community expectations. That is the strength of the draft protocol which the Chief Minister has launched. I believe that it is a protocol that enunciates principles that will stand this community in good stead over the coming decades.

The consultation on the Gungahlin Town Centre development, Madam Speaker, commenced with a critique of existing centres and the development of a shared vision for the Gungahlin Town Centre by the different interest groups involved. This vision and all the issues raised during consultation were faithfully reported in the discussion papers that were prepared. A community brief was prepared following a series of interactive community workshops to guide the development of the principles of the centre. The brief again reflected the differing perspectives that have to be balanced in that planning framework. The community participated in the development of all of the concepts and were kept well informed. Hardened critics of Canberra planning publicly acknowledge how valuable that process and the previous Territory planning process have been. Madam Speaker, during this process the Government has delivered effective participative opportunities, which were timely, adequately resourced and open. Access for all groups and individuals was optimised.

A further example, Madam Speaker, of the Government's commitment to consultation with the community is demonstrated in the Government's unique approach to the budget process. In the preparation of the 1989-90 budget, the Government published an initial budget statement - the first time any government in Australia had made such a move. The purpose of producing an initial statement was to give the community an opportunity to consider the document as a whole and to provide input to the Government on how it believed the draft budget should be changed. To formalise this process and to provide a channel for community input, the Government established a budget consultative committee. The committee was a peak body with representatives from the business sector, unions and the wider community. The level of response and the quality of submissions provided to the committee demonstrated that the community took advantage of that chance, that opportunity, to participate in the budget process. There was recognition within the committee that, while the concept of that community consultation on the budget should be maintained, the method used could be changed.

In subsequent budgets, community involvement has continued to be encouraged. Peak community and industry groups have been invited to make submissions outlining their views on a budget strategy. Meetings have been held with key groups. Input has been sought from the advisory councils established by the Government to

represent the multicultural community, young people, Aboriginal peoples and Torres Strait Islanders, and women. In the 1994-95 budget, community submissions canvassed a wide range of broad social policy issues and options for the budget, as well as specific issues concerned with special interest groups. Fourteen substantial submissions were received from peak organisations.

In conjunction with the budget consultation process, Madam Speaker, the Government has undertaken the ACT householder surveys as an integral part of its economic planning process. The first survey was conducted in 1991 and provided a unique opportunity for all ACT householders to air their views and to have input into the planning of services for the ACT. The survey provides a large-scale mechanism for community consultation and is conducted every two years, with the next survey due in 1995.

Madam Speaker, the Community Law Reform Committee is another example of an effective consultative process undertaken by the Government. It is a ministerial committee which operates under a formal constitution and is quite independent of the Government. Its broad-based community representation distinguishes the committee from interstate reform agencies, whose members are generally drawn from the legal profession. The committee uses a number of strategies to maximise community input, including education about the issue, through carefully prepared and researched discussion papers; wide discussion of information, through a range of means such as talkbacks, focus groups, and one-on-one discussions; and public discussions and hearings. It is unfortunate that our colleague with the Mickey Mouse tie representing his party, Mr Stevenson, is not here in person to hear this, because it takes up some of the issues that he was talking about when he was trying to indicate the breadth of opportunity which exists for public consultation and the different methodologies that can be used. Madam Speaker, this approach ensures that law reform in the ACT proceeds in close consultation with the ACT community.

Madam Speaker, I will, in the short amount of time available to me, concentrate on a number of specific issues in areas of my portfolio responsibility. Obviously, those consultative mechanisms do change to reflect the nature and type of service provided and the client groups, the constituent groups in our community - as the Chief Minister has outlined - that may avail themselves of those types of government services or are affected by decisions of government in any particular way.

Therefore, you need to have, as outlined in the consultation protocol, a range of general principles; but you need to allow yourself to be adaptable enough to ensure that you are inclusive in this process. One of the things that I always hear from the other side of this house is, "Yes, on this particular matter you engaged in consultation, but you took no notice of this particular group". That is simply factually incorrect. There is a difference between public consultation and agreeing to everything that everybody says to you. That is what the role of the Leader of the Opposition is. The role of the Leader of the Opposition is to agree with everything that anybody ever says to you, and she does it extremely well. She has only to be outside, with a television camera around and a microphone under the mouth, and, whammo, we have a hospital in Tuggeranong; on a tour, and, whammo, we have a paediatric unit at Calvary; or, whammo, we have

something else somewhere else. Mrs Carnell is a great exponent of telling everybody - and particularly the last person she spoke to - that she is going to support them; that there are not competing interests; and that the job of government is not balancing those interests.

That, in fact, is what the job of government, at the end of the day, is. Where, through this consultative process, we come across situations where there are competing needs, or competing positions that are represented within that public consultation, it is the responsibility of government to weigh, to balance, to test. I think that is the position that this Government has realistically adopted in the protocol that it has published. It is the position that we have adopted since assuming government four years ago, and it is the commitment that we have to continuing the consultative process as we win the next election and serve the people of Canberra for the next four years.

MRS CARNELL (Leader of the Opposition) (4.08): Madam Speaker, I think the Government should actually be ashamed of this document, and I will actually speak about the document that the MPI was supposed to be about. In January 1992 the ALP announced that it was going to have a consultation policy. "Wonderful!", we thought. Nearly three years later, we have this document. I must admit that, when I heard that it was coming out, I was a bit worried. I thought, "Oh, dear; the people of Canberra really do want a good solid consultation protocol and, heavens, this one might be better than the one that we are going to release. This is a worry". But it took me only three minutes to read the document and burst out laughing, because the document simply has nothing in it. When you get to page 13 you read statements such as:

Not all decisions made by the ACT Government affect every citizen in the ACT.

That is a surprise! It continues:

For this reason, ACT Government agencies should identify the appropriate constituency with which to consult in order to maximise the effectiveness of the consultation process.

Obviously, that was worth the paper it was written on! What about this:

Consultations may vary from a situation where a limited number of groups are approached, to a situation where opportunity for input is given to the widest range of interests possible.

That is another huge waste of paper. I think one of the things we really have to look at, after Mr Lamont and others have spoken about all of these wonderful things the Government has done in the area of consultation, is this: What about VITAB? What about the great consultation with the racing industry, with ACTTAB, with all of the people that were involved or should have been involved with that process?

Certainly, what about the people of the ACT that have since lost some $4m because they were not consulted? What about the service station operators with Burmah Fuels? Were they consulted? What about the property owners? Were they consulted? Was anybody consulted, for that matter? Mr Connolly quite happily says, "No, I did not consult anyone, because it was a political decision. I do not have to consult".

Mr Lamont: That is not correct, and you know it.

MRS CARNELL: That is exactly what he said.

Mr Lamont: That is a misrepresentation of the context in which that discussion was held. That is typical of your misrepresentation.

MRS CARNELL: That is exactly what he said. The fact is that he did not have to consult. At the same time, by the way, he admitted that it was going to affect people.

This afternoon in question time Mr Lamont spoke about his changes to ACT licences and accreditation. The fact is, Mr Lamont, that the ACT Driving Schools Association read about the new proposal in the newspaper. Certainly, they were on the committee; but they knew nothing about the new proposal. They read about it in the newspaper.

Mr Lamont: That is not the case. That is simply factually incorrect.

MRS CARNELL: Okay; ring the president and find out.

Mr Lamont: You do not understand what consultation is all about.

MADAM SPEAKER: Order!

MRS CARNELL: It is factually true. What about the person who actually runs - - -

Mr Lamont: You do not understand; you simply do not understand.

MADAM SPEAKER: Order!

MRS CARNELL: What about the people who actually run the other things that will be needed, like the Nissan facility? Did they know that you were going to announce what you announced in the newspaper about new licences and new requirements? No, they read about it in the newspaper too.

Mr Lamont: Did you tell the people of Canberra that you were going to introduce a CIR Bill?

MRS CARNELL: Yes, actually, at the Press Club.

Mr Lamont: No, you did not. You said, "Here it is. We know that you want it. Whacko, here it is". That is your degree of public consultation.

MRS CARNELL: At the Press Club 12 months ago, yes, we did. We also distributed it.

Mr Lamont: Absolute nonsense!

MADAM SPEAKER: Order!

MRS CARNELL: The fascinating thing is - - -

MADAM SPEAKER: Order! Mrs Carnell, the time for the discussion has expired.

PERSONAL EXPLANATION

MR LAMONT (Minister for Urban Services, Minister for Housing and Community Services, Minister for Industrial Relations and Minister for Sport): Madam Speaker, pursuant to standing order 46, I wish to make a personal explanation as Minister for Sport.

MADAM SPEAKER: Leave is granted.

MR LAMONT: Thank you. At the beginning of his comments in relation to the matter of public importance before the house this day, Mr Humphries made a number of factually incorrect statements. I believe that it is appropriate that they be corrected. Mohammed Ali actually had 22 fights; Holmes had only 21. Mohammed Ali actually defended his title successfully three times. Mohammed Ali was the greatest.

MADAM SPEAKER: Mr Lamont, sit down.

SUSPENSION OF STANDING AND TEMPORARY ORDERS

Motion (by Ms Szuty) agreed to, with the concurrence of an absolute majority:

That so much of the standing and temporary orders be suspended as would prevent order of the day No. 1, Assembly business, relating to the establishment of a Select Committee on Community Initiated Referendums being called on forthwith.

