HOUSE OF ASSEMBLY

Wednesday 27 February 1985

The SPEAKER (Hon. T.M. McRae) took the Chair at 2 p.m. and read prayers.

PETITIONS: HOTEL TRADING

Petitions signed by 73 residents of South Australia praying that the House reconsider legislation allowing hotels to trade on Sundays were presented by Messrs Mathwin and Rodda.

Petitions received.

PETITION: WEST BEACH GOLF COURSE

A petition signed by 72 residents of South Australia praying that the House urge the Government to oppose the closure of the existing Marineland Par 3 golf course, West Beach, until a new course is completed was presented by Mr Becker.

Petition received.

PETITION: SIMS BEQUEST FARM

A petition signed by 53 residents of South Australia praying that the House support the retention of the Sims bequest farm, Cleve, in its current form was presented by Mr Blacker.

Petition received.

PETITION: SPEED LIMIT

A petition signed by 142 residents of Cadell irrigation area praying that the House urge the Government to reduce the speed limit to 60 km/h past the Cadell Primary School was presented by the Hon. P.B. Arnold.

Petition received.

QUESTION TIME

PAROLE SYSTEM

Mr OLSEN: In view of the public statement today by the Chairman of the former Parole Board, Mr David Angel, QC, can the Premier say whether the Government will immediately introduce legislation to ensure that prisoners who received non-parole periods before the present parole system came into operation will not be released until their non-parole periods are reviewed by the original sentencing court?

Mr Angel, QC, has said in public statements today that Colin William Conley obtained early release yesterday only because this Government has changed the system to the convicted person's benefit. In calling for the present parole system to be scrapped because it is not working, Mr Angel has said that Conley would not be free today under the former parole system. Mr Angel's statement exposes the completely misleading statements that this Government has been making about the reasons for Conley's early release. That release has caused wide community concern, as shown by a television poll last evening in which 70 per cent of respondents stated that they believed the parole system was far too lenient.

The solution to the problems caused by Conley's release is to introduce legislation to ensure that the original sentencing court is at least given the opportunity of reviewing all other prisoners who received non-parole periods before the present system was introduced. Unless that action is taken more prisoners with long sentences for serious crimes will be released much earlier than the court that imprisoned them intended—making a further farce of the parole system.

The Hon. J.C. BANNON: I have not seen Mr Angel's statement, but certainly it will be taken note of by the Government. I would not understand that he had any basis for saying that the Conley release could not have taken place under the previous parole system.

Members interjecting:

The SPEAKER: Order! The honourable Premier.

The Hon. J.C. BANNON: I might add that under the new parole system we have already established the fact that prisoners for a number of crimes are serving longer sentences. The average sentence, for instance, for convicted murderers is more than two years longer than it was under the previous system: that is a fact; so I do not understand the basis of that aspect of Mr Angel's statement. I point out also that, while it is true that Mr Angel was Chairman of the Parole Board, he was one of a number of five. He did not have absolute authority to say what would have happened: it would depend on the deliberations of his colleagues. That is all that I am saying.

It is a speculative statement. I appreciate Mr Angel's views and his experience in this area, and the Government will take note of it. As I said yesterday, a review is being conducted by the Office of Crime Statistics and the Department of Correctional Services. When the findings of that review are in the hands of the Government we will decide whether further legislative change is warranted.

The SPEAKER: Order! The honourable member for Mawson.

HUMAN SERVICES

Members interjecting:

The SPEAKER: Order! The member for Mawson has a right to be heard.

Ms LENEHAN: Thank you, Mr Speaker. Will the Minister for Environment and Planning outline to the House what proposals the Government has initiated to ensure the provision of human services for the Morphett Vale East development and to ensure that these services are both appropriate to the needs of the present and future communities and that they will be provided efficiently and effectively? As the local member for the area encompassing the Morphett Vale East development, I have had extensive consultation with a wide range of local community groups regarding the human services needs of the community. In particular, the members of the Noarlunga Community Services Forum must be congratulated on their participation and input into this area, as indeed must the Human Services Planning Group, which has been established also to consider this matter. Can the Minister say what initiatives the Government has taken?

The Hon. D.J. HOPGOOD: I thank the honourable member for her question. I am aware that she has been particularly active in this area and has had considerable consultations with local groups, particularly the service providers of health, education, correctional services, and so on. It is probably true today to say that no Government has ever got quite right the provision of human services in developing subdivisions. The Government is concerned that it should bring proper resources to bear on this problem as it affects the two particular growth areas that have been drawn to the attention of the public, namely, the Tea Tree Gully/Golden Grove area and the Morphett Vale East area.

There is a sense in which the Morphett Vale East development is a more difficult area in which to address these

particular problems: first, because not all the land is under public ownership and, secondly, because there is or will be a variety of developers for that area rather than the one joint venture agreement such as we have for Tea Tree Gully/ Golden Grove. So, what has happened is this: the Minister of Health and I have been designated a sort of subcommittee of Cabinet to look at the whole question of the co-ordination of human services, particularly as they affect new subdivisions. Responsible to us will be Mr Ian Cox, who not so very long ago was appointed to the Public Service Board with a particular responsibility in that area.

In a few days time we shall be advertising the position of Project Officer in the Urban Land Trust. That officer will be responsible generally to Mr Cox for advice to the Government and will have a co-ordinating role between Government instrumentalities and private enterprise on the provision of these services. This is a difficult process that has been grappled with over the years. We would hope that this new structure would show signs of having much success in the area. Regarding the south, there has been much constructive input into the debate, and people have been looking for a means of channelling their advice as to how best these human services, such as education, health, recreation, and so on, can best be achieved. We are looking to this new initiative as one that we believe will serve the present and future communities well in these developing areas.

ELECTRICITY GRID

The Hon. E.R. GOLDSWORTHY: Will the Premier make available to Parliament the agreement that he has signed with the Victorian and New South Wales Governments for the connection of the South Australian Government electricity grid to the Victorian and New South Wales system? The Premier has been loath to make available to Parliament contracts into which the Government has entered and which involve much expenditure of public funds, a recent case in this regard being the ASER project. However, it is essential that such contracts be made available to Parliament if informed judgments are to be made concerning their alleged cost benefit. In 1976, fairly disastrous contracts were let in regard to the power supplies—

The Hon. J.D. Wright interjecting:

The Hon. E.R. GOLDSWORTHY: The Deputy Premier does not like it, but it is a statement of fact that these disastrous contracts of 1976 have put us in a difficult position. It is essential that the Premier make these contracts available.

The Hon. R.G. Payne interjecting:

The Hon. E.R. GOLDSWORTHY: Of course, that is the Minister's opinion, but the arbitrator appointed by the Labor Government—

The SPEAKER: Order! The honourable member is now straying from his question.

The Hon. E.R. GOLDSWORTHY: I was answering a most erroneous interjection from the Minister of Mines and Energy.

The SPEAKER: Order! I ask the Minister to cease interjecting.

The Hon. E.R. GOLDSWORTHY: His interjection was so far wide of the mark that in the interest of truth I could not let it pass.

The SPEAKER: Order! I ask the honourable member to come back to his question.

The Hon. E.R. GOLDSWORTHY: The Government is touchy because we are in a fix as regards electricity tariffs as a result of its efforts and the contracts it wrote. Government members like to make interjections, but they do not like to have them answered because the truth hurts. Coming back to the question, if I am not interrupted by untruthful interjections from the Minister, the fact is that this contract is the result of the Zeidler Committee Inquiry, which was initiated by the Fraser Government. Sir David Zeidler recommended that further studies be made on this interconnection, and the Opposition supported those further studies. However, some questions remain to be answered and, by having the contract made available, we may be able to properly assess it. One statement in the recent advertisement lauding the benefits of the contract, an advertisement which was paid for by the public, and which featured the Premier prominently, was the claim that $10 million a year would be saved.

Further down, the advertisement stated that $25 million would be saved over five years, so half the savings evaporated within two paragraphs of that advertisement. It has been stated in the *Financial Review* since the agreement became public that Victoria is the great beneficiary under the terms of the contract. If the Premier has not read that report, I suggest that he does. It has been said that power will be available to South Australia only at an opportunity cost, but it will not be available at times of back-up when it could well be needed at times of our peak load.

The Hon. B.C. Eastick: You mean South Australia is the loser again?

The Hon. E.R. GOLDSWORTHY: We could well be, but we want to look at the contract. That is why I ask the question. As a result of the Labor Party's writing of contracts in the past, it is essential that it have wide scrutiny. It is also well known that Victoria has built a high capacity high tension line to Portland to service the ill-fated Alcoa aluminium refinery, that there is considerable excess capacity in Victoria, and that the expenditure involved in that line, in view of the frustrations of the Alcoa refinery, could hardly be justified. It is further known—

An honourable member interjecting:

The Hon. E.R. GOLDSWORTHY: If the honourable member does not think that power costs in South Australia are of importance to all the taxpayers in this State, he should get his priorities right. The fact is that there is a very difficult 'take or pay' contract which was negotiated by the Victorian Government and Alcoa and which has caused a great deal of trouble. It has led to a great deal of litigation and the building of this new link will enable them to get over that difficulty.

An honourable member: What was the question?

The SPEAKER: Order!

The Hon. E.R. GOLDSWORTHY: The honourable member is well known as a buffoon.

The SPEAKER: Order! I ask the Deputy Leader to come back to his question.

The Hon. E.R. GOLDSWORTHY: Evidence has never been more clearly given to the House than by his efforts to degrade what is a most important and fundamental question to everyone in this State apparently, except the honourable member. Will the Premier make that contract available?

Mr Olsen interjecting:

The Hon. E.R. GOLDSWORTHY: Well, we are paying more than $100 million: they are paying something in the order of $45 million, and the *Financial Review* tells us they are the principal beneficiaries. Judging by the events of the past, they could well be. Will the Premier make that contract available (for the honourable member who was not listening) to the House for scrutiny?

The Hon. J.C. BANNON: Let me deal with a couple of things mentioned in the Deputy Leader's explanation. One suggestion was that we were paying more than our share and that the lion's share of the benefits goes to Victoria. That is not true: we are paying directly in proportion to the benefits to South Australia. The second point was what the

Deputy Leader called 'a discrepancy in the ad' explaining the benefits to be obtained. The $10 million per annum benefit refers to the savings from the opportunity energy exchange. The $25 million referred to later relates to potential savings in reserve capacity over that period. So, there are a number of scenarios as to savings. They vary according to usage made both on an opportunity basis and a reserve capacity saving basis. In answer to the substantive question that the Deputy Leader asks, there are two documents involved: one is the memorandum of understanding signed by the three State Premiers, and the other is the heads of agreement signed by Elcom, the SECV and ETSA. I certainly agree to table those documents in the House.