COMMUNITY INITIATED REFERENDUMS - SELECT COMMITTEE
Appointment

MS SZUTY (4.13): I move:

That -

(1) a Select Committee on Community Initiated Referendums be appointed to inquire into and report on:

(i) the Community Referendum Bill 1994 and
(ii) the Electors Initiative and Referendum Bill 1994;

(2) during the course of its inquiry the Committee shall have regard to the political context, rationale for, implementation and operation of similar processes both within and outside Australia;

(3) the Committee shall consist of 3 members, 1 from the Government, 1 from the Opposition and 1 independent member, each of whom shall be nominated to the Speaker in writing by 4.00 pm, 15 September 1994;

(4) the Committee shall report by 18 November 1994;

(5) if the Assembly is not sitting when the Committee has completed its inquiry, the Committee may send its report to the Speaker, or in the absence of the Speaker, to the Deputy Speaker, who is authorised to give directions for its printing and circulation;

(6) on the Committee presenting its report to the Assembly, resumption of debate on the question "That this Bill be agreed to in principle" for the Community Referendum Bill 1994 and the Electors Initiative and Referendum Bill 1994 be set down as an order of the day for the next sitting; and

(7) the foregoing provisions of this resolution, so far as they are inconsistent with standing orders, have effect notwithstanding anything contained in the standing orders.

Madam Speaker, I have proposed that the Assembly establish a Select Committee on Community Initiated Referendums for what I believe are sound and justifiable reasons, and I would like to expand on those reasons now. Again, the Assembly is in a position where it is considering landmark legislation, as it has done in the past with regard to prostitution, euthanasia and the establishment of smoke-free areas in enclosed public places, to name but three instances. In each of these circumstances, proposals were referred to committees, which have achieved varying results.

With regard to prostitution, the Assembly has now adopted legislation which I believe is the best in Australia and a model for other jurisdictions. While the Select Committee on Euthanasia did not support the Voluntary and Natural Death Bill, it did agree that the chairman, Michael Moore, should proceed to draft the Medical Treatment Bill, which of course we debated in principle this morning and which is likely to achieve majority support in this Assembly. Similarly, the Conservation, Heritage and Environment Committee considered the Government's Smoke-free Areas (Enclosed Public Places) Bill and recommended that the legislation be amended substantially to take account of the committee's recommendations. What I am saying, Madam Speaker, is that the referral of these issues to Assembly committees is a worthwhile process from which much can be achieved. It is also a normal process, especially where landmark legislation is concerned.

Madam Speaker, I can understand the Opposition's reluctance to support this move. They have been working on the drafting of the Community Referendum Bill for a long time, and many of their members - perhaps all of their members - have a greater understanding of the context in which citizens-initiated referendums have arisen in other places and the detail of the process than I or other members of the Assembly have. A committee process will be a frustrating exercise for members of the Opposition, given their extensive knowledge of the subject matter. However, I am sure that it would not be a frustrating process for other members of the committee or of this Assembly who want to increase their knowledge of the subject matter under consideration.

I am sure that Government members themselves can acknowledge the frustration from their own point of view when legislation with which they are familiar is then referred to an Assembly committee for further discussion and debate. A recent case in point is the package of mental health legislation which, in its draft exposure form, was referred to the Assembly's Social Policy Committee for further inquiry on 14 September 1993. The chair of the committee, Ms Ellis, presented the committee's report to the Assembly on 21 April this year, and the final legislation, drafted to take into account the committee's recommendations, was debated and passed during the August sittings of this Assembly.

Madam Speaker, the select committee has a valuable opportunity to explore the background and political context of the development of community-initiated referendums as it has occurred both overseas and within Australia, and I am sure that committee members will benefit from that process. It is likely that the committee will also call for public submissions and hold public hearings to assist it in its deliberations, enabling the wider community to participate in the process and understand what community-initiated referendums are all about.

Let me speak specifically about the terms of reference proposed. It seems sensible to refer to the select committee both Bills currently before the Assembly. I think it is important, in order to increase members' understanding of the issue, that the political context, rationale for and implementation and operation of similar processes, both within and outside Australia, be examined. This would not necessarily involve visits to overseas countries to gain an understanding of the issues, but it would be an information gathering exercise and research task which could be undertaken by the committee itself with secretariat support.

I have suggested that three members of the Assembly constitute the committee - one Government member, one Opposition member and one Independent member. There are two reasons why I have not included in these terms of reference a position on the committee for the leader of the Abolish Self Government Coalition, Mr Stevenson. Firstly, Mr Stevenson has decided not to nominate himself for various committee positions in this Assembly. In fact, the only committee of this Assembly on which Mr Stevenson served was the 1992-93 Select Committee on Estimates. I believe that this Assembly should not now give Mr Stevenson the opportunity to serve on an Assembly committee simply because he is interested in the subject under scrutiny. Secondly, Mr Stevenson has tabled one of the Bills which will be considered by the committee; namely, the Electors Initiative and Referendum Bill 1994. If Mr Stevenson were accepted as a member of this committee, I think it would be only fair if Mrs Carnell, as the proposer of the Community Referendum Bill, were also nominated as a member of the committee. Ideally, however, both members of the Assembly can have the opportunity through the committee process to argue for support for their respective Bills.

I have suggested that the committee report by 18 November 1994. I do not believe that this is an impossible task. However, I acknowledge the hard work that would need to be done in the next two months to enable the reporting date to be met. The Assembly would then have the opportunity to schedule both the Community Referendum Bill 1994 and the Electors Initiative and Referendum Bill 1994 for debate during private members business in the final sittings of the Assembly for the year. If members of the Assembly chose to give these Bills priority for debate over other business, I believe that a decision on these Bills could be made before the Assembly rises and before the next election.

As I indicated in proposing the motion, I am not anticipating that the issue will be buried or not addressed during the term of this Assembly. I have stated publicly that I support Mrs Carnell's Community Referendum Bill in principle. It is certainly not in my interests to see the issue remain unaddressed before the next election. In closing, Madam Speaker, I urge members to support the motion to establish a Select Committee on Community Initiated Referendums, which I see as a useful way in which to progress discussion and debate on this most important issue.

MR HUMPHRIES (4.20): Madam Speaker, the Opposition opposes the motion. We believe that, on this issue, we will not be greatly enlightened by having it referred to a committee. Not surprisingly, the Opposition has a strong view about its own Bill. The Government has made its own position equally bluntly clear. If Ms Follett's comments today were any indication, Government members are about as receptive to having community-initiated referenda in this community as they would be to having an outbreak of the Black Death. I think that Mr Stevenson's views also are pretty well known. I am sure that a committee would be very enlightening for Mr Moore or Ms Szuty, whichever of them might sit on it. I am afraid that I do not think that the rest of the community would benefit greatly from that process.

Frankly, I do not believe that this process is going to be comfortably resolved in the time available. What is more, we are going to be propelled into an unseemly rush in the few sitting days after 18 November to try to resolve these complex and important questions on the floor of the Assembly before the Assembly rises. Quite understandably, we are

going to hear the comment, possibly from the community and certainly from the Government, "What are we doing by rushing this legislation through in the dying days of the Assembly?". There would be some justification for that criticism.

Madam Speaker, the question before us is one which has been amply discussed and resolved on countless occasions in this community. I think that people have a reasonably clear idea of what CIR is all about. The mechanism certainly deserves some consideration by members. We have taken the time and the trouble to talk about this issue at great length, particularly before the Bill itself was introduced in this place by Mrs Carnell. So members could hardly claim to be surprised to see the Bill when it first appeared. Of course, Mr Stevenson's raising of the issue predates that by up to a year. Members should hardly be in the position of saying, "We do not know anything about this" or "This is all a surprise to us. We had better start looking at citizens-initiated referenda". The fact is that there have been many opportunities for that. I do not think that we are going to advance the arguments very well, or be seen to be advancing them very well, by trying to rush through a half-baked inquiry in the next few weeks. Madam Speaker, I realise that the numbers are here to pass this motion; but, by the same token, I think it would be a foolish step to take at today's meeting of the Assembly.

MR BERRY (Manager of Government Business) (4.23): What surprises me most about the Liberals' approach is their refusal to submit this matter to the normal Assembly processes and community scrutiny of and access to those processes. We have just had to tolerate an hour of grizzling and groaning from that lot opposite about the issue of the Labor Government's community consultation strategy. They grizzled and groaned and heaved and moaned about the issue of consultation; but I have to say that I did not see the Bill put forward by Mrs Carnell being accompanied by a massive petition of 20,000 voters demanding citizens-initiated referenda. Of course, that never happened. So, from my point of view and from the Labor Party's point of view, it is a reasonable approach for the matter to go to the committee.

How dare the Liberals accuse everybody, and certainly the Labor Party, of not consulting, given their approach to this particular piece of legislation! I think they ought to be ashamed of themselves. I trust that the media will pick up this flip-flop. Mrs Carnell is very good at the old somersault, pike and flip-flop. She is not even awarded a degree of difficulty for it because it is so easy for her. This is an issue that ought to be looked at by the community. There ought to be a bit more consultation about it. There ought to be a closer look at it. Labor will be supporting the motion which has been moved by Ms Szuty.