LANDS TITLES

Mr PETERSON: My question is to the Minister of Lands, and is supplementary to a question asked last week relating to delays in the Lands Titles Office. Why are there considerable delays in having straightforward lands titles matters dealt with by the State Planning Commission? A situation that involves the transfer of a Housing Trust dwelling to a resident who has decided to purchase the property has been brought to my attention. He has put to me that it should be a simple transfer from one owner to another, with no apparent difficulties. However, from my inquiries it appears that the documentation has been held up in the Planning Commission for two months.

This delay has caused considerable concern to the purchaser, while also costing him money in the form of rent that should not have been involved. As such a delay does not appear necessary, and as I believe that many people have been affected by the additional financial burden caused by these delays, will the Minister provide the House with an explanation?

The Hon. D.J. HOPGOOD: Obviously, I will check out thoroughly the specifics of the matter that the honourable member has referred to me and get back to him soon as I possibly can. The mechanism is not quite as simple as he suggests in his explanation, but I can give the House an assurance that there are now no untoward delays so far as the Planning Commission itself is concerned. I am aware that Planning Commission consideration is not the only stop on the way of the development control train. I am also aware that just before Christmas one or two problems emerged, but by an internal reallocation of resources within the Department of Environment and Planning that has now been overcome.

The Hon. B.C. Eastick: Does that apply to the LTO?

The Hon. D.J. HOPGOOD: I have nothing more to add to what I said in answer to a question last week, I think from the member for Albert Park, on that subject. If the honourable member had been listening he would be aware of the content of that answer. As a result of the internal reallocation that occurred, it was agreed with me by a couple of people from the industry this morning in discussion that, indeed, there are now no untoward delays in relation to the Planning Commission. I can only assume on the facts given to me by the honourable member that this is an unfortunate one off situation, and I will certainly get the information as soon as I can.

AQUATIC CENTRE

The Hon. MICHAEL WILSON: Will the Premier confirm that the holding of the national winter swimming championships at the State Aquatic Centre in July is now in great jeopardy because of further problems with the construction of the centre? The Opposition has been informed that there are further problems with the completion of the State Aquatic centre. In particular, we have been informed that the distance from the top of the diving tower platform to the water level is two inches less than the standard requirement set by diving competition rules, and that adding an extra two inches of concrete to the tower platform would cause stability problems, while lowering the water level in the pool could cause safety problems for competing divers.

We have further been informed that swimming officials have been told the holding of the national winter swimming championships at the centre in July is now in great jeopardy because of further delays on the centre. In December, the Minister of Water Resources told this House that the completion cost would be $7.2 million. We have been informed that even that would have been 70 per cent more than the original estimate of $4.2 million. However, the new estimate is between $9 million and $10 million. We have also been informed that all people associated with the construction of the centre have been ordered not to discuss the project or make any statements about it. Obviously there is a cover-up because of this massive escalation and the long delays in completing the centre.

The Hon. J.C. BANNON: I cannot comment on the details of the information that the honourable member has put before the House. I am surprised that he addressed the question to me, as the project is under the supervision of the Department of Recreation and Sport and the Public Buildings Department. Both Ministers concerned are well qualified to comment on the project.

The Hon. B.C. Eastick interjecting:

The Hon. J.C. BANNON: What is your point?

The Hon. B.C. Eastick: Doesn't the Treasurer sign the cheques any more?

Members interjecting:

The SPEAKER: Order! The honourable Premier.

The Hon. J.C. BANNON: So, I am not able to comment. I see the swimming pool daily—more than once daily—and I have been concerned that there does not seem to be much progress taking place. I noticed the other day that many people were crawling over the roof—a welcome sign that things are on the move. It is a complex and major project. There have been delays in the project. In fact, some of the reasons for those delays have been put before the House by my colleague the Minister of Recreation and Sport.

The Hon. Michael Wilson interjecting:

The Hon. J.C. BANNON: I am not in a position to comment on that.

The Hon. Michael Wilson: You are the Treasurer.

The Hon. J.C. BANNON: I do not receive daily reports on every contract issued.

The Hon. Michael Wilson: Don't you worry about costs?

The Hon. J.C. BANNON: I do not know the basis for that statement. An allegation has been made, and I cannot comment on it. What do you want me to do—pretend I know, when I do not? I will check it out.

Mr Ashenden: Set up a committee.

The Hon. J.C. BANNON: Do not be ridiculous.

NATIONAL CRICKET CHAMPIONSHIPS

Mr FERGUSON: Is the Minister of Recreation and Sport aware that the South Australian primary schools cricket team won the national championships this year in Queensland?

Members interjecting:

Mr FERGUSON: This is something that should be of pride to every member in the House, and I am surprised that we are getting interjections. The South Australian pri-

mary schools team, consisting of a mixture of State school members and one private school member, won the national championships in Brisbane earlier this year. The team lost only one match to New South Wales and then defeated New South Wales in the grand final. It is the first time South Australia has won the primary schools Australian cricket championships since 1968. Unfortunately, very little publicity has been given to this meritorious victory.

Members interjecting:

Mr FERGUSON: I thought you would be happy that South Australia won the cricket.

Members interjecting:

The SPEAKER: Order! The honourable Minister.

An honourable member: Tell us about the reservoirs, Jack.

The Hon. J.W. SLATER: The reservoirs are about as full as the honourable member's intelligence—about 44 per cent! I suggest from the laughter and derision from members opposite that they are not interested in South Australia's junior sport, and indeed that is fairly indicative of their general attitude to sport and recreation.

Mr Becker: That is not true, and you know it.

The Hon. J.W. SLATER: Well, they would rather play politics, as indicated by the question asked of the Premier a few moments ago. All they are doing is playing politics with the aquatic centre at North Adelaide. I am not in a position, nor do I intend, to answer the question asked previously. I will answer the question directed to me by the member for Henley Beach, and that is about junior sport. I am a supporter of junior sport and I would expect that every member, whether in Government or Opposition, would do the same, because from time to time (or very regularly) I get representations from members of the Opposition about assistance to sporting organisations, particularly in regard to junior sport. In December of this year we gave a travel grant—

The Hon. E.R. Goldsworthy: December this year?

The Hon. J.W. SLATER: December of last year, 1984. I am glad the Deputy Leader is aware; he is pretty quick. In December 1984 we gave a travel grant to the South Australian primary schools cricket team. I believe it was a worthwhile gesture because, for the first time since the competition was promoted in 1968, South Australia has won the championship. That is something we all should be proud of and it augurs well for the future of junior cricket and cricket in South Australia generally.

I also mention, for the information of the member for Henley Beach and of the House generally, that there will be further support forthcoming for next year (that is 1986, for the information of members opposite). In 1986 the championships will be held in Adelaide (that is the capital of South Australia, for the benefit of the member for Hanson). This is an important question in relation to recreation and sport in this State. I am pleased to be associated with it from the point of view of the Department of Recreation and Sport and I congratulate the team and its manager (John Tregloan), the captain (Chris Linhart), and all associated with that successful venture. Queensland and New South Wales have dominated the competition for a number of years and are desperate, because they pinch a lot of our State players as well as a lot from other States.

Mr Ashenden: Where did Don Bradman come from?

The Hon. J.W. SLATER: That question should be directed to the honourable member's mate sitting behind him. Overall, we should be very proud of the achievements of the cricket team, and I compliment all 13 lads involved. Some may be from the electorates of those members who are scoffing and laughing. I am pleased to say that I was aware of the achievement, and the people of South Australia congratulate the State primary schools team.

AQUATIC CENTRE

Mr LEWIS: My question relates to the aquatic centre at North Adelaide. Has the Minister of Recreation and Sport brought to the Treasurer's attention the cost overrun of the construction of the roof over the aquatic centre presently being undertaken, and will the Minister indicate to the House the amount of the escalation in overall cost for that structure?

The Hon. J.W. SLATER: Before I answer the question, Mr Speaker, I direct your attention to the fact that this matter is the subject of Question on Notice No. 416 by the member for Hanson.

Mr Olsen: Don't you want to answer the question?

The SPEAKER: Order!

Members interjecting:

The SPEAKER: Order! In order to save time, I will take the next question while this matter is checked out, and I will preserve the honourable member's rights.

WOMEN'S NATIONAL HOUSING CONFERENCE

Mrs APPLEBY: Will the Minister of Housing and Construction tell the House what Government action is likely to follow the national conference to be held in Adelaide this weekend to discuss women's housing issues, and will he also explain the State Government's role in staging the conference? Many of my constituents are female heads of households or single women struggling to obtain, or maintain, affordable housing. While some have found Housing Trust accommodation and others have actually bought homes under this Government's Home Ownership Made Easier Programme, there are still many who are searching for suitable housing. The conference offers the chance for women to make their views known on housing issues. I ask the Minister to outline the Government's input.

The Hon. T.H. HEMMINGS: I thank the member for Brighton for asking the question, which is timely as the conference will take place this weekend. It has been very well received by women in all States. The State Government has had a major input into staging this first Women's National Housing Conference. This is the first conference of its kind, and South Australians can be proud that it is being held in Adelaide. This is a recognition of the needs of women in all groups, political Parties and persuasions who have got together and decided that this subject needed to be aired. South Australia took the initiative. The Government is more than supporting the conference: one might say that we are sponsoring it.

The idea of a national conference on women's housing issues was first put to me earlier in the term of the Government by the Women's Housing Action Group. The idea was in tune with the Government's concerns at the time about the need to address this developing issue, and so I arranged Government support for organising the conference. That support involved sponsoring a CEP grant for the employment of a temporary officer to work specifically on the conference. It also involved the provision of Government office and administrative facilities.

Furthermore, I have been instrumental in obtaining funds from Federal and State Governments to provide travel subsidies for low income women from around the country to attend the conference. Needless to say, we received no support from Queensland and the Northern Territory. An early criticism of a conference of this kind was that we would attract only academics. However, I felt that low income groups should be encouraged to attend the conference and that some subsidy should be provided for their air fare

and enrolment fees, and that arrangement has been very successful.

My office has worked closely with the women's group in organising the conference, and I am pleased to say that it looks like being a resounding success. I expect to receive a report from the conference suggesting direction on a wide range of housing issues that affect women, including the supply, planning, management, financing and design of housing. The Government will examine the report with a view to following up any measure that will help to alleviate housing problems faced by women.

It is important for me to say that, whilst the Government believes that all Governments should be involved in this issue to assist women to have some say in the development of housing with which they are involved, the private sector also has a responsibility to be involved with housing design and in ways of giving housing assistance to single women and women who are bringing up children. I am hoping for a fair representation from the private sector at that conference. I assure the member and his constituents that the State Government is taking this conference very seriously and eagerly awaits the outcome of its deliberations.

AQUATIC CENTRE

The SPEAKER: I have considered the question asked by the member for Mallee and consider it to be different from the question on the Notice Paper. I ask him to read his question again, and I will call on the Minister.

Mr LEWIS: Has the Minister of Recreation and Sport brought to the attention of the Treasurer the cost overrun incurred in the work being done on the aquatic centre, and can he indicate the amount of the escalation in costs?

The Hon. J.W. SLATER: The question that the honourable member asks is 12 months out of date. The Opposition is playing politics about this matter; there is no doubt about that.

An honourable member: Come on!

The Hon. J.W. SLATER: I will answer the question in my own way and in my own time. I hope that members opposite will behave themselves and not act like a bunch of rabble, as they do from time to time.

Mr Lewis: Is it 'yes' or 'no'?

The SPEAKER: Order!

The Hon. J.W. SLATER: I do not mind answering the question, and I will do so in my own way and in my own time. Before I deliberately answer the question, I must say that the question that the member has asked relates to a situation that occurred some 12 months ago. When the original estimates were given to us, they totalled about $5.1 million, and the Treasurer and Cabinet were certainly advised. A further submission was made to Cabinet (and I believe that the Premier and Treasurer is a member of Cabinet). The Auditor-General has referred to the matter in his annual report; the escalation occurred (and I have said this before in the House and I will say it again) because of a number of factors associated with a delayed start, inclement weather and a number of other circumstances, including the ordering of steel.

Members interjecting:

The Hon. J.W. SLATER: Obviously, members opposite want to answer their own questions. I therefore think that the member for Mallee ought to direct the question perhaps to the member for Todd or the member for Bragg and get their views on the matter. The latest information I have received is that the $7.2 million is on target. That is the information that is available to me. Members opposite are experts in intrigue when it comes to collecting information; they love it. I rely on information supplied to me by the Public Buildings Department and, indeed, on regular information which is not the source of that given to members opposite.

I refer to the penny pinching technical matters that the member for Torrens has raised. He ought, because of his record, to be the last person in the State to ask such a question about the aquatic centre. A fair amount of money was spent when the member for Torrens was Minister of Recreation and Sport, and we finished up with nothing. Members opposite are talking about negative aspects of the project, but we need a positive approach. As I have said, members opposite are playing politics with the aquatic centre.

Members interjecting:

The Hon. J.W. SLATER: No, we will not see you at the opening in May. However, we may see a few of them—those members who are worthy of an invitation.

Members interjecting:

The SPEAKER: Order!

The Hon. J.W. SLATER: They are the greatest knockers that I have ever known. The Premier was well aware last year when I submitted to Cabinet the escalation of costs. So, that answers the question as far as I am concerned.

Members interjecting:

The Hon. J.W. SLATER: Members opposite can yell their heads off as much as they like. The fact is that the escalation in cost occurred in earlier days—12 months ago—for reasons that I have already related to the House.

FESTIVAL CENTRE CATERING CONTRACT

The Hon. B.C. EASTICK: Will the Minister for the Arts order an immediate investigation into the reasons why a catering contract worth at least $15 million is being let by the Adelaide Festival Centre to an interstate company without its being put out to tender? I understand that this contract is being let today to an interstate company. No tenders have been called. The contract is regarded by some South Australian catering companies as a most valuable one, which is likely to be worth at least $15 million during the next five years, particularly because of the 150th anniversary celebrations and the demand that will exist for its facilities. It has been stated that this decision means that money and jobs are being exported out of South Australia when there are South Australian companies willing and able to undertake the work on a competitive basis if they are given the opportunity to do so.

The Hon. J.C. BANNON: I assume from the honourable member's question that he has had an approach from Nationwide Food Service Pty Ltd, which delivered a letter to me yesterday on this matter and which actually did not pay me the courtesy of saying that they had also delivered it to the member for Light. However, that is fine: he has raised the question in the House. I first heard of this matter when this letter came from Nationwide, and I was able to make some hasty inquiries fairly late last night regarding the position.

As has been reported to me, the Festival Centre Trust has been undertaking a total review of its catering arrangements in recent months and that review has been finalised since the appointment of the new Manager of the Festival Centre Trust, Mr Edmonds. The needs of the Festival Centre in terms of catering, because it is an arts complex, are fairly specific. As I understand it, the investigation concentrated particularly on those catering firms that had had experience in servicing similar facilities, such as the Sydney Opera House and the Melbourne Arts and Cultural Centre. A recommendation was to go to the Board on how the catering arrangements should be handled, and an operator accustomed

to the particular needs of the Sydney Opera House or the Melbourne Arts and Cultural Centre was preferred.

Quite clearly, if any operator is chosen on this basis he will be using local staff and if that operator comes from outside it will be establishing local offices. For instance, Nationwide, which is very active in South Australia—I think that it has something like 400 employees here—is a company that is registered in New South Wales. It is a national company with a South Australian arm of its operations. Similarly, if a company such as the operator in the Sydney Opera House gained a contract at the Festival Centre, one would assume that it would have a catering arm in South Australia and that it would employ South Australians to do it. In fact, as I understand it, central to the negotiations has been the rights of the existing experienced staff in the cultural centre complex.

That is the information that I have up to the present. I understand that a meeting of the Festival Theatre Trust was scheduled for today. I do not know the outcome of that meeting but I believe that, in considering future catering arrangements, firms such as Nationwide should be able to put up a proposition. I understand that that view has been conveyed to the Trust, and I await the Trust's reaction to it.

UNLEADED PETROL

Mr MAYES: Will the Minister for Environment and Planning say what he is doing about the price of unleaded petrol? There is much speculation in the community about the price of unleaded petrol when it finally comes on to the market. Constituents have contacted me concerned that the price of unleaded petrol may be well above the price of super and standard petrol. As this question is of great interest to many members of the community, I ask the Minister for a response.

The Hon. D.J. HOPGOOD: The problem relates to the fact that unleaded petrol is intrinsically a more expensive proposition. Therefore, if it is left to the market, it will doubtless sell at the pump at a higher price. This will create problems, because the swing to unleaded petrol will be impeded by the price mechanism. There is also the possibility of misfuelling occurring. It is intended that unleaded fuel be introduced throughout Australia on a uniform basis. The two models suggested to Governments around Australia are, first, that there be parity pricing in relation to unleaded petrol or, secondly, that there be about a 1 cent margin in favour of the unleaded petrol at the pump. Both of those would seem to require a level of subsidy to achieve, especially if, in fact, a competitive price advantage was placed on the unleaded fuel.

There have been discussions with the Commonwealth Government to see whether in some way the excise mechanism can be used to obtain parity if not at least the 1 cent advantage at the pump in respect of unleaded fuel, and those discussions are continuing. It will also probably be necessary, if the parity position is the outcome, that some other precautions be taken as to the shape or size of the nozzle delivering the fuel to ensure that misfuelling does not occur because, in the parity situation, that could be the case. I assure the honourable member, his constituents and the House that the Government intends to do whatever possibly can be done to ensure that there is no disincentive in the price mechanism for people to swing to unleaded fuel.

GRAND PRIX

The Hon. JENNIFER ADAMSON: Can the Premier say whether Dr Hemmerling of the Grand Prix Board, in his discussions in London earlier today with the Formula One Constructors Association, has now finalised all contractual arrangements for the staging of the race? Further, is the Government revising its estimate of the cost that it faces from staging the Grand Prix, FOCA having insisted that the contract be written in American dollars? I understand that Dr Hemmerling is now in London and that earlier today (our time) he had discussions with Mr Eccleston of FOCA to finalise contractual arrangements between FOCA and the Government for staging the Grand Prix. FOCA will be paid $2.7 million for staging the race in Adelaide this year. As FOCA has insisted that its payment be in American dollars, the recent fluctuations in the value of our dollar against the greenback may require some revision of the cost that the Government will face from the race.

The Hon. J.C. BANNON: Dr Hemmerling left on Sunday morning and will this week be in Europe to conclude negotiations on sponsorship deals and various other matters connected with the Grand Prix. At this stage I am awaiting a full report from him, and we will see what transpires on his return.

OTWAY BASIN

Mr KLUNDER: Can the Minister of Mines and Energy provide the House with information—

Members interjecting:

The SPEAKER: Order! The honourable member for Newland.

Mr KLUNDER: I will start again, Mr Speaker.

The Hon. E.R. Goldsworthy interjecting:

The SPEAKER: I ask the Deputy Leader to cease interjecting so that the honourable member for Newland can be heard.

Members interjecting:

The SPEAKER: Order! The honourable member for Newland.

Mr KLUNDER: Can the Minister of Mines and Energy provide the House with information on a three day symposium held at Mount Gambier recently entitled 'Otway 85: Earth Resources of the Otway Basin'? The availability of hydrocarbon reserves in South Australia and Australia generally is of vital importance to our survival in an economic sense. As Otway is one of our more promising onshore/offshore areas, will the Minister bring the House up to date?

The Hon. R.G. PAYNE: I will be delighted to provide the information that the honourable member seeks. I am sure that the House will be glad to know that I happen to have that information to hand. The symposium, organised by the South Australian and Victorian divisions of the Geological Society of Australia, reflects a resurgence of interest in petroleum exploration in the Otway Basin. I would think that the member for Mount Gambier might at least be interested in seeing a resurgence of exploration in that area.

The Hon. H. Allison: I've been watching it for 30 years.

The Hon. R. G. PAYNE: I am very pleased to hear that. As members would know, the Otway Basin covers sections of both States. Perhaps the honourable member would like to answer the question.

The Hon. H. Allison interjecting:

The Hon. R.G. PAYNE: I doubt very much whether the *Border Watch* had some of the information which I have here and which I can give to the House. However, it will be interesting if we go through it and then perhaps members can compare the article in the *Border Watch* with the information provided today. Everyone will then be so much the wiser, and I personally will be very pleased because it will

generate more interest in the hydrocarbon potential in the Otway Basin, which is perhaps the purpose of the honourable member's question.

Officers of my Department's Oil and Gas Division have described the Mount Gambier symposium as very successful, with more than 100 people in attendance. Petroleum exploration in the South Australian section of the Otway has generally been at low to moderate levels, despite a history dating back to the last century. I think I heard the member for Mount Gambier suggest that he has been watching it for that long! Since 1960, 26 wells have been drilled, both on and offshore, and more than 10 000 km of seismic surveying has been carried out.

However, it should be noted that much of the seismic data was gathered before 1970 and is of poor quality. I make no reference to the member for Mount Gambier in that connection. Despite the lack of any discoveries to date in this State—apart from commercial Co2 at Caroline—petroleum geologists still rate the petroleum potential of the Basin quite highly. I think that the honourable member does also. The optimism to which I am referring has led to this recent upsurge of interest in the area.

All the 25 000 square kilometres of Otway Basin in South Australia is now covered by four exploration licences onshore and two exploration permits offshore. Most of these licences have been awarded over the past 12 months, and I presume that that has led to some chagrin on the part of the former Minister of Mines and Energy, who constantly claims that we cannot get any exploration activity going in this State. This rather gives the lie to that sort of attitude that he often presents to the House. The 1985 exploration programme for our section of the Otway involves the shooting of 1 260 km of seismic onshore and 2 000 km offshore—not much less than has occurred in the past 15 years.