MRS CARNELL (Leader of the Opposition) (4.25): Madam Speaker, no sensible reason has yet been advanced for referring the Community Referendum Bill and Mr Stevenson's Bill to a committee. To do so would be simply ludicrous. The terms of reference bear this out. For example, it is totally inappropriate for a committee to be looking at the political context and the rationale for this sort of process. That has to be an issue for the Assembly, not for a committee. If we are talking about backflips, I think that we should be looking at Mr Moore and Ms Szuty. It is very unfortunate that we have seen that happen. Mr Moore used to say that he supported community referendums. In August 1991 he called for six issues to be put to referendum at the next election.

He said, "Where there are contentious issues, it is logical to put them to referendum". One of those referendums was to do with CIR. Mr Moore said that he had great respect for Canberra voters and he thought that they could handle the questions easily. He said, "We had better get used to the idea of being involved in referendums. I cannot see how anybody could oppose the idea". The *Canberra Times* of 14 October 1994 told us that Michael Moore and Helen Szuty both agreed in principle with CIR. So, why do they not agree with the Community Referendum Bill in principle?

Mr Moore: I will explain that to you in a minute.

MADAM SPEAKER: Perhaps you had better do that in a minute, Mr Moore.

Mr Moore: But, Madam Speaker, I am enjoying interjecting. It is part of our normal processes.

MADAM SPEAKER: I do not think it is being enjoyed by everyone concerned, Mr Moore. Mrs Carnell has the floor.

MRS CARNELL: It certainly would not hurt them to support CIR, particularly to bring it to the Assembly so that we can debate it. According to the *Canberra Times* of 24 October 1993, even Labor said that they favoured the proposal. But they also changed their minds. They have realised that it might become a reality and have become very worried about the whole business.

Mr Moore: Not at all; they are just using the appropriate process.

MADAM SPEAKER: Continue, Mrs Carnell.

Mr Moore: Come on; you can hack the pace. She cannot stand any interjections!

MADAM SPEAKER: That is enough, Mr Moore.

MRS CARNELL: The policy of the grandly titled Michael Moore Independent Group proclaims the principle of empowering individuals through open, democratic processes. That sounds very nice; but what about the hypocrisy we see now? When it comes to the crunch, they cannot even support it in principle. That is all we are asking for. What we are seeing here is a total backflip.

Mr Berry: You would recognise one.

Mr Kaine: Yes. We get a lot of practice watching the Chief Minister do them every day.

MADAM SPEAKER: Order! I do not think Mrs Carnell wants any assistance this afternoon.

MRS CARNELL: We had no problems with referring this Bill to a committee to look at the actual Bill itself. The issue with which we have a problem is referring the matter to be looked at in principle. We already have a situation where Mr Moore and Ms Szuty supposedly support it in principle; but then Ms Szuty brings forward terms of reference to look at CIR in principle. There is absolutely no logic in that. We believe that Mr Moore and Ms Szuty have jettisoned the principle in the hope of using the committee system and any publicity that might come out of it for a few votes. That is pretty hard to understand; but it certainly seems that a few people around here are getting a bit desperate.

We are very concerned that if, as it appears, these Bills are referred to a committee process, they will simply sink, and we will not see them again in this Assembly. I think that that would be a tragedy. We will have only two days of private members business to handle a Bill of this nature and whatever comes out of the committee. I think it would be very unlikely that the Assembly would have the capacity to do that. We saw that this morning with the Medical Treatment Bill - - -

Debate interrupted.

ADJOURNMENT

MADAM SPEAKER: Order! It being 4.30 pm, I propose the question:

That the Assembly do now adjourn.

Mr Berry: I require the question to be put forthwith without debate.

Question resolved in the negative.

COMMUNITY INITIATED REFERENDUMS - SELECT COMMITTEE
Appointment

Debate resumed.

MRS CARNELL: For those who have not already heard my explanation in my presentation speech, the rationale for CIR is to allow the people of the ACT to initiate and change the laws under which they live and to give them power to vote on those laws. That is a fairly simple proposal. It really is as simple as that. It is called democracy. Certainly, it appears that a few people around this house are opposed to it, which is very unfortunate.

Mr Moore: That is simplistic, Kate, and you know it.

MRS CARNELL: It is actually a lot more difficult than that. That is exactly what we are talking about. We can then speak about how best to legislate for that in the ACT. We have no problems with a committee looking at the legislation; but, if people in this house cannot bring themselves to accept that citizens-initiated referenda are just a part of the democratic process, then there is no point in sending it to a committee. We should vote on it now and get it out of the way, simply because you do not support it. Let us be sensible. If this committee has to go ahead, let us make it look at only the Bills and how best to initiate or legislate for citizens-initiated referenda in the ACT. I will circulate some amendments to that end.

The implementation is clearly explained in the explanatory memorandum which I distributed with my Bill. Obviously, that is what this committee is going to look at. Nothing could possibly be served by opening up a committee to all of the issues that have already been dealt with at that level. If any member of this house wants more information or wants the basic information that we used to come forward with that, I am sure that we would be happy to produce it - we have said that we would - and I know that Mr Stevenson would be happy to produce his. According to Ms Szuty's motion, she wants to look at the operation of similar processes both within and outside Australia. This has already been dealt with and taken into account. Apart from the principle, there are very few similar situations of direct relevance to our circumstances in the ACT, mainly because we have compulsory voting. That makes our operations and processes quite different from those overseas. You simply cannot look at them in the same light.

So I come back to the basis of it. If you support the capacity of citizens to bring forward referenda and if more than 50 per cent of people support them they should come into this Assembly, be passed and become law, then the issue that we have to address is how you legislate for that in the ACT - not in California, not in Western Australia, but in the ACT, under our rules and under our legislation. Again, we have no problems with looking at that. What we do have a problem with is looking at whether or not we have in-principle support for citizens-initiated referenda. We support it and it seems that Mr Stevenson does, but nobody else does. If they did, they would support my amendment to the terms of reference that Ms Szuty has put forward. At least then we would have a committee process that would have some chance of coming up with an end point that we could all live with, before the end of this parliament, in a timeframe that would enable us to debate this issue.

Quite simply, those around Australia who do support open democracy - and there are a lot from both sides of parliament and there are those who are not involved in the political process at all - are looking to the ACT as being the only place where it looks as though legislation of this nature will get up. It would be an absolute tragedy if, because a committee process has terms of reference that are simply ridiculous, that did not happen in the term of this parliament. I commend my amendment to the house.

MADAM SPEAKER: Do you actually want to move it, Mrs Carnell?

MRS CARNELL: Yes. I move:

Omit paragraph (2), substitute the following paragraph:

"(2) the Committee shall compare the provisions of the Bill with other similar laws in operation in Australia and other countries.".

MR STEVENSON (4.35): I certainly agree with community consultation. We started to survey people on this question about five years ago, in 1989. It goes back further than that, to meetings held during the second half of 1988. This is one of the major aspects we were speaking about at meetings around Canberra. I first spoke on citizens-initiated referenda over a decade ago at a public meeting held in Melbourne. I talked about the Swiss system and how it would work. I have been contacted by a number of people who believe that sending the Bills to a committee of inquiry at this late stage could be seen as a means of obstructing the chance of having citizens-initiated referenda. It does not have to be; but people have contacted me and said that they are concerned about that. I have confidence that the matter will go ahead.

I look forward to serving as a member of the committee, to assist it in getting its work done in sufficient time to make sure that the proposals can go ahead. I have been studying CIR in detail for many years. I have spent literally hundreds of hours looking at details and talking on the phone and at meetings, not only in Canberra but also outside Canberra. When you start doing that, you understand that there are a lot of different details to look at. Indeed, there are good arguments for both sides on a number of details. This is one of the reasons why I thought it important that people in Canberra should have an opportunity to comment on the principle of the Bill that I presented. I do not say that it is my Bill; it is simply a Bill that I presented.

We sent information about the principle to over 300 community groups around Canberra. Later we sent out to community groups, organisations and individuals around Canberra hundreds of copies of the Bill for their comment. I did not think that that was enough, because they were mainly organisations. I felt that there could have been more talk about the principle in the daily media. So, we had a little newspaper printed - members have a copy of it - called *Direct Democracy*. So far, over 50,000 of them have been letterboxed to homes around Canberra, and many more have been given out, so that people can have an opportunity to look at some of the details and comment on them.

From all this community consultation that has been carried out extensively during the last year, and to a lesser degree over the last six years in Canberra, we have received a lot of suggestions, comments and questions. Each time, I and other people have taken those items on board. There would not have been a decision on that Bill that I made by myself. I would not dream of doing that when there are capable people around who understand the subject well and whom I could consult. So, after all this consultation, we made quite a few changes. They were largely initiated because of the good work that the

Scrutiny of Bills Committee did in making various comments about the Bill. We took all those on board. As members know, when I reintroduced the Bill on two occasions, we took the opportunity to make a number of other changes as well. They were changes proposed to us by various groups and individuals.

Why I feel that it would be valuable for me to be on the committee is that, having done all that work, I have a pretty fair handle on the cases for and against different details. It is not so much a matter of the principle, as Mrs Carnell mentioned, because you either agree or disagree with the principle. Either you agree with democracy or you do not.

Mrs Grassby: Like "no self-government"?

MR STEVENSON: Bringing up no self-government is like waving a flag at a bull. I do not have a copy of the paper here - a lot of them have been given out recently - but on the back of it I gave a couple of reasons why it might be useful to have binding citizens-initiated referenda. I listed 60 increased taxes and reduced services that have come in - I cannot say "since we have had self-government in the ACT", because we do not have it - since we had forced on us this State-like Legislative Assembly. It was never meant to be self-government, and it is not self-government. It is a State-like government.

I listed them. Sixty was a conservative number. Many of those taxes have gone up many times. According to this morning's paper, we are to be hit with some more. I would not be against self-government, if we had it; but let us have a council, with a lord mayor, which will look after roads, rates, rubbish, drains, dogs and development, and let us give back health, education and law and order to the Commonwealth Government, which has constitutional responsibility for those things.

Mrs Grassby: They will not take them back. Dennis, you are away with the birds, or maybe Mickey Mouse.

MR STEVENSON: With the mice. The important point is that people should have a say. If you ask people in Canberra, over 90 per cent of them will tell you that we had two referendums in Canberra and we said "no" twice. I have tried to find out what the second one was, and I cannot.

Ms Follett: There wasn't one; that is why.

MR STEVENSON: I know that there is only one listed, for 1978; but, if you go outside now and grab 10 people, I guarantee that the majority of them who have been here for a while will tell you that they voted twice. I cannot find out what they are referring to, and I would love to. If someone can tell me, I would be most interested to know. I really want to know. I have contacted the universities, the *Canberra Times*, the Electoral Commission and all the rest. I wanted to find out what people refer to when they say, "We had two". People sitting on the other side of the table at meetings have said to me, "Do not tell me that we had only one. I voted at two". I wish that someone could tell me what it was. The truth of the matter is that people did not want self-government.

Leaving that aside, we have done our absolute best to get community consultation on this matter, and it is something that has been running for a long time. When the Federal Constitutional Commission was held, there were submissions on many aspects; yet one aspect alone was responsible for more submissions than all the others put together, and that was citizens-initiated referenda that are binding. Ms Szuty said that the committee process will give members who want to increase their knowledge an opportunity to do so. She nods. I wrote to Ms Szuty and said that I wanted to have a chat with her about CIR; but she would not talk to me about the Bill. I understand politics. I had had a good look at this subject and I wanted to discuss some of the points that might have been raised by a committee. This was quite some months ago.

I know that committees and meetings with other members, particularly those who have an interest in a Bill, are useful things, and we have to have them. You do not wait until the end of the year to try to do something that would take any organisation a year to do when they are doing other things. If that were all we had to deal with for two months, we might be able to do it. But what about people in Canberra? You are asking them for submissions. Will we give them the time to do all the work they need to do? Many people are going to contact us late in the piece and say, "I just heard about this. I am not going to have a say on this. Give me time". We went through that in committee after committee. Nearly all of the committees in the First Assembly had early reporting dates, and they had to be extended, some more than once. I do not disagree with that. It is just that it is very late in the piece.

Question put:

That the amendment (Mrs Carnell's) be agreed to.

The Assembly voted -

AYES, 7	NOES, 10
Mrs Carnell	Mr Berry
Mr Cornwell	Mr Connolly
Mr De Domenico	Ms Ellis
Mr Humphries	Ms Follett
Mr Kaine	Mrs Grassby
Mr Stefaniak	Mr Lamont
Mr Stevenson	Ms McRae
	Mr Moore
	Ms Szuty
	Mr Wood

Question so resolved in the negative.

MR MOORE (4.49): Madam Speaker, it is interesting that Mrs Carnell should start by accusing me and Ms Szuty of doing backflips and all the other things that she talked about in this debate. In this case, she should look in a mirror. In reality, I have not, at any stage, resiled from any of those things that she has quoted. What I have suggested, and what I do suggest in supporting this very sensible motion of Ms Szuty's, is that we use appropriate Assembly processes. I might remind the Assembly that the Liberal Party has put forward this Bill during an election period, without any reference to the electorate.

Dennis Stevenson certainly did; but in no way was this presented by the Liberal Party during an election period in this Territory. They see it as a "simple" exercise that they can just put through this Assembly. That is the word that Mrs Carnell used on a number of occasions. She said, "It is simple". The same concept was reiterated by Mr Stevenson: Either you agree or you do not; it is black and white. The issue is not black and white at all, and that is why I was comfortable in voting down Mrs Carnell's amendment. Just to emphasise that it is not black and white, let me remind members that there have been five separate CIR Bills presented to the ACT Legislative Assembly in the last four years - one by Mr Prowse, one in the First Assembly by Mr Stevenson, two in this Assembly by Mr Stevenson and one by Mrs Carnell. Yet Mrs Carnell has the gall to stand up before us and say, "Just accept mine. It is okay. Look at it; it is fine. Just adopt it. It is terrific". That is exactly what she said.

Mr De Domenico: Let us debate it, and you can vote against it, if you like.

MR MOORE: Debate it, if you like; but, after having had those five Bills, I think it is appropriate that, as is our usual process, an Assembly committee should look at both Mrs Carnell's Bill and Mr Stevenson's Bill, and also at the background and the principle, because, Mrs Carnell, it is not just black and white and it is not simple. That argument is simplistic. In fact, earlier today, during the debate on the matter of public importance, the Chief Minister quoted Mr Mackerras in his discussion on these matters. It is not a simple view.

Let me emphasise this. I have not changed my position on it. I have expressed support in principle for citizens-initiated referenda. In this house I have also expressed growing doubts about some of the ways it is applied. I did that particularly during the debate on the electoral Bill. The reality is that the normal process of this Assembly is to send difficult legislation to a committee. On this subject that we are talking about, we have had five different Bills. That would indicate that it is a quite complicated matter.

Mr Humphries and Mr Stevenson would argue for the removal of clause 4, which states that the committee shall report by 18 November. Ms Szuty and I agreed to that, and we will see how the others go, because we wanted to see whether we could possibly deal with this matter appropriately within a given timeframe. The irony of all ironies was that, this morning, we heard Liberal member after Liberal member complain, as they do again and again, about the ACT being a social laboratory; yet they said immediately, "Yes, but just put this through. It does not have to go to a committee. Just make sure that we deal with it". If anything would make us a social laboratory, it would be this particular Bill, because it represents a fundamental change to our system of democracy that has not happened in any other State or Territory in Australia. Therefore, it warrants

proper and appropriate consideration. It is hypocritical for people to accuse me of using the ACT as a social laboratory but then to argue that this legislation should be rushed through without going through the normal processes of this Assembly. Madam Speaker, what we have is a very sensible and very normal process.

While I am on the issue of hypocrisy, there is something else that I nearly missed. We have Mr Stevenson sitting here, advocating CIR. He would inflict it on the people of Canberra in the same way as he perceives that self-government was inflicted on the people of Canberra by the Federal Government. So, where do we stand and how do we handle the issue? That is an appropriate question. Perhaps the appropriate way to do it is to put this issue, by way of referendum, to the people of Canberra.

That brings me to the final point I wanted to make. The series of quotes that Mrs Carnell conveniently took out of context did not have anything at all to do with citizens-initiated referenda; they had to do with my suggesting that referenda be decided by this Assembly and be put by the people of Canberra. Mr Stevenson was very quick to draw the distinction. I think that the terms he used were "politician-initiated referenda" as opposed to "citizens-initiated referenda". So, there clearly was a major distinction between what I was proposing at that time and this particular committee.

Madam Speaker, I am very comfortable with the notion of citizens-initiated referenda. In principle, it seems like a good idea on the surface; but we have to consider those other issues. We have to consider the impact of the possible removal of compulsory voting. We have to consider how this might be used by the sorts of groups that Mr Mackerras refers to as elite interest groups. They are issues of principle, and the appropriate way to deal with them is by referring this concept and these two pieces of legislation to a committee.

MR DE DOMENICO (4.56): Madam Speaker, I rise very briefly to respond to what Mr Moore has said. Mr Moore, the Liberal Party is happy to send the Bills to the committee, but you have just voted against the motion to do that. That is point No. 1.

Mr Moore: No, I did not.

MR DE DOMENICO: You have. You just voted against an amendment that said:

The Committee shall compare the provisions of the Bills with other similar laws in operation in Australia and other countries.

That is what the Assembly just voted down. That is point No. 1. We have just done it, five minutes ago.

Mr Moore: Mr De Domenico, you misunderstand.

MR DE DOMENICO: No, I do not misunderstand. I have not finished with you yet. You are not going to get away so lightly. Madam Speaker, Mr Moore is one member of this Assembly that never backflips! He has never done a backflip in his life! Mr Moore and Ms Szuty publicly stated 18 months ago that they support citizens-initiated referenda.

Mr Moore: We have not moved from that. It does not mean that we are going to do it right now.

MR DE DOMENICO: Mr Moore, let us debate the Bill now. Let us put your views on the record. If you agree with Mrs Carnell's Bill, you will support it; and, if you do not, you will vote against it or you will amend it. Put up your amendments, if you are not happy with the Bill. Let me tell you why you should do that, Mr Moore. As you know, for the past 12 months you have been actively involved, in consultation with Mrs Carnell, in producing the Bill that is before the Assembly. You know that a number of community groups have been consulted by the Liberal Party and others that have been involved, including the community councils around this place. That process has taken about 18 months. You also know that the Liberal Party's views have been on the record for a very long time, as announced by Mrs Carnell at the Press Club at least 12 months ago. We have had all that time to have the community consultation which has occurred. So, why are we wasting the time of this Assembly and why do we want to waste the time of the committee? If we really want to have a look at the Bills, let us send the Bills to the committee; but let us not do it by supporting Ms Szuty's motion, which says "have regard to the political context, rationale for, implementation and operation of similar processes within and outside Australia".