In 1986 (suitably, as it is Jubilee Year) two wells are planned—one offshore—and another 1 320 km of seismic will be shot. In 1987 (and this is a very exciting prospect for South Australia) six wells are scheduled—two offshore—with a further 200 km of seismic onshore. From the way that the member for Mount Gambier is listening, obviously that information was not in the *Border Watch.* No doubt exists that this level of exploration over the next three years will provide explorers with a much better understanding of the petroleum potential of the South Australian section of the Basin.

Another thing to note is that exploration concepts and seismic techniques have improved dramatically over the past 15 years (and I will not refer here to the member for Mount Gambier). It is to be hoped that the application of this high technology will be rewarded with commercial discoveries. Finally, members will recall that commercial gas fields have already been discovered in the Victorian portion of the Basin near Port Campbell, and good oil shows were encountered in the Lindon 1 well across the Victorian border from Mount Gambier. I thank the honourable member, indeed, for his question, and I am certain that I have been able to provide more information than any of which members, particularly on the other side, were previously aware.

AQUATIC CENTRE

Mr INGERSON: Is the Premier aware that 12 months ago there was a cost overrun in the construction of the aquatic centre? In line with the comments made by the Auditor-General that the project was poorly administered, why has the Premier not called for regular reports from the Minister of Recreation and Sport to monitor the cost flow of this project, which now exceeds $10 million?

The Hon. J.C. BANNON: I was asked a question by the member for Torrens earlier in which a series of statements were made by him suggesting that that was the factual position. As I am not aware that that is the factual position I cannot confirm those facts. A further statement has been made by the member for Bragg. I am, of course, aware of what the honourable member told us—that there has been an increase in costs for the reasons explained. I mentioned specifically in my previous reply the reasons for delay which had been put before the House. It was explained that there had been cost overruns. The figure I have heard to date is $7.2 million. I have not been advised of any later estimate of the figure. As to timing, there is still uncertainty about precisely when the complex will be open. That is the latest report I have.

Members interjecting:

The Hon. J.C. BANNON: There is no secret about that. The Minister himself has said so, and we know that.

Members interjecting:

The Hon. J.C. BANNON: That is right but, if members recall, the original opening date was first going to be December and it then became March, and the latest estimate is May. I am aware that there have been cost overruns on this project. Those cost overruns are as stated by the Minister, and no doubt further information may be forthcoming.

BORES

Mr HAMILTON: I direct my question to the Minister of Water Resources on the subject of bores.

Members interjecting:

The SPEAKER: Order! I ask that the gentlemen occupying the front benches cease interjecting when another honourable member is called to ask a question.

Mr HAMILTON: Will the Minister of Water Resources advise the House of requirements for consumers to sink bores in the Adelaide metropolitan area? I have recently been approached by a constituent who asked what procedures have to be followed for the sinking of bores in the metropolitan area. Drilling companies who advertise their services in the media from time to time give the impression that underground water is relatively cheap and easy to exploit.

The Hon. J.W. SLATER: I do not regard that as a boring question. I think it is very important.

Mr BECKER: That's more than—

The Hon. J.W. SLATER: I regard the member for Hanson as a bore, and that is not only my opinion. Although the sinking of bores and the use of underground water in the Adelaide metropolitan area is permitted under the Water Resources Act, I urge, as I have on previous occasions, caution on the part of the public of South Australia, in the metropolitan area particularly, in drilling bores.

Underground water is available, but in an area bounded by Anzac Highway, Port Road and the coast, there is no guarantee that underground water will be found and, if it is found, it may not be of sufficient quality and in some cases it may be necessary to drill 100 metres. To undertake the construction of a well which extends below 2.5 metres, a permit must be obtained from the Water Resources Branch of the Department; for that there is no charge. The work to be undertaken is specified by the conditions of the permit and must be carried out by a licensed well driller except where the landholder personally does the work and it is on his own land, and the well does not exceed a depth of 15 metres. Applications for the construction of a well and permits may be made to the Water Resources Branch of the E&WS, and officers of that Department can assist householders with further information regarding requirements under the Act.

I urge not only constituents of the member for Albert Park but all householders in the metropolitan area to exercise some caution in regard to the sinking of bores, because it may well be that they should examine the costs closely to ensure that they recover their capital costs of drilling: it is not inexpensive to obtain a well driller and people run a risk of not being able to obtain water of sufficient quality. Even though a householder drills a well on his own property, water rates still have to be paid, so he might be battling to recover the capital costs.

Householders should also consider noise levels associated with pumping from wells, and advice about that can be obtained from the Department of Environment and Planning, because pumping can create a noise nuisance for neighbours. We are all aware of the noise environmental control, which is very important legislation introduced some two years ago for the benefit of the public of South Australia. I am getting a wave from my technical director, the member for Bragg, who has been coached by his coach and mentor the member for Torrens (the former Minister). I do not regard him as much of a coach on his performance previously, and I have mentioned in this House before that the member for Bragg regards himself as—

Members interjecting:

The Hon. J.W. SLATER: Foreman material? I do not think he is foreman material, but he has been coached. I regard him at the moment as a *de facto* shadow Minister for Recreation and Sport. That is not an official title, because he has no status and, as a matter of fact, if the Opposition was genuine, the Minister—

The SPEAKER: Order! Order! The Minister is by now straying well from the point.

The Hon. J.W. SLATER: Mr Speaker, we are talking about bores. If the Opposition was fair dinkum, it might have a shadow Minister for Bores. There would be plenty of starters over there, one would find. If the Opposition was fair dinkum about recreation and sport it would appoint someone—

The SPEAKER: Order! The Minister is most definitely now removing himself from—

Members interjecting:

The SPEAKER: Order!

The Hon. J.W. SLATER: as the shadow Minister, although the Opposition is not game to do so, because who will the Opposition drop? Will it be the tired old member for Alexandra, the pessimistic member for Chaffey, the insincere member for Coles, the inefficient member for Mount Gambier, or someone else? So, the Opposition is not really game to reshuffle the shadow Cabinet—a tragedy might strike and even the member for Hanson might get a start.

Members interjecting:

The SPEAKER: Order!

The SPEAKER: Order! Call on the business of the day.

REMUNERATION BILL

The Hon. J.D. WRIGHT (Deputy Premier) obtained leave and introduced a Bill for an Act to establish a tribunal to determine the remuneration payable to members of the Judiciary, members of Parliament, and certain officers appointed by Statute, and for other purposes. Read a first time.

The Hon. J.D. WRIGHT: I move:

That this Bill be now read a second time.

I seek leave to have the second reading explanation inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Bill

This Bill gives effect to the recommendations of a working party set up by the Government to consider the establishment of an independent Tribunal for determining the remuneration payable to members of the Judiciary, members of Parliament, statutory office holders and heads of Government departments. The working party was chaired by a former Chairman of the Public Service Board and member of the Parliamentary Salaries Tribunal (Mr David Mercer). The consequential Statutes Amendment (Remuneration) Bill, amongst other things, will repeal the Parliamentary Salaries and Allowances Act, 1965. As members would be aware, the power to determine judicial salaries was once vested in this Parliament. However, it was given to the Executive Government some years ago. Since 1982 judicial salaries have been based on a formula which was established following a report of a committee established by the previous Government. The setting of these salaries has been a continual source of difficulty between the Judiciary and the Government: the judges have consistently urged the establishment of an independent Tribunal to determine the remuneration payable to members of the Judiciary.

The Tribunal, as recommended, will have general jurisdiction for the determination of salaries in the range of groups previously mentioned. The principal advantage of this approach is that it will enable the Tribunal to coordinate salary relativities and the timing, basis and quantum of salary increases for these groups and hence to achieve equitable treatment for each group. The new Tribunal will also supersede the Parliamentary Salaries Tribunal. The purpose of including the salaries of members of Parliament within the jurisdiction of the proposed Remuneration Tribunal is to avoid the proliferation of tribunals determining salaries for those groups which do not have access to the Industrial Commission. Similar tribunals exist in the Commonwealth and Western Australia.

I also draw attention to the inclusion of heads of Government departments and other statutory office holders in the scope of the Tribunal's jurisdiction. They have been included because they are in fact the only persons in the service of the State not having a right of access to an independent tribunal in respect of their salaries. The new Tribunal will be guided by general industrial principles espoused by the South Australian Industrial Commission and relating to the review of salaries generally. In addition, the Tribunal, in the exercise and performance of its powers and functions, will have and may exercise all the powers and authority conferred by the Royal Commission Act, 1917, upon persons holding inquiries on commission, as presently provided in the Parliamentary Salaries and Allowances Act.

Clauses 1 and 2 are formal. Clause 3 contains definitions required for the purposes of the new measure. Clause 4 establishes the Remuneration Tribunal. Clause 5 provides that the Tribunal is to consist of three members and deals with the qualifications of members. Clause 6 deals with the terms on which members hold office. Clause 7 provides that the remuneration of a member of the Tribunal is to be determined by the Governor. Clause 8 provides that there is to be a secretary to the Tribunal. Clause 9 deals with the manner in which sittings of the Tribunal are to be convened, and requires the Tribunal to sit at least once per year for the purpose of making, or reviewing, determinations.

Clause 10 provides that two members are to constitute a quorum and enables the Tribunal to reach a decision by majority. Clause 11 exempts the Tribunal from strict compliance with the rules of evidence. It also requires the Tribunal to allow a person whose remuneration is to be affected by a determination of the Tribunal to make submissions to the Tribunal. Clause 12 invests the Tribunal with the powers of a Royal Commission. Clause 13 empowers the Tribunal to determine its own procedure. Clause 14 requires the Tribunal to observe and apply the same general principles and guidelines in relation to the determination of remuneration as are observed and applied by the Industrial Commission. In determining judicial remuneration the Tribunal is required to have regard to the principle of judicial independence. In determining remuneration for members of Parliament, the Tribunal is required to have regard not only to their Parliamentary duties, but also their duty to be actively involved in community affairs and their duty to represent and assist their constituents in dealings with public agencies and authorities.

Clause 15 invests the Tribunal with jurisdiction to determine judicial remuneration. Clause 16 invests this Tribunal with power to determine Parliamentary and Ministerial remuneration. Clause 17 empowers the Tribunal to determine remuneration in relation to any other office if the Act by or under which the office is established provides for determination of the relevant remuneration by the Tribunal, or if the regulations under the proposed new Act make provision for such a determination. Clause 18 requires a report on each determination of the Tribunal to be forwarded to the Minister for laying before both Houses of Parliament. A determination must also be published in the *Gazette*. Clause 19 empowers the Tribunal to make a retro-active determination. Clause 20 provides that a determination of the Tribunal is not subject to appeal.

Clause 21 provides that a determination of the Tribunal is binding on the Crown and sufficient authority for the payment of the remuneration to which it relates from the general revenue. Clause 22 provides that no determination is to be made reducing the salary of a member of the Judiciary. Clause 23 corresponds to section 5aa of the Parliamentary Salaries and Allowances Act. It limits increases in Parliamentary salaries to those generally authorised by the Industrial Commission. Clause 24 provides that the Tribunal should seek to make initial determinations in relation to all clauses subject to the new Act within four months of the commencement of the new Act. Clause 25 provides that the new Act will prevail over inconsistent provisions of other Acts relating to the determination of remuneration. Clause 26 is a regulation making power. A power is included to exclude from determination by the Tribunal certain forms of Parliamentary remuneration.

The Hon. B.C. EASTICK secured the adjournment of the debate.

STATUTES AMENDMENT (REMUNERATION) BILL

The Hon. J.D. WRIGHT (Deputy Premier) obtained leave and introduced a Bill for an Act to repeal the Parliamentary Salaries and Allowances Act, 1965; and to amend the Agent-General Act, 1901, the Audit Act, 1921, the Coroners Act, 1975, the Electoral Act, 1929, the Highways Act, 1926, the Industrial and Commercial Training Act, 1981, the Industrial Conciliation and Arbitration Act, 1972, the Local and District Criminal Courts Act, 1926, the Magistrates Act, 1983, the Metropolitan Milk Supply Act, 1946, the Ombudsman Act, 1972, the Planning Act, 1982, the Police Regulation Act, 1952, the Public Service Act, 1967, the Solicitor-General Act, 1972, the South Australian Ethnic Affairs Commission Act, 1980, the South Australian Health Commission Act, 1975, the Supreme Court Act, 1935, the Tertiary Education Authority Act, 1979, and the Valuation of Land Act, 1971. Read a first time.

The Hon. J.D. WRIGHT: I move:

That this Bill be now read a second time.

I seek leave to have the second reading explanation inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Bill

This Bill contains the consequential amendments that are necessary in view of the proposed new Remuneration Act. Clauses 1 and 2 are formal. Clause 3 provides for the remuneration of the Agent-General to be fixed by the Remuneration Tribunal. Clause 4 provides for the remuneration of the Auditor-General to be fixed by the Remuneration Tribunal. Clause 5 provides for the remuneration of the State Coroner and Deputy State Coroner to be fixed by the Remuneration Tribunal. Clause 6 provides for the remuneration of the Electoral Commissioner and Deputy Electoral Commissioner to be fixed by the Remuneration Tribunal. Clause 7 provides for the remuneration of the Commissioner of Highways to be fixed by the Remuneration Tribunal. Clause 8 provides for the remuneration of the Chairman of the Industrial and Commercial Training Commission to be fixed by the Remuneration Tribunal.

Clause 9 provides for the remuneration of the President, Judges and Commissioners of the Industrial Commission, and of the Industrial Magistrates to be fixed by the Remuneration Tribunal. The amendment also provides that the Remuneration Tribunal is an industrial authority for the purposes of section 146a of the Industrial Conciliation and Arbitration Act. Clause 10 provides for the remuneration of the District Court judges to be fixed by the Remuneration Tribunal. Clause 11 provides for the remuneration of the magistrates to be fixed by the Remuneration Tribunal.

Clause 12 provides for the remuneration of the Chairman of the Metropolitan Milk Supply Board to be fixed by the Remuneration Tribunal. Clause 13 provides for the remuneration of the Ombudsman to be fixed by the Remuneration Tribunal. Clause 14 repeals the Parliamentary Salaries and Allowances Act. Clause 15 provides for the remuneration of the full-time Commissioners of the Planning Appeal Board to be fixed by the Remuneration Tribunal. Clause 16 provides for the remuneration of the Commissioner and Deputy Commissioner of Police to be fixed by the Remuneration Tribunal. Clause 17 provides for the remuneration of the Commissioners of the Public Service Board and the Permanent Heads of the Public Service to be fixed by the Remuneration Tribunal.

Clause 18 provides for the remuneration of the Solicitor-General to be fixed by the Remuneration Tribunal. Clause 19 provides for the remuneration of a full-time member of the Ethnic Affairs Commission to be fixed by the Remuneration Tribunal. Clause 20 provides for the remuneration of the Chairman of the South Australian Health Commission to be fixed by the Remuneration Tribunal. Clause 21 provides for the remuneration of the Judges and Masters of the Supreme Court to be fixed by the Remuneration Tribunal. Clause 22 provides for the remuneration of the Chairman of the Tertiary Education Authority to be fixed by the Remuneration Tribunal. Clause 23 provides for the remuneration of the Valuer-General to be fixed by the Remuneration Tribunal.

The Hon. B.C. EASTICK secured the adjournment of the debate.

CONSENT TO MEDICAL AND DENTAL PROCEDURES BILL

Adjourned debate on second reading.
(Continued from 26 February. Page 2871.)

Mr LEWIS (Mallee): In the course of debate last evening other members referred to the fact that they had received (as I have) a letter from the Executive Officer of the Festival of Light, Alan Barron, and said that they would have read that letter into *Hansard* had time permitted. As it has turned out, time does permit in so far as my conscience is concerned, and I intend to read the letter into *Hansard*. I know that parts of the proposition put by Mr Barron have already been referred to by honourable members, particularly the member for Coles, who in her usual style gave us a very lucid dissertation on the consequences of passing this measure. I am opposed to the proposition. Mr Barron's report states:

> The freedom of parents to execise loving care for their children is attacked by a Bill before the South Australian Parliament... Between the ages of 16 and 18 the child would be given absolute power to consent to any kind of treatment. Under the age of 16, the child could consent to any treatment supported by the opinion of two doctors. The purpose of the Bill is not emergency cases—they are already covered by the Emergency Medical Treatment of Children Act, 1960. Its main aim is to cover sensitive moral areas, such as contraception, abortion and cosmetic surgery.

That also includes sex change operations. The report continues:

> It is precisely in these areas of medical treatment that parents would at least want to know what is going on. But the Bill's anti-family thrust does not stop there. It seeks to limit or eliminate the involvement of family members in other cases as well—when the patient is unconscious or otherwise unable to convey his wishes to the doctor. There is no pressing need for the Bill.

I share that judgment. The report continues:

> It departs from the practical approach of the common law which considers problems as they arise. Rather it moves towards theoretical Roman law that can have unwanted and unexpected implications. The present law on consent to medical treatment in South Australia involves a number of issues: the reason for consent being necessary; when someone other than the patient is able to consent; the responsibility of parents for their children; and emergency situations.
>
> Why is consent necessary? Any unauthorised interference with a person's body is an assault. The primary purpose of the offence of assault is to protect the autonomy of a person from unwanted physical attack or even touching (such as unwanted expressions of affection). However, assault is also relevant to medical treatment. Medical treatment and surgery often involve many risks and complications. When a patient suffers a serious complication he may wish to seek redress by charging the doctor with assault and battery. If a patient has not consented to the treatment, the doctor would be guilty of the tort (or civil offence) of assault.
>
> In every day life, a person may consent to being 'touched' by another—for example, by a hairdresser or tattooist, or in expressions of affection between friends.

That could also include a greeting between people who see themselves as happy acquaintances, with a handshake, for example. The report continues:

> When consent is given, a touching is no longer an assault. Similarly, when a patient gives effective consent to medical treatment, the doctor is protected from any charge of assault. Thus, consent is a very important but sometimes neglected aspect of the contract between doctor and patient. For a patient's consent to be effective it must be informed.

The person giving the consent must be aware of the consequences of so doing. The report continues.

> In other words, the patient must know the risks and benefits of all proposed treatment, alternative treatments and no treatment before consenting. An article in the *Medical Journal of Australia* suggests that there are five major aspects of the information to be supplied to a patient:
>
> (1) a description of the proposed treatment;
> (2) an indication of the alternative treatment;
> (3) an outline of the inherent risks of death and serious bodily injury which might result from the treatment;
> (4) a reference to the problems associated with recuperation which could be anticipated; and
> (5) any additional information that would normally be disclosed [by a doctor].
>
> Sometimes a doctor may wish to withhold from the patient information which he believes would result in physical or mental harm to the patient. Justice Kirby points out that the doctor would have to be able to justify withholding information and would be wise to discuss the matter with the patient's family.

It may well be asked whether someone other than the patient can consent to the treatment. In this regard the report states:

> There are several situations where a patient may be unable to give an informed consent. These include: an adult patient who is unconscious; an adult patient who is mentally ill or intellectually handicapped; or a child (under the age of majority). When a person is unconscious in an emergency situation, a doctor who acts to save the life or reduce the suffering of the person is protected under common law. This is stated clearly in the Latey Report on the Age of Consent. It says that:
>
> > In cases of emergency or unconsciousness all considerations regarding consent will be set aside and doctors will do whatever is necessary to save the life of a patient (infant or adult), to save him from permanent disability, or from unnecessary pain and suffering. In this they can only be guided by their professional conscience, and will be acting as agents of necessity.

That statement is made in a report of the Committee on the Age of Consent in the United Kingdom dated 5 June 1967 (page 116, paragraph 475). The report continues:

> A mentally ill or intellectually retarded patient may be unable to provide informed consent. The current practice in South Australian hospitals is summarised by the Common Report on Consent:
>
> > Strathmont Centre, Hillcrest and Glenside hospitals try and obtain a valid consent from the patient by providing an explanation of the proposed procedure pitched at the patient's level of comprehension. For those adult patients not capable of understanding and explanation, the matter is sometimes referred to the Guardianship Board for the provision of consent, although the working party is informed that generally only requests for consent to sterilisation are referred to the board. Other hospitals indicated that they tend to rely on consent obtained from the next of kin or a legal guardian.

Reference to that can be found in the report by the Chairman of the Working Party on Consent to Treatment (Mr A.F. Connon), South Australian Health Commission, December 1983, at page 10. The report continues:

> In the emergency treatment of children, that is, patients under the age of 18 years, doctors are protected by the Emergency Medical Treatment of Children Act, 1960-1971. A doctor can operate on a child if he and another doctor can agree: on the medical condition; that the operation properly treats the condition; and that the operation is needed to save the child's life.

We are covering all aspects which this Bill says it addresses. In fact, it is really covering a lot of what is already possible under the law. Those people who have hatched it up have tried to con all of us into thinking that it contains new initiatives in every area where it defines what may be done. That is the tragedy of their stupid, banal assessment of such dishonest statements made by the initial protagonists of this Bill.

I thank the member for Ascot Park for his bottom jaw's St Vitus dance. I know he is otherwise known as 'motor mouth'. I regret that I have the misfortune of having to face him across the Chamber when he is so afflicted in silence. The report continues:

> Under these conditions the doctor can operate if a parent or guardian cannot be found and even if the parents refuse to consent to the operation.