Mr Moore: I rise on a point of order, Madam Speaker. Mr De Domenico is referring to a vote which has just been carried by the Assembly, and ought not reflect on that vote.

MADAM SPEAKER: I do not think so, Mr Moore.

MR DE DOMENICO: On the point of order - - -

MADAM SPEAKER: Just continue, Mr De Domenico.

MR DE DOMENICO: That was a good try, Mr Moore. Madam Speaker, it is quite interesting to note that Mrs Carnell's Bill, which was drafted by the parliamentary draftspeople - it has also been looked at by the Scrutiny of Bills Committee, which came up with two or three minor technical amendments - has gone through every process that nearly every other Bill has gone through. So, why are we wasting the Assembly's time? Is it because Mr Moore or Ms Szuty wants to be on another committee? Is it because Mr Moore or Ms Szuty and the Government do not want to say, "This is where we really stand on community-initiated referenda."?

Mr Cornwell: Is there any travel involved?

MR DE DOMENICO: "Is there any travel involved?", Mr Cornwell asks. I do not know. Is it "California, here I come."? Is this committee going to go off to California, Sweden, Italy or Switzerland? I hope not. The Liberal Party certainly would not be supporting that. So, what are we doing here? We are seeing the usual complete and utter backflip, degree of difficulty 3.5, by Mr Moore. In this instance he is taking the Government with him. Of course, the Government does not want to debate this Bill now, because it does not know how to vote. It does not know how to vote, because the Government knows that this is very good legislation.

Mr Moore: We believe you. It is good legislation.

MR DE DOMENICO: When it satisfies Mr Moore, he can sit back, smugly, and say, "We believe you". If we were to do the same thing for him, all of a sudden we would find that democracy had gone mad. Mr Moore, I and the other people on this side of the house happen to disagree with you. We want you to nail your colours to the wall and say where you really stand on this Bill. The best way in which you can do that is to let us have the debate on this Bill on the floor of the Assembly and then let us see what your viewpoints are. If you like the Bill, you will vote for it. If you do not like the Bill, you will vote against it or you will amend it. But let us not waste the time of the community or the people in this Assembly just so that you can go and backflip and then try to get some publicity out of it between now and the next election.

MADAM SPEAKER: The question is: That the motion be agreed to.

MR STEVENSON (5.02): Madam Speaker, in replying to a couple of matters raised by - - -

MADAM SPEAKER: Just a minute. Why are you standing again?

MR STEVENSON: I normally stand to speak, Madam Speaker.

MADAM SPEAKER: Please be seated. There is a motion before us, which is Ms Szuty's motion, and the question is: That the motion be agreed to.

MR STEVENSON: May I not speak on the matter?

MADAM SPEAKER: No, you may not.

MR STEVENSON: Why not?

MADAM SPEAKER: You have spoken already.

MR STEVENSON: I take a point of order, Madam Speaker. I spoke on the amendment earlier. I am now speaking on the matter in principle.

Ms Follett: Just ask for leave, Dennis.

MR STEVENSON: I seek leave to speak on the matter in principle.

Leave granted.

Mr Berry: For how long?

MR STEVENSON: Not long, Wayne; do not worry. I just want to pick up a couple of points. Mr Moore said that it is a fundamental change. Some people would suggest that it is a return to fundamental principles of government. We are called "representatives" because, literally, we re-present - present again - the will of the people. So, far from being a fundamental change, it is a radical change back to fundamentals.

Mr Moore: No; I said that it is a fundamental change in the way we operate our democracy.

MR STEVENSON: I agree. I am sorry, but you cannot say "democracy" when you talk about the way we operate our Assembly. The other point is that Mr Moore suggested, in the heat of the moment - I know that he did not mean it - that I would inflict this on the people of Canberra. I can only suggest that he was out of the room at the time when I spent about eight minutes - in deference to Mr Berry, I will not do it again - going through all the things we have done in Canberra to consult and communicate with people. I said that we started surveying many years ago.

Mr Lamont: Are you going to move your amendments?

MR STEVENSON: I move the amendments that I have circulated in the Assembly.

MADAM SPEAKER: Mr Stevenson, you have to seek leave to do that, because you are moving more than one amendment.

MR STEVENSON: I seek leave to move the amendments together.

Leave granted.

MR STEVENSON: I move:

Paragraph (3) -

Omit "3", substitute "4".

Omit "and independent member", substitute "independent member, and a member of the Abolish Self-Government Coalition".

Ms Szuty mentioned earlier that I may want to get on the committee simply because I have an interest. It is not simply because I have an interest; it is because I believe that I could be of some benefit to the committee and because I have done a lot of research on the subject. I am not suggesting that all of us could not research any subject and become very knowledgeable about it. We can. We have done that. It is just that, on this one, I have a long start on a lot of people. I do not disagree with the committee. My concern is that we are calling it very late in the piece.

Amendments negatived.

MS SZUTY (5.04), in reply: I am disappointed with the Opposition's response to the motion, which, as I explained in my speech, I thought was eminently reasonable. Mr Humphries mentioned the consultation which both Michael Moore and I have had with Mrs Carnell and other members of the Liberal Party over some time in developing the Bill. I must say that it has been some time. In fact, I think it has been 18 months.

Mr Moore and I have had a couple of discussions in that time. I have noted that it has taken a very long while for the Bill to come to its final stage and to be tabled in the Assembly. If it had arrived for our consideration earlier, we might not be having this debate today and the decision to refer the Bill automatically to a committee might have been made some months ago.

Let me pick up Mr Berry's comment. Mr Berry contrasted the proposal to refer the Community Referendum Bill to a committee with the matter of public importance debate which we have held today in this chamber, where the Liberals argued very strongly for full and effective community consultation. I agree that there is some irony in the two stances that have been taken by the Liberal Party in the Assembly today on these two issues.

I would like to spend some time addressing Mrs Carnell's comments. I did note that Mrs Carnell was not in the chamber when I spoke to the motion in the first instance. Perhaps that is why she did not see any sensible reason for referring her Bill and Mr Stevenson's Bill to a committee. She noted that I supported the Bill in principle, and I do. I firmly believe that there is time for the committee to do its job and to report to the Assembly by 18 November. While I support the Bill in principle, other members of this Assembly have not yet indicated their position. I think it is important, for their benefit, that the time is taken to address adequately the very fundamental issues which are involved in assessing the merits of citizens-initiated referendum proposals.

Let me turn to the committee process. I do not believe that the experience of this Assembly suggests that issues become buried once they are referred to committees. In fact, I think that the opposite is the case. We have a very well-regarded committee system in this Assembly which does a very effective job. Mrs Carnell said that there are other jurisdictions watching us in the ACT to see what we do with citizens-initiated referenda. I would say that that is all the more reason for the ACT to get the process right, if that is what we ultimately decide to do. Mr Stevenson mentioned the very many people with whom he has been in touch who are concerned about the potential delay in the Bills coming on for debate. I understand the position of people who have come to a decision on these matters. They do become frustrated with other people in the Assembly and with other people in the community who want to take more time over those particular issues.

Mr Stevenson talked about consultation from his perspective. That has already been extensively done, according to Mr Stevenson. But this is certainly not the case for other members of the Assembly, in particular Mr Moore, who has indicated that he wants to consider the issue much more fully than he has been able to do to date. Mr Stevenson said that people should have a say. In fact, the Canberra community should have a say in looking at citizens-initiated referenda through the committee process. Mr Stevenson also mentioned a discussion which he had with me some time ago. He offered to brief me about the detail of his Electors Initiative and Referendum Bill. At the time, I declined. The reason I declined was that I was anticipating the Liberals' Community Referendum Bill being tabled in the near future. It has since happened. I apologise to Mr Stevenson that his earlier request slipped my mind and I have not been back to him to discuss the issue. That was my reason for rejecting an opportunity to have a discussion with him at an earlier time.

Mr Moore indicated that this is not a simple debate. I agree with that. We are talking about landmark legislation. If it is introduced in the ACT, this will be the first State or Territory to have a community referendum process available to its citizens. As regards the timeframe, Mrs Carnell approached me some weeks ago and asked me not to refer her Bill immediately to a committee. She wanted me to have a look at her Bill before I made a decision on that matter. I have done that, and that is the reason why I decided to proceed with referring these Bills to an Assembly committee today rather than in the earlier sittings in August. I also had a problem with my voice at the time, and that was a difficulty for me.

Mr De Domenico suggested that, as a result of the Assembly rejecting Mrs Carnell's amendments, we are now not going to look at the Bills in the committee process. That simply is not the case. In fact, clause 1 of the motion, which Mrs Carnell's amendment did not amend, states:

(1) a Select Committee on Community Initiated Referendums be appointed to inquire into and report on:

(i) the Community Referendum Bill 1994 and

(ii) the Electors Initiative and Referendum Bill 1994;

So, that is quite clear. I cannot imagine that there is any confusion in the minds of Assembly members about the process. I thank members for their contributions to this debate, and I urge them to support the motion.

Question put:

That the motion (Ms Szuty's) be agreed to.

The Assembly voted -

AYES, 9	NOES, 6
Mr Berry	Mrs Carnell
Ms Ellis	Mr Cornwell
Ms Follett	Mr De Domenico
Mrs Grassby	Mr Kaine
Mr Lamont	Mr Stefaniak
Ms McRae	Mr Stevenson
Mr Moore	
Ms Szuty	
Mr Wood	

Question so resolved in the affirmative.