That is a reference to be found in the Emergency Medical Treatment of Children Act, 1960-1971, especially in section 3. Consent for the medical treatment of children (under 18 years) in the absence of any emergency is discussed in the following two sections of the report. We need to pose the question: can parents consent to treatment for their children? In that regard the paper states:

It is commonly assumed that parents have the ultimate responsibility for deciding what medical treatment may be given to their children. However, the Connon Report questions this assumption. It says this view has been fostered because people generally believe that: a parent will always act in the best interests of his child's health; and a child, by virtue of his age, cannot understand the full consequences of proposed treatment. The report adds:

In a practical sense the validity of these two premises has been seriously eroded over the past few decades.

The capacity of parents to consent to medical treatment on their children is examined carefully in an article by P.D.G. Skegg LL.B., M.A.—an Oxford University fellow. He says that the long-assumed capacity of parents (under English common law) to give legally effective consent has been clearly affirmed by court decisions since the 1960s.

People who wish to check that can do so by referring to P.D.G. Skegg's article 'Consent To Medical Procedures on Minors', in the Modern Law Review of July 1973, volume 36, pages 370 to 381. The report further states:

'There can now be no doubt that the legally effective consent can be given by a father who has not been deprived of the custody and control of his infant child, where the procedure is in the best interests of the child, and the child is incapable of consenting on his own behalf,' Skegg says.

He goes on to say that, in normal circumstances, either parent can consent to medical procedures on his or her children, as can any legal guardian. Skegg also discusses the case of conflict between the parents and the child. 'It seems,' he says, 'that a legally effective consent can sometimes be given even when the minor is capable of consenting, but refuses to do so.' But he adds the caution that 'unless the minor is still subject to parental authority and the procedure is clearly for the minor's benefit' such consent by the parent might be invalid.

The next question that we need to ask about consent for medical treatment on minors, which is discussed by Skegg, occurs in the context whether or not children consent to treatment on themselves. Skegg discusses three opinions on the common law capacity of minors to consent to medical procedures. The first one is that no minor can consent; the second is that only minors over the age of consent may do so; and the third is that there is no age test—only the ability to understand. Of course, like I have, Skegg dismissed the first two as incorrect and said the following about the third:

'The common law does not fix any age below which minors are automatically incapable of consenting to medical procedures. It all depends on whether the minor can understand what is involved in the procedure in question.'

The report continues:

The important question, therefore, is at what age a minor can understand the full implications of sensitive or serious medical procedures such as the prescription or fitting of contraceptives, the performance of abortions, the donation of organs for transplant into others, cosmetic surgery, and sex-change operations. As mentioned in an earlier section, consent is needed to prevent a 'touching' from being an assault. The age of consent for sexual intercourse, therefore, involves the same legal principle.

The Connon Report notes that the medical profession has generally adopted as a yardstick the 'emancipated or independent minor' rule. 'This rule assumes that a minor (usually 16 years or over) who is living away from his parents and who is capable of providing financially for himself is able to provide an effective consent to proposed medical or surgical treatment.' A strong link between the age of consent for medical procedures and sexual intercourse (16 years) is supported by a recent British court decision. Mrs Victoria Gillick won a unanimous decision of the British Court of Appeal on 20 December 1984 that a doctor must not prescribe contraceptives for a girl under 16 without her parents' consent.

The learned judge was Lord Justice Parker, and his judgment, in which his two colleagues concurred, is moderately lengthy, argued in detail, and should not be over-simplified. A summary is as follows:

The court was concerned only to apply the law as it existed, not to make new laws or to enforce moral prescriptions. Under existing law, both the rights and responsibilities attaching to custody over the children belong to parents. Custody normally terminates when a person achieves his or her majority, unless in particular cases the law provides an alternative age. One area of law in which an alternative age is provided is in the Sexual Offences Act, 1956. It provides that a girl under 16 is incapable of giving legal consent either to sexual intercourse or to an act which would otherwise be defined as indecent assault.

In cases of girls under 16, where there is neither parental consent nor a court order, conducting a vaginal examination or affixing certain types of contraceptives constitute forms of conduct which are classified as indecent assault. It was wholly incongruous, declared L.J. Parker, that when the act of intercourse was criminal, when permitting it to take place on one's premises was criminal . . . that either the Department of Health and Social Security or the Area Health Authority should provide facilities which would enable girls under 16 the more readily to commit such acts—

which are criminal offences—

It was equally incongruous to assert that doctors had the right to accept the very young as patients, and to provide them with contraceptive advice and treatment without reference to their parents and even against their known wishes.

That quote can be checked from the article headed 'B.A. Santamaria court decision on contraception puts parents in control' on page 7 of the 15 January 1985 edition of the *Australian.* Moves that have been made for change to the medical law of consent can now be addressed, as indeed they are in this paper in the following terms:

Australian society and its British forebears have worked for centuries on the basic assumption that parents will care for their children until the age of majority. Thereafter, the young adults are responsible for their own lives.

and we all are—

With ever increasing numbers of divorces and the consequent breakup of families, parental care of children until the age of majority is not always present. In responding to those social changes there have been moves in recent years to give children greater responsibility for themselves. Unfortunately, these moves also have the effect of depriving faithful parents of the legal ability of parents to care for their own children.

If we look at the New South Wales Minors (Property and Contracts) Act, 1970, we note that that is when the first change to the Australian law relating to minors' rights to consent to medical treatment was made. It was introduced to implement a large number of recommendations of a Royal Commission. The report states that the changes were to do with the ability of minors to enter into contracts of various types.

Consent to medical treatment was included in the Bill because such consent is an implied contract between a doctor and patient. The Act now protects a doctor from a charge of assault if a parent of a child under 16 consents or if a child over 16 years consents. The implications of this section were not considered by the New South Wales Parliament at the time, because the *Hansard* shows there was no debate on it.

How demonstrably relevant that is here today, when none of the members of the Labor Party have bothered to join this debate—certainly none of the back bench. They do not have an opinion on the social question being considered by the House. They simply go along with the secret decisions made behind locked doors in the Caucus room, not exercising any normal human conscience in articulating the reasons for their respectively held positions as individuals and, as such, representatives of the respective seats that they are charged to represent in this place.

That is tragic and an abuse of the Parliament. Small wonder that more and more people think this Parliament nothing more than an increasingly irrelevant piece of theatre. The real decisions are made by members opposite in their Caucus room, it would seem, whenever they are in Government. The report continues:

An attempt to change the law in South Australia was made in 1977 when the Hon. Ms Anne Levy introduced a private member's Bill into the Legislative Council. That Bill sought to affirm parental consent when a child is under 16 years and introduce consent by minors over 14 years of age.

In a letter to the *Advertiser* at about that time, Mrs Norma McCarthy—

a lady who is well known to me—

asked: 'How many parents want a much loved but rebellious 14-year-old to have the right to seek plastic surgery, the Pill, an abortion or perhaps even donate a kidney to a school mate?'

Indeed, Mrs McCarthy was being generous. She did not speak about the sex change operations that are now being contemplated in increasing numbers. Whether you want to lop off a penis or try to build one, depending on your sexual preference, despite what you may have been blessed with by Providence, it now becomes a real surgical possibility. Accordingly, the implications of this Bill, if it becomes law, need to be more seriously contemplated by the Government than they have been up to the present. The report continues:

The South Australian Branch President of the AMA, Dr T.G. Pickering, said the AMA was unhappy with several aspects of the Bill, especially as it might relate to abortion and contraception. The AMA believed there was little reason for an age of consent to be fixed by law. The past President of AMA, Dr J. Harley, phoned a talk back programme to say:

If my 14-year-old daughter became pregnant I would be upset if she did not confide in me, but I would be furious if the law was such that a colleague of mine could terminate her pregnancy without any reference to me as a parent.

Opposition to the Bill also came from the Guild of St Luke, an organisation of Catholic doctors.

This was referred to last evening by the member for Coles. The report continues:

Guild master, Dr Hugh Kildea, said:

A procedure could be performed on a 14 or 15-year-old by their lack of knowledge which could have long-term effects on them.

Archbishop Rayner, the Anglican Archbishop of Adelaide, spoke out very strongly against the Bill. He said that 'the possibilities of abuse are enormous'. He continued:

The fact is that some people as a matter of deliberate policy are working for the destruction of the family as the basic unit of society. Such a policy is destructive and dangerous, and this legislation could have the effect of furthering that policy.

I agree with that view. The people who advocate these propositions sincerely believe that the Government, not parents or any other agent of society, should care for the individual from the cradle to the grave and that the Government, through vested expert members in society as defined in the law, knows better what should happen to individuals' lives than do the individuals themselves. Moreover, they believe that the Government and all its experts know better what to do with the individual's income than does the individual. That is absolute anathema to what I believe, where individuals should be required to be responsible for themselves and their actions, and the products of their actions, including their children, until the children are adult enough to make decisions of their own. The report continues:

Nothing more was heard of the idea before the 1979 State election when the Labor Government was defeated. Nor was it mentioned during the three years of the Tonkin Liberal Government. However, within months of Labor regaining government late in 1982, the Minister of Health (Dr Cornwall) reopened the issue. He appointed a working party to investigate medical and legal issues related to consent to treatment. It was chaired by Dr A.F. Connon. Most of the members of the working party were Health Commission staff. The Report of the Working Party on Consent to Treatment was completed in December 1983. It made recommendations on a wide range of matters related to consent, including the consent forms used in hospitals, etc. The report, prepared by senior bureaucrats, makes recommendations that have a bureaucratic emphasis.

The recommendations do not have a social emphasis. The report continues:

While questioning an over-reliance by the medical profession on consent forms, the report devotes 21 pages to draft consent forms.

That is typically consistent with a bureaucratic analysis of any problem. The report continues:

The opportunity to find ways other than form-filling to strengthen the doctor-patient relationship was not taken. An anti-family emphasis in the report is also evident. In considering patients whose primary language is not English, the report says that 'the use of bilingual family members and friends as interpreters for patients should be discouraged as the sole source of information'. It goes on to commend the use of 'accredited health care interpreters'. While family members are not perfect, 'antiseptic' translations given by interpreters who know nothing of the patient of his or her background may not be ideal, either.

If the Government says that that opinion is wrong, its present policy of appointing people as health aides and police aides to the Aboriginal community from within that community is equally wrong. Those people understand the mores of the Aboriginal community and, if that is relevant to that subculture, it is equally relevant to the subcultures of people with other ethnic origins. Families and those with an empathy to those subcultures ought to be used, not some paid public servant. The report continues:

The anti-family emphasis is also found in the section on third party consent.