ELECTRICITY (AMENDMENT) BILL 1994

Debate resumed from 19 May 1994, on motion by Mr Lamont:

That this Bill be agreed to in principle.

MR DE DOMENICO (5.14): Madam Speaker, the Opposition will be supporting the Electricity (Amendment) Bill 1994. The purpose of the Bill is severalfold, but the two main reasons are the desire to bring electrical licensing arrangements in the ACT into line with national developments - that is the expression widely used to refer to mutual recognition between States and Territories - and to tidy up a variety of loose ends. The purpose of the Bill will be achieved by amending the Electricity Act 1971 to provide for the establishment of an Electrical Licensing Board, for restricted electrical licences and for electrician permits or electrical permits. The Bill also provides for the right of application to the Administrative Appeals Tribunal for the review of board decisions and generally brings electrical licensing provisions into line with agreements at the national level. The Bill is purely and simply one of those mutual recognition measures. I think the ACT at this stage is the only jurisdiction that does not have this sort of legislation. I would like to thank the Minister and officers of ACTEW for the comprehensive briefings they gave us on this Bill. As I said, it is a quite simple mechanical mutual recognition Bill, and the Opposition is happy to support it.

MS SZUTY (5.15): Madam Speaker, in speaking in this debate on the Electricity (Amendment) Bill, I should say at the outset that I requested a delay in the consideration of this Bill by the Assembly as I wanted time to consult with a number of people and to be fully briefed on the Bill's implications and ramifications. Australia as a whole has an enviable electrical safety record, and that of the ACT is second to none in Australia. I was particularly concerned to ensure that the provisions of this Bill did not have the potential to compromise this outstanding record, a record of which ACT Electricity and Water and all Canberrans can be justly proud. I, too, would particularly like to thank Darrell Hills and Ian Macara of ACT Electricity and Water for the thorough briefing which they provided to me on the provisions of this Bill and for the information which they subsequently provided to me.

I understand, Madam Speaker, that this Bill is based on mutual recognition principles and that all jurisdictions in Australia have agreed to adopt the central provisions that the Bill contains. This Bill establishes an Electrical Licensing Board, allows the right of appeal against board decisions, allows tradespersons other than electricians to hold restricted electrical licences to undertake limited electrical work which is incidental to their trades, allows for permits for people who are qualified, but lacking experience, to undertake electrical work under supervision, and recognises that a person holding an electricians licence or permit in another jurisdiction is entitled to hold the corresponding licence or permit in the ACT.

Madam Speaker, I particularly welcome the Bill's contribution to micro-economic reform in codifying the agreement reached at the national level by Ministers for labour to introduce restricted electrical licences for tradespersons who are not electricians - for example, plumbers who need to do limited electrical work when repairing

hot-water services. I also welcome the specific provision in the Bill for the recognition in the ACT of electricians licences and permits granted in other States and Territories. While the Mutual Recognition Act 1992 already provides for this recognition, it is useful that a person consulting the Electricity Act 1971 will be able to gain a clear understanding of this entitlement without needing to consult other legislation.

The Bill also provides for the establishment of an Electrical Licensing Board for the ACT. I took great interest in this and sought information on who would be represented on the board, the rationale for their being on the board and what board members would do. I also requested additional information about the composition of similar bodies in other States and Territories. I was particularly pleased to see that the ACT will have a consumer representative on the board - a decision which I wholeheartedly support. Consumer interest and the question of the adequate protection of consumers under the new legislation will be extremely important considerations in assessing the success of the new arrangements. It would also be useful to establish an appropriate public education and awareness campaign to inform community members about the changes embodied in this legislation. It would be a good idea, I believe, to provide appropriate information to every householder in the ACT.

It seems that the new board is not expected to meet very often, most likely once a quarter. This contrasts with the frequency of meetings held by equivalent boards in other jurisdictions. For example, in New South Wales they are held every month; in South Australia they are held every fortnight; and in Tasmania they are held every month. I would appreciate the Minister explaining why board meetings will be held so infrequently in the ACT. Perhaps he can provide that information to us today.

For members' information, I should note that some evidence has been presented to me that difficulties have been experienced in introducing the new arrangements in New South Wales. I understand that some argument exists regarding State and local government responsibilities. Fortunately, this is a problem that the ACT will not experience because of our unique form of government which combines both State and local government responsibilities. In conclusion, Madam Speaker, I am happy at present to support the changes being introduced with this Bill. I would, however, appreciate the Minister reporting to the Assembly over the next 12 months or so - or perhaps between now and the next election, if that is possible - and informing members how the new arrangements are working in practice.

MR LAMONT (Minister for Urban Services, Minister for Housing and Community Services, Minister for Industrial Relations and Minister for Sport) (5.19), in reply: I thank members for their support for this important piece of reform legislation to implement the national uniformity principles in the electricity industry. I understand that the frequency of meetings of the board has been determined on the basis of the expected need, given the smaller size of this jurisdiction compared with the State of New South Wales, for example, and consequentially the smaller numbers of electricians that it is proposed be licensed in the ACT. Madam Speaker, I thank the Opposition for their support for this Bill.

Madam Speaker, Ms Szuty has outlined amicably and adequately the issues I annunciated in my presentation speech, and I do not intend to reflect once again on them, other than to draw one matter to members' attention. As we have taken a broader perspective of micro-economic reform issues across Australia and New Zealand as part of the closer economic relations agreement with that country, the holder of a New Zealand electricians licence will be issued with an electricians grade A licence in the ACT. This will allow for further national consistency by bringing us into line with the arrangements in place in other States. I thank members for their support.

Question resolved in the affirmative.

Bill agreed to in principle.

Leave granted to dispense with the detail stage.

Bill agreed to.

BOOKMAKERS (AMENDMENT) BILL (NO. 2) 1994

[COGNATE BILLS:

GAMING AND BETTING (AMENDMENT) BILL (NO. 2) 1994
GAMES WAGERS AND BETTING-HOUSES (AMENDMENT) BILL 1994]

Debate resumed from 25 August 1994, on motion by Mr Lamont:

That this Bill be agreed to in principle.

MADAM SPEAKER: Is it the wish of the Assembly to debate this order of the day concurrently with the Gaming and Betting (Amendment) Bill (No. 2) 1994 and the Games Wagers and Betting-houses (Amendment) Bill 1994? There being no objection, that course will be followed. I remind members that in debating order of the day No. 2 they may also address their remarks to orders of the day Nos 3 and 4.

MR DE DOMENICO (5.22): Madam Speaker, the Opposition will not be opposing these Bills. We have certain questions that I will put during my remarks. I am sure that the Minister will be prepared to answer them and that we will have a satisfactory outcome. Madam Speaker, the Bookmakers Act 1985, the principal Act, provides for the licensing and control of bookmakers. This Act was recently amended to provide for on-course telephone betting. When debating that Bill, the Opposition gave its in-principle agreement to the establishment of a betting auditorium for sports betting.

Madam Speaker, the Bookmakers (Amendment) Bill (No. 2) 1994, together with the Gaming and Betting (Amendment) Bill (No. 2) 1994 and the Games Wagers and Betting-houses (Amendment) Bill 1994, forms part of the package that will provide for the appropriate regulation and control of betting on sporting and other events within

the ACT. The enactment of the Bills will enable sports bookmakers to take bets on a wide range of events, including rugby league, Australian rules, golf, cricket and athletics, as well as allowing bets to be taken on other events such as elections - and that is ironic. The actual events will be determined by the Minister.

I thank the Minister and officers of his department for numerous extensive consultations and briefings. The Minister and I, and Mrs Carnell and the Minister and I, have had several discussions. I think it is one of those examples of how cooperation can occur in this place, especially when we are talking of an area that has very few political connotations. I also say "well done" to the people who drafted these pieces of legislation. They give the Minister a lot of control, but whenever the Minister exercises that control that will become an instrument disallowable by this Assembly, and that is to be commended as well.

There are four very important points to be noted. The Bills ensure that betting arrangements are properly regulated. There will be separate licensing and approval arrangements for sports bookmakers. Licensed bookmakers will be able to operate as sports bookmakers as well. The Minister needs to give this house an assurance about probity. We must make sure that we get it right this time and do not repeat what happened in other areas before the Minister took over this portfolio responsibility. We know that only licensed bookmakers will be eligible to apply for a sports betting licence, although syndicates and companies are capable of operating as sports bookmakers as well. There will be separate licensing and approval arrangements for sports bookmakers, and only a limited number of sports betting licences will be issued. Sports bookmaking often involves bookmakers accepting and incurring liabilities over a long timeframe; therefore, the matter of security guarantees and performance guarantees is of paramount importance. Madam Speaker, Mrs Carnell and I were very pleased with the Minister's comments at the bookmakers dinner on Monday night, when he gave people a reassurance that the amount of money that is going to be looked at as a security guarantee is about $100,000, so as not to put the situation beyond the capacity of local bookmakers. It should also be noted that a dispute mechanism is proposed. The mechanism will comprise two steps. Initially, any claim will be referred to the Registrar of Bookmakers for a decision. Secondly, the registrar's decision can then be reviewed by a Sports Betting Disputes Subcommittee, if required or if necessary.

Madam Speaker, I turn to the Gaming and Betting (Amendment) Bill (No. 2). As the Gaming and Betting Act 1906 (New South Wales) provides for the regulation and control of betting and the control of race meetings and such matters and the Bookmakers (Amendment) Bill (No. 2) 1994 provides for the establishment of sports betting, it is necessary to amend the Gaming and Betting Act 1906 so that the prohibitions which apply in respect of race meetings will not apply at a sports betting venue. The Games Wagers and Betting-houses Act 1901 (New South Wales) provides for the control of games and wagers and betting houses. As the Bookmakers (Amendment) Bill (No. 2) 1994 provides for the establishment of sports betting, it is therefore necessary to amend the Act so that the prohibitions on betting houses do not apply to sports betting venues. Madam Speaker, the Opposition and, I know, the Government consulted with the Bookmakers Association, the ACT Racing Club, the Canberra Greyhound Racing Club, the Canberra Harness Racing Club, ACTSport and other people as well.

I now refer to the Bookmakers (Amendment) Bill (No. 2). Section 9 of the principal Act deals with the membership of the Bookmakers Licensing Committee, with members being nominated by various bodies. Clause 6 of the Bookmakers (Amendment) Bill (No. 2) amends this section by substituting "7 part-time members" for "5 part-time members". Whilst the Opposition is not going to die in a ditch over whether it is seven or five, I would be interested in the Minister's comments as to why he needs to increase that committee by two, from five to seven. I note, by the way, that four will be appointed from outside bodies and only three by the Minister. In fact, the Minister might care to explain that as well.

I mentioned before the Opposition's delight in the Minister's public announcement about the $100,000 security guarantee. As I said earlier, sports bookmaking can involve the accepting and holding of bets and, therefore, possible liabilities over a long period of time. Therefore, obviously, it is extremely important that the committee is assured of the sports betting agent's capacity to pay. Even though this aspect is covered to some extent by suggested amendments, I would be pleased to hear what the Minister has to say about the amount of money that he has in mind for the security guarantee. The betting auditorium is another one of the issues that people can agree to or cannot agree to. There may be differences of opinion as to where that betting auditorium should be. I know that some people in this place might find it appropriate for it to be at the casino. Others might want it to be at the greyhound racing track. Once again, it is the Minister who is going to make the decision, and the decision that is made by the Minister will become an instrument disallowable by this Assembly, so we will all have a perfect opportunity of making sure that we either accept or reject the Minister's decision.

I invite the Minister to respond to the Opposition's concern that local bookmakers have first bite of the cherry, so to speak, in obtaining these new sports betting licences. Another Opposition concern is about how - on a day when there is a greyhound racing meeting, a trotting meeting, a race meeting in Canberra and a race meeting at Queanbeyan Racecourse - we make sure that existing bookmakers are not placed at a disadvantage by the fact that other people may be able to bet on their turf. I ask the Minister to take that question on board as well. The final Opposition concern is to ensure that the interest earned on the moneys held by bookmakers is in fact returned to the bookmakers themselves and does not go somewhere else. We have said to the Government and we say to the Assembly that the Opposition supports these three pieces of legislation in principle, and I look forward to the Minister's responses to the questions asked by the Opposition.

MS SZUTY (5.30): I too support these Bills in principle. I believe that they establish an important initiative for the ACT. It is also important that the process work well. I would like to comment on two specific issues in relation to these Bills. The first is the issue of whether we need to be more aware of the need for increased counselling services for gamblers as a result of these initiatives. I appreciate the information that I have received on this matter from a couple of sources. I would like to quote from them very briefly. The first is a letter to me from Mark Owens, who is the general manager of the Bureau of Sport, Recreation and Racing. I quote three paragraphs from his letter:

The Gambling Counselling and Crisis Service has been contacted to discuss sports betting. The director of the Counselling Service has advised the Bureau that approximately 90% of the calls to the service are in respect of poker machine problems. Following the opening of the casino the number of calls for assistance have not increased greatly however the amounts of money involved has increased considerably.

The director further advised that very few calls to the service were related to gambling problems with bookmakers.

The director conceded that if people are going to bet, they will bet, however to provide some level of protection to gamblers, the operational instructions in regard to the betting auditorium will include some provisions in respect to credit and settlement of obligations. It should be noted that as only licensed bookmakers may apply for a sports betting licence, the operators at the betting auditorium will be experienced in dealing with "problem" gamblers.

Subsequently, I received a copy of a letter which was addressed to the Minister, Mr Lamont, from Anne Bannerman, who is the executive director of Lifeline Canberra Inc., the major community group with responsibility for gambling counselling services. She says that during the financial year 1993-94 Lifeline received over 14,500 calls and that some 8.3 per cent of them were related to addictions including gambling. By my calculations, that is about 1,000 of those 14,500 calls. She also said that to promote awareness of the gambling and financial counselling service a television and radio advertisement had been created. Madam Speaker, I am satisfied with this response that I have received on this issue, but it is an issue that I think we will need to monitor during the course of the introduction and establishment of sports betting in the ACT.

The second issue that I would like to comment on briefly concerns the reported leaking of the name of the Rothmans Medal winner in the Winfield Cup competition which was announced recently. Concern was expressed that the result was known before the announcement was made, enabling some people to take advantage of that situation and place bets on the eventual winner. I do not wish to draw a direct analogy between what occurred in New South Wales and the introduction of sports betting here in the ACT, because the processes are quite different. However, I understand that the Government will look at preventing sports betting on events in the ACT where results are determined and some time then elapses before the announcements are made. I believe that this is a sensible measure and one which is designed to prevent problems occurring in the future. In conclusion, Madam Speaker, I am happy to support these Bills, and I look forward to hearing more about the establishment and development of sports betting in the ACT.

MR LAMONT (Minister for Urban Services, Minister for Housing and Community Services, Minister for Industrial Relations and Minister for Sport) (5.33), in reply: Madam Speaker, I appreciate the opportunity to finalise these three important Bills. In the course of my concluding remarks I will turn to each of the issues that have been raised by the Opposition and by Ms Szuty. Madam Speaker, the package of legislation comprising the Bookmakers (Amendment) Bill (No. 2) 1994, the Gaming and Betting (Amendment) Bill (No. 2) 1994 and the Games Wagers and Betting-houses (Amendment) Bill 1994 provides for the establishment of a legislative framework to allow for the conduct and control of sports betting within the ACT. The framework established by these Bills provides for a flexible yet appropriately regulated scheme under which patrons are able to legally bet with licensed bookmakers on racing and on sporting and other contingencies in the comfort of a betting auditorium.

The Bookmakers (Amendment) Bill (No. 2) provides for separate licensing of sports bookmakers through the processes undertaken by the existing Bookmakers Licensing Committee. Only licensed bookmakers who hold an ACT standing licence may apply for a sports betting licence. The legislation provides for the Minister to determine the number of licences to be issued and the number of licences in each of the classes, the classes being sole traders, syndicates of up to four licensed bookmakers and companies where at least one director is a licensed bookmaker.

All applicants must meet the strict suitability requirements before a licence will be granted. To this end, I have asked the ACT Casino Surveillance Authority to assist the officers of the Bureau of Sport, Recreation and Racing and the Bookmakers Licensing Committee in the probative process. Madam Speaker, I table a copy of my letter to the chairman of the Casino Surveillance Authority and the reply from the authority. A tender/application document will be developed in consultation with the Attorney-General's Department, to ensure that the suitability assessment processes are in accordance with the relevant privacy legislation.

This package of legislation provides for the control of the sports betting service to be achieved through the issue by the responsible Minister of determinations which are disallowable in this Assembly. Such an arrangement provides the flexibility to keep abreast of technological and appropriate operational changes. Madam Speaker, that was an issue that was raised by Mr De Domenico. In the preparation of this legislation and its passage through this house I have insisted that the processes that we adopt be the most open and exposed processes possible. This format allows for the industry to maintain the flexibility necessary to stay at the leading edge of developments within the country but also ensures the proper checks by this house.

Madam Speaker, the determinations issued by the Minister will cover the total spectrum of activity within the betting auditorium and the conduct of the sports betting service. For example, instructions will be issued on the events and contingencies on which betting can occur, appropriate rules of betting for those events, operational controls of the betting auditorium, methods by which bets can be transmitted and records to be maintained by bookmakers fielding in the auditorium. The operational instructions can be as specific as necessary, to the extent that controls on credit arrangements may be introduced, if required.

Madam Speaker, the framework established by the sports betting legislative package will allow bookmakers to provide a comprehensive high-quality betting service to patrons. Sports bookmakers will be able to field on racing events as well as sporting events and contingencies. This authority will allow the sports bookmakers to fully service the needs of their clients. The betting auditorium will also hold a number of bookmakers who will be permitted to field on racing events only. Only bookmakers who regularly field at local race meetings will be invited to apply to operate a race betting service from the auditorium. I consider that the financial arrangements provided for in the legislation provide an appropriate balance which will encourage the bookmakers to establish a first-class service and provide a suitable return to the Government from a tax on turnover and annual licence fees.

Madam Speaker, the legislation provides a high degree of security to patrons. The dispute mechanism established to ensure that punter grievances are adequately addressed provides an appropriate level of protection to punters. Furthermore, sports bookmakers will be required to provide security guarantees. In addition, the directions issued by the Minister will include the requirement that all cash bets received on contingencies where the outcome is not decided for a period exceeding 28 days will be required to be held in a separate bank account and not form part of the bookmaker's assets. Madam Speaker, in a moment I am going to respond further to some of these matters in the form in which I recently transmitted my decisions to the Leader of the Opposition and the Opposition spokesperson on sport, recreation and racing.