My time is limited, but much more needs to be put on the record from this paper. However, I will conclude by referring to the summary, as follows:

One of the great fallacies sometimes put about as fact, like the proverbial emperor's new clothes, is that the best interests of a child are served by giving the child whatever he or she wants. During adolescence, young people have a great number of wants. They may want to sniff glue, smoke pot or shoot heroin. They may want to vandalise phone boxes, be tattooed or fight in a gang. But such things may not be good for themselves or society. The indulgence of some wants can kill or leave lasting scars on their character—

and on others—

It does not follow, therefore, if a minor requests a certain medical procedure from a doctor, that it should necessarily be granted. Nor is the doctor necessarily in the best position to make the decision. The minor may have deliberately sought out a doctor who is a stranger—

or someone who is likely to consent if that is that professional's reputation—

if he believes he can get the procedure he wants without his parents' consent. Suppose a girl wanted to have plastic surgery to satisfy some passing fad. She may be able to tell a convincing story to a doctor who does not know her, but she is much less likely to be able to deceive her own parents.

A second fallacy is that the best interests of a child will be served by consulting 'experts'—such as social workers, medical sisters or doctors. But such 'experts' can be influenced by considerations other than the best interests of the patient. In a busy clinic, for example, the quickest and easiest 'solution' may be favoured. However, that 'solution' may leave a greater string of long term problems than another approach. And the long term problems again involve the parents, who may be the only people with a long term commitment of love and care for the patient. In one Family Planning Association clinic, a doctor counselling a girl seeking an abortion pointed out the possible dangers and complications.

The SPEAKER: Order! The honourable member's time has expired.

The Hon. H. ALLISON (Mount Gambier): I suspect that there will be a significant difference in the final handling of this Bill compared to the time in 1977 when a similar piece of legislation came before both Houses and at least seven Opposition members saw fit, as a matter of conscience, to cross the floor in order to defeat the Bill, the Minors Consent Bill. The Bill now before the House is to a large extend a refinement of that Bill yet, despite the relative calm outside in the public at present, there will be a storm of protest when it is realised that the Bill goes much farther than the 1977 Bill went.

The reference made back in 1977 to the fact that other Australian States, and indeed the United Kingdom, had enacted similar legislation chose to ignore the fact that the United Kingdom Act dealt with children over the age of 16 years. At that time (in 1977) the Hon. Ms Anne Levy was concerned with reducing the age of consent so that minors were able to accede to or request medical treatment when they were 14 years of age or over.

This Bill goes much further, in that people over 16 years are now virtually assumed to be in full command of themselves and able to request almost anything, whereas under 16 or under 14 they will have this ability to put forward a request to medical practitioners and others and receive medical attention without the consent or even knowledge of parents. I have no hesitation at all in erring on the side of consistency and in standing up once again to oppose particularly clauses 5 and 6 of this Bill.

As I have said, this Bill extends far below the age of 14 years the powers that were contained in that 1977 private member's Bill. The legislation before us is a last step towards lowering the age of consent to 14 years or below. I do not propose to enlarge upon the arguments that have been already expounded quite adequately by the member for Mallee, who spoke in a very similar vein. I simply concur with his remarks and I would include in my own argument whatever he has said. I thoroughly support his proposition that to consent to medical treatment is the last step on the way to consenting to sexual intercourse, and such like. That was the proposition that the general public felt was inherent in the 1977 Bill, and I am quite sure that it is inherent in the present legislation. If medical practitioners can operate on youngsters, provide contraception, perform abortions, vasectomies, plastic surgery and similar procedures, obviously there is inherent in that the idea that children are able to consent to sexual intercourse or have the intention of indulging in sexual intercourse: the two cannot possibly be separated.

There is no statute law in South Australia covering this matter. I maintain that the common law situation is still extremely confused. A number of arguments were put forward in debate by members on this side of the House last evening and again today. I do not propose to go through those, but no distinction is drawn in the Bill—and members can go through it with a fine tooth comb—between treatment that is necessary, treatment that might be reasonably urgent, treatment that might fall into the absolute emergency category and treatment that a juvenile simply wants.

A few moments ago the member for Mallee said that youngsters want a great deal of things. They are prepared to experiment, to play one adult against another, even parent against parent: it happens regularly. If they are prepared to do that within the house, what are they prepared to do outside when they stand a very good chance of being able to find or hear of a medical practitioner who is more lenient than another? In my own experience, I know many medical practitioners who two or three years ago would have refused to have anything to do with providing contraceptives for young people even under the age of 18 years, yet others are willing to condone sexual experience at a very early age.

I recall that in 1977 I drew the House's attention to a publication written by an American journalist about the Swedish situation, pointing out that in Swedish primary schools the Director-General of Education was not only condoning sexual experience among upper primary school students aged seven, eight, nine and 10 years but was actually providing for courses of instruction. Quite irrefutable evidence on that is available from the Swedish education authorities. It is part and parcel of a very strong socialist move across some areas of the world to reduce the influence of families and to communalise society in general.

I remind members of the House that in Sweden, which has an extremely high suicide rate, there has been a swing against the socialist regime and a swing back towards conservatism. Youngsters have not benefited from the sort of legislation that is being introduced here today leading towards a more permissive regime among our youngsters. I simply say that, while members on the other side can smirk, thinking that I may be overdrawing the situation or being too paternal towards youngsters, that is what fatherhood and motherhood are all about—protection—and if we are on the side of discretion, moderation, control and restriction, at least we are not doing a disservice to our youngsters: we are doing exactly the same thing as we did in the video legislation a few days ago, and we are acting towards protecting our youngsters.

There is already a statute on the books—the Emergency Medical Treatment of Children Act, 1960—which is being repealed in this Bill and which provides adequately for emergency cases. There is really no need for this legislation. If there is any need for it, I simply ask the Minister of Health and his representative here to elicit the unadulterated facts.

How many youngsters in South Australia have in the past decade or so found it difficult to obtain really necessary medical treatment? How many parents have refused and then the children have died as a result of that refusal? I would say that the statistics would not stand up to close examination if they are being used to support this piece of legislation.

In South Australia over the past two or three years I have been approached by that organisation maligned by the Minister of Community Welfare, Parents who Care, who have objected, first, to the removal of children from their care by departmental officers but who subsequently, in well documented cases, have objected to the refusal of the Department to divulge the whereabouts of their children and to the failure of the Department to acknowledge to the parents that the children were pregnant, as well as objecting to the unforgivable failure of the Department to advise the parents not only that their daughters were pregnant but that abortions had been carried out in South Australian hospitals.

There are at least two parents—and I will not name the children in public as there has been enough adverse publicity over these matters in the past—whose children's names are well known to the Minister and to the Government. Some several hundred parents in South Australia are part of this and other satellite or breakaway organisations which are gravely concerned about what is already happening. This legislation will legitimise the already questionable actions of some departmental officers who are more prone to defeat family control than to support it.

The previous Minister of Community Welfare issued an edict to his departmental officers that they should at all times maintain the strength of the family—support the family. Contained within the present Community Welfare Act is a section that demands that, but I know that many people in South Australia feel that they as parents have not been supported by departmental officers when it comes to disputes between themselves and their children. As long as there is that fear in the community, there is every chance that some irresponsible people, both within and without Government departments, will use this legislation to support their actions in breaking down families and in supporting children against their parents. Parents should be liable for the actions of their children.

The question emerges automatically whether, if children are given consent or if they give consent to medical operations, who is responsible for payment for those services? Does it automatically devolve upon the parents who have absolutely no role at all in commissioning or seeking those services and who may have strongly opposed the youngsters being operated on or treated, or is it a State or Federal charge? That matter is not addressed in the Bill.

If parents are to be burdened with the cost of such action, which they would regard as illegal, it would be most unfair. The obvious thing is to throw out the legislation. Do South Australian minors have great difficulty in obtaining treatment? Will the Minister give us proof through statistics so

that we can make a more reasonable assessment than we now can with the complete lack of information in the second reading explanation?

In 1977 the Hon. Anne Levy referred to the rights of those over 14 years. This Bill extends those rights to those under 14 years. In 1977 the Hon. Ms Levy quoted from Archbold, 29th edition (1976), chapter 1, section 2, paragraph 30 in the text 'Criminal Pleading, Evidence and Practice' where it is stated:

> The incapacity of children to commit crime ceases upon their attaining 14 years of age, at which age they are presumed by law to be capable of distinguishing good from evil and are, with respect to their criminal actions, subject to the same rule of construction as others of more mature age.

At least we have a 14 years of age dividing line in that work by Archbold. Yet, here in this legislation we are taking a more extreme action by extending far below 14 years of age the right of children to consent. I do not believe that that is on. The storm of protest which elicited tens of thousands of signatories to petitions back in 1977 cannot have died completely when we see the same volume of protest about video pornography coming before the House over the past few months. I maintain that this matter is a sleeper and that, as soon as parents are aware that this is the same Bill but in a more extreme and permissive form, the Government will once again feel the weight of public wrath.

The Bill deprives parents of their rights and responsibilities in respect of the total health and welfare of their children. I regard it as completely unacceptable to usurp parental rights in this fashion, and call upon all members of the House, including members opposite who may still have a conscience like the seven members of 1977 (a few of whom are unfortunately no longer with us, having resigned), to join with us in defeating this Bill. We will be opposing very strongly today clauses 5 and 6, which usurp parental rights.

I was sorry to hear the two Independent Labor members—the members for Elizabeth and Semaphore—speaking on this matter and decrying, to some extent, the work of the Festival of Light. One member did say that the Festival of Light leaders (in this case it was Mr Alan Barron, who I believe has written to all members of both Houses), had a right to an opinion, but that from now on that organisation would be *persona non grata* with him. Even though we have had hundreds of thousands of people over the decades lobbying members of Parliament, the member for Semaphore, whom I have always regarded as being an extremely responsible member, has denigrated a 'lobby for decency'.

The Festival of Light may be regarded in many quarters as having an extreme viewpoint, but then so have many left wing organisations in South Australia against whose lobbies and representations I do not hear cries of *'persona non grata'* from the members for Semaphore and Elizabeth or any other members opposite. The organisation is entitled to a viewpoint. If it is complaining on the grounds of decency, parental love, care and control, then all the more power to its arm. In the missive sent to us by Mr Barron, he says that parental love is under attack by this legislation and states:

> The freedom of parents to exercise loving care for their children is attacked by a Bill before the South Australian Parliament. The Consent to Medical and Dental Procedures Bill, 1984, would give children a legal right to go behind their parents' back for medical and dental treatment. Between the ages of 16 and 18 the child would be given absolute power to consent to any kind of treatment. Under the age of 16—

under the age of 14, too—

> the child could consent to any treatment supported by the opinion of two doctors. The purpose of the Bill is not emergency cases.

He is not referring to life and death cases, which are already covered in the legislation in existence for the past 25 years, namely, the 1960 Emergency Medical Treatment of Children Act.

Mr Mayes: You haven't read the Bill.

The Hon. H. ALLISON: It has to be covered because the measure is repealed. This legislation extends the question of life to a question of general health. There is absolutely no distinction between what a child wants, reasonably needs, desperately needs and what is literally a matter of life and death.