Madam Speaker, the development of these Bills has involved extensive consultation with all sectors of the industry. The racing clubs in the ACT were involved in the process to develop the proposal and determine the most appropriate location for the betting auditorium. The ACT Bookmakers Association has been heavily involved and will continue to be heavily involved in the development of the policy framework of sports betting services. The Australian Federal Police will be involved in the development of the operational instructions for the betting auditorium. The amendments also provide for the removal of restrictions in respect of advertising for the sports betting service but, more importantly, the market or odds in relation to the outcome of particular contingencies.

Madam Speaker, the passage of these Bills in the ACT will provide the appropriate framework for the control and regulation of sports betting and allow for the establishment of a first-class high-quality sports betting service in the Territory. The Bills provide the framework to establish the ACT as a centre of excellence in respect of bookmaking services and will allow the ACT to compete favourably in the national wagering environment.

Madam Speaker, Mr De Domenico raised a number of issues, in particular questions as to contingencies, interest rates and so forth. I think it is appropriate that I read into the transcript my response to each of those, as previously transmitted to the Bookmakers Association and indeed to other interested groups in the ACT. I begin with the second paragraph:

You have indicated your view that local bookmakers be extended the first option to apply for the four sports betting licences to be offered initially. The sports betting licences will allow bookmakers to field on sporting events and contingencies (as well as racing events) at the betting auditorium.

The ACT Bookmakers Association has already been given a commitment -

that was by me -

that access to the betting auditorium for the bookmakers fielding on racing events only will be restricted to local bookmakers.

I have also advised the Bookmakers Association that I will extend to local bookmakers the first option for the application of sports betting licences. A copy of a draft notice seeking expressions of interest in the licences is attached for your information.

On a further point you raised, it would be possible to restrict betting on local events. When there are races (includes thoroughbred, harness and greyhound) in Queanbeyan or the ACT outside the Canberra Racecourse the auditorium would be closed to the public, and the auditorium telephone betting would be permitted on all events except the local races. (This can still be done by telephone on-course).

I went on to clarify in my letter, Madam Speaker, as indeed I had clarified to the Bookmakers Association, the question of moneys held by the bookmakers and the interest on such moneys. I said:

... the interest earned and the moneys held by bookmakers in respect of long term wagers (those contingencies where the outcome is not known for 28 days or more) will accrue to the bookmaker.

That, I think, answers the questions that were raised by Mr De Domenico in his address on this matter. I believe that they are substantial matters, and I am pleased to have been able to address myself to them this afternoon.

Ms Szuty referred to advice provided to her by the general manager of the Bureau of Sport, Recreation and Racing and to further advice from gambling and financial counselling services about the levels of assistance available. I am pleased to announce that on Tuesday, 27 September, at 11.00 am - for any members of the press who may be listening in - I will have much pleasure in assisting Lifeline in promoting the Lifeline gambling and financial counselling service. It is a holistic service. It is not related just to gambling. That service provides 24-hour-a-day, seven-day-a-week assistance. It provides a financial counselling service to persons who are affected by gambling, their families and their immediate friends. It is a wide-ranging service, and Lifeline will be promoting their service through a television and radio advertisement program which I will be launching on that day. Ms Szuty, I think that adequately answers your question.

Madam Speaker, there is one other matter which has not been referred to this afternoon but which has received some press attention. It is in relation to certain comments allegedly made by an official of the New South Wales Rugby League - in fact, it might even have been the Australian Rugby League, depending upon which hat he had on at the time - about allegations of fixing sporting events in New South Wales, particularly a rugby league game where members of a team bet against themselves.

Ms Szuty raised the matter of a medal points count that took place recently in New South Wales and some suggestion, currently being investigated by police, that there was advance knowledge and, therefore, there was an opportunity for - - -

Mr De Domenico: It was not the Mulrooney Medal, though, was it?

MR LAMONT: No, it was not. We were there and saw how professionally that was run. Madam Speaker, all I would like to say, in regard to the condemnation by one or two individuals of sports betting in general, is that before they point the finger at the introduction of a highly regulated sports betting proposal they should look at how they operate their own systems in their sport.

The difficulty associated with the medal count, if indeed there was any, does not arise from the fact that a sports betting facility operates in the Northern Territory. That is not the problem. The problem arises from a suggestion - it is no more than that - that from somewhere within that organisation advance knowledge was provided. A bookmaker fielding on a race in Canberra or even on a sports event in Canberra cannot be held responsible for the internal security arrangements for that type of process. If it becomes apparent that such breaches have occurred, under this legislation I can rule out or negate any betting on such a contingency. If there is a suggestion, as there was about the counting of points for a particular medal in New South Wales, that information was leaked and that is brought to my attention through the appropriate authorities, I will be able to determine that from that time on no wagers may be placed on the outcome in question. That is one of the essential strengths of this legislation. Such a determination by me would, at my request, be an instrument disallowable by this Assembly, and appropriately so. I would need to justify the reasons for taking such a course of action. I believe that that is the appropriate way - - -

Mr Kaine: It is in good old David's hands. Everything is okay. Do not worry.

MR LAMONT: That is an appropriate way to deal with it. Mr Kaine, it is not in my hands. At the end of the day it is now in yours.

Mr Kaine: I thought that that was what you were just telling us - "I can fix this and everything is okay".

MR LAMONT: No, Mr Kaine. In fact, I was saying how much confidence I had in you as a member of this Assembly, as I am sure that you have confidence in me - and I thank you for that - as demonstrated by virtue of your acceptance of this legislation this afternoon.

Madam Speaker, I think I have adequately addressed each of the issues as they have been raised. I believe that this is a significant reform within the Territory. Before I conclude, in the one minute left to me I would like to extend my appreciation to the former Minister for Sport, Wayne Berry, for the efforts that he undertook to establish telephone betting in the ACT on racing contingencies, which in fact sparked this reform within the sports betting industry. I thank all members for their support for this matter.

Question resolved in the affirmative.

Bill agreed to in principle.

Leave granted to dispense with the detail stage.

Bill agreed to.

GAMING AND BETTING (AMENDMENT) BILL (NO. 2) 1994

Debate resumed from 25 August 1994, on motion by Mr Lamont:

That this Bill be agreed to in principle.

Question resolved in the affirmative.

Bill agreed to in principle.

Leave granted to dispense with the detail stage.

Bill agreed to.

GAMES WAGERS AND BETTING-HOUSES (AMENDMENT) BILL 1994

Debate resumed from 25 August 1994, on motion by Mr Lamont:

That this Bill be agreed to in principle.

Question resolved in the affirmative.

Bill agreed to in principle.

Leave granted to dispense with the detail stage.

Bill agreed to.

ADJOURNMENT

Motion (by Mr Berry) proposed:

That the Assembly do now adjourn.

Rugby Union

MS ELLIS (5.49): Madam Speaker, very briefly, I want to share with the members here the glee that the Tuggeranong Valley felt recently when we saw the Tuggeranong Vikings win the first grade rugby union competition in the ACT. I do not particularly like to rub in the fact that Mr Stefaniak's old team were the losers on the day. Maybe that is the reason why to date we have not heard any comment from him. It has taken the Tuggeranong Valley club 21 years to win the first grade premiership. It is an honour for me, as a member of that community, to stand up and publicly congratulate them and to congratulate the community there on getting behind the club, and to wish them all the very best for the future. It will not be long before we also see the Tuggeranong Valley win the first grade competition in many other codes, including Aussie rules. If Cowboy Neale has anything to do with it, I think we can look forward to that. I am sure that members of this place join with me in congratulating the Vikings. After a 21-year drought, it is a pretty good result.

Rugby Union

MR STEFANIAK (5.50): I have to respond to Ms Ellis and also extend my congratulations to the Tuggeranong first grade rugby union team. I am glad that Ms Ellis brought the matter up. In fact, I had the pleasure of playing with them back in 1975 when I was in my final year of university. They were then Woden-Weston. Indeed, it is good to see that a number of the people I played with then went on to form the Tuggeranong club and make it the splendid licensed club it now is.

It is also good to see success on the field come to the Tuggeranong club in a historic year for ACT rugby union. This is the last year of the old competition, which is purely ACT. Next year the Canberra Kookaburras will play in the Sydney first grade competition. They will field a first grade team, a second grade team and an under-21 team. I am sure that all members will wish them well in that endeavour. This is the last year of the old competition. Indeed, the Tuggeranong Vikings were the only club yet to win in first grade in that competition. I think it is very fitting that they did that in the final year. It was against my old club, Royals, who have now lost three on the trot; but they can console themselves with having won 16 first grade premierships, which is more than any other club in ACT history has won.

While I am on my feet, I might also congratulate other winning teams. The second grade Vikings team won. It was good to see Daramalan come back - even though they operate out of the Labor Club - and win third grade. Of course, Wests Colts in my electorate of Belconnen won, which is good to see. There are some very fine up-and-coming young players there.

Mr De Domenico: Your electorate?

MR STEFANIAK: Hopefully, my electorate from February. The Royals fourth grade team, some of whose players I had the pleasure to both coach and play with in recent years, most of them being fairly old, still managed to get a victory. I thank Ms Ellis for bringing the matter up. I think it is most appropriate in this rather historic year for ACT rugby. My congratulations to your team, Annette.

Question resolved in the affirmative.

Assembly adjourned at 5.52 pm