Members interjecting:

The ACTING SPEAKER: (Mr Ferguson): Order!

The Hon. H. ALLISON: The Festival of Light believes that the aim of the Bill is to get the 1977 rejected piece of legislation back into the House to cover sensitive moral areas such as contraception, abortion, vasectomy and cosmetic surgery. It is in those areas of medical treatment that the parents will at least want to know what is going on. The organisation maintains that there is more to family life than that, and that this Bill has an anti-family thrust: that it seeks to eliminate or limit the involvement of family members in other cases as well, such as when the patient is unconscious or otherwise unable to convey his or her wishes to the doctor.

The Festival of Light maintains that there is no pressing need for the Bill and, in some 16 reasoned pages, with a well documented two page bibliography, quoting such people as Archbishop Rayner, Dr. T.G. Pickering, Dr. J. Harley, Dr H. Kildea, P.D.G. Skegg, and a whole host of people with at least some expertise in this field, it reasons its argument. It is not appropriate for any member of the House to denigrate an organisation that is reasoning on the ground of common decency and protection of the family. Whether one agrees or disagrees with everything the Festival does, I do not believe that it is arguing far away on moral grounds when dealing with this Bill.

We had a Select Committee in 1977 which was probably quite unnecessary. New South Wales put through a piece of legislation with 51 clauses, without appointing a Select Committee. In South Australia we put one clause to a Select Committee, and now, six or seven years later, the legislation is reintroduced. This Bill is more severe than was the previous one because it lowers the age of consent below 14 years. If there was public concern in 1977, there will be a great deal more concern in the very near future. I reject the Bill and believe that there are better ways of amending the existing legislation covering emergency medical treatment for children.

Mr BAKER (Mitcham): I wish to put on the record my comments on this matter. Most of the material has been well covered by my colleagues on this side of the House. It is important that we all make our stance known on this subject, and I am aware that some members on the other side will not be taking the opportunity to do so.

Mr Mayes: Wake up! We voted for it. Haven't you worked it out?

The ACTING SPEAKER: I ask honourable members to cease interjections. I will have no cross conversations. The honourable member for Mitcham.

Mr BAKER: The comment has been made that somebody voted in favour of the legislation, but that is hardly a recording of views before this House and answering some of the more intrinsic questions of the legislation. That is what I am referring to, not whether there is a Caucus vote and nobody has the right to speak.

I want to address briefly two issues: one is the legal issue and the other is the moral issue. Under common law and under various Acts of Parliament, we have deemed that adults are responsible for their children. For example, if a parent fails to have a child attend school, there are penalties;

if that child goes to a school not of the Minister's choice, there are penalties. There are penalties if we fail to feed or clothe our children or protect them from moral danger. There are various responsibilities which have been enacted and there are others which exist under common law, and in this Act we are saying that those responsibilities are no longer with the parent. Let us be clear on that. We have had very good reasons why we need some escape clauses to take care of those people where the home situation is not as good as one would hope, but in the process we are derogating from our responsibilities because we are making a blanket law to take account of particular circumstances. We are saying that the parent no longer has responsibility: let us be clear on that. We are setting a clear precedent by this piece of legislation. That is the legal situation.

In the moral area, I probably would not have felt so anxious about this Bill if there had been checks and balances placed in it. I will refer to the areas raised, because they are the contentious areas, the areas in which there is likely to be conflict. There are many other areas in which children need medical and dental health care but which would never lead to a conflict in the family situation, would never arise as an issue within the family, and therefore not be the subject of this Bill. As my colleagues have pointed out, there are already provisions for the emergency care of children, and I know those provisions are used in what is possibly a backdoor manner, perhaps sometimes in a humanitarian manner, to overcome pregnancies of young girls: we realise that. This Act widens the scope of the emergency situation and now covers all forms of medical and dental treatment.

As I said, I realise that there are times when families break down, when there are problems with communication, and there must be a third medium whereby people can receive the attention they desire, particularly in the medical sphere, and perhaps less so in the dental sphere.

The Hon. G.F. Keneally interjecting:

Mr BAKER: What they need, as the Minister of Local Government points out. As I said, I would not have felt so upset about this Bill if we could be assured that the right thing would be done by the children concerned, and we have no assurance under this Bill. Under it, a person who has a problem can go to a medical practitioner to confirm that certain treatment is needed. I would like to relate the circumstances outside. We know that most children can obtain pot fairly readily; certain people can obtain sickness certificates from the medical fraternity at will; we know that, when abortion was less legal in this State (shall I say), children and adults could find their way to an abortion clinic. There is no difficulty for people in locating medical practitioners who specialise in certain areas.

What does that mean? It means that if a child has a problem which they may not wish to discuss with their parents, they know where they can go to receive treatment. They will know within a few months—some of them know already—the easiest way through the system, and if anybody on the other side of the House shakes their head, perhaps they should go into their electorates and find out more about what is going on with their young people.

Mr Trainer: I thought it was someone on the Opposition benches shaking their head, because I could hear it.

The ACTING SPEAKER: Order! I ask honourable members to cease interjecting: I ask the House to respect the speaker.

Mr BAKER: I believe that the most important thing is the resolution of conflict and, if the conflict cannot be resolved, if the very basis upon which there is a difference cannot be resolved, perhaps there needs to be that third option, but nowhere in this Bill do we see anything that tells medical practitioners that they have a responsibility. Members on the other side of the House do not say to children, 'If you indulge in sexual intercourse you are subject to venereal disease, AIDS and a range of other things.' We do not see people on the other side of the House enacting in legislation checks and balances. Where is the responsibility? As I said, I would have felt far more comfortable if a body of people, such as the Family Planning Association, could be used as the front line troops in these circumstances.

However, we decide there is going to be a select group of medical practitioners—and there will be—to whom people can go to get whatever they want. That is not taking our responsibility seriously. If I had my way, and if a young person under the age of consent wished to obtain the pill on prescription to prevent her pregnancy, I would be asking the medical practitioner concerned to ensure that she was well aware of the problems that could be created. That does not mean that the practitioner would refuse the pill, because the alternative is an unwanted pregnancy, but it would be nice if the medical practitioner said to that child, 'If you indulge, these are the possible consequences.' It would be nice if for 15 minutes doctors sat down with young children who are at risk and said, 'These are the risks you run', but no, we absolve ourselves of responsibility.

By setting up this mechanism we create further conflict because, if there has been no attempt to resolve the basic ingredient of the conflict and if the parents find out, there is room for further conflict. If somebody came up with a suggestion and included a fail-safe mechanism, despite my reservations about the legal aspects I would be inclined to support it, but the Government does not wish to protect children. It wants to give them what they believe are their rights—and let us be quite sure what children's rights are, the pressures and abuses to which they are subject. Yet this Bill facilitates those things because it does not try to address some of the deepseated problems.

There are a number of areas in which some children believe they need treatment (surgery, for instance). We have had examples of dental care which is needed and cannot be afforded if parents are not willing to pay, and so on. They are real conflicts and I am sure that, with the proper check system, they can be ironed out. Where there is a complete family breakdown, we need a third alternative.

I know that, as a parent, I feel a direct responsibility to my daughters. If at some stage my daughters became disaffected with me, if they thought that I had forgotten them (and it is very easy in the Parliamentary sphere to forget one's children, because there are enormous amounts of time and pressure involved), I would hate to think that by the enactment of this legislation we would be allowing them and, in fact, encouraging them to go to a third party. However, that is what we are doing. If for some reason children do not like their father (and there may be some very good reasons) or they feel that he is not doing the right thing, they will have the means whereby they will not have to solve the problem at home or even talk about the problem at home. They will be able to go along to this group of people who will exist and be able to get rid of their difficulty, while in the same process placing themselves at risk.

I would hate that to happen, and I think most parents would feel the same. Most parents would want their children to come to them and discuss their problems. Although some people do not listen, I hope that I, as well as other members in this House, for example, would listen. I do not want it to be made so easy: I want to ensure that conflicts can be resolved within the family situation. I do not want to see let-out clauses like this. I think some of the difficulties that can occur are well and truly covered under the emergency legislation provisions that exist; they are already covered under the common law situation. I believe there is a better way of doing this than that which we are doing here today.

Mr MATHWIN (Glenelg): I do not support the Bill. I could possibly support it after some hard surgery by way of amendments, which the Government would have to see fit to support, in which case I could be persuaded to change my mind. However, I will not support the Bill as it stands. There are many reasons for this. One of the main reasons is that the Bill takes away the right of parents who ought to be responsible for their children (and indeed most are). But, nevertheless, the Bill takes away that God given right for parents to have some responsibility for their children and for children to grow up in a family unit type situation. Unfortunately, in this day and age, through some dramatic alteration of legislation during the time of the great previous Labor Government headed by Don Dunstan, many changes were made which downgraded the family and which have hurt so many people in South Australia.

I believe that it is a shocking situation when people try to degrade the family unit because, after all, it is one of the pillars of society. The Bill as it stands will allow minors under 16 years of age to receive medical treatment without the knowledge of their parents, with their parents not being brought into it in any way. How anyone on either side of the House could condone that situation, I will never understand. There are provisions available in relation to emergency matters, as my colleague who spoke before me said. For example, emergency problems are already covered under the Emergency Medical Treatment of Children Act. The Minister has stated that emergency medical treatment is one of the factors involved, although he did not mention that that aspect is already covered. He referred to this in his second reading explanation to try to smokescreen what this Bill is, namely, anti-family. That is what this Bill is all about: it is an anti-family Bill.

Although we are talking about underage children, speaking in a mercenary vein, one could ask who is going to pay for all the treatment. We know that the community will pay for it, and once again in relation to financial matters we know that the community must pay for these measures one way or another. Indeed, some of my colleagues on both sides of the House well know some of the effects of the Department for Community Welfare and the experts in it that have occurred during the time that I have been in this House, now going on for some 13 or 14 years.

The Hon. G.F. Keneally interjecting:

Mr MATHWIN: My friend the Minister tells me it is 15 years—how time flies, and none of us looks any older (I speak for him and myself). In the time that we have been here we have become aware of some of the effects of the actions of some of the experts in the Department for Community Welfare, under the cloak of confidentiality, overriding the rights of parents in relation to their children who are minors. This has caused terrible hardship, worry and concern not only for the parents and the family but indeed for the children themselves, and that is shocking. As far as I am concerned, clause 5, to which I refer specifically, is another attempt at bringing down the family unit.

What about young children under 16 years of age? All members of this Parliament would know of problems that have occurred in our electorates in relation to young children of this age from one school or another. I refer to situations where children have started using drugs, marihuana for example; cases have been known where suppliers go to the schools offload the marihuana and load it with hard drugs such as heroin and the like to get children addicted to that. Once that happens it brings with it major problems.

This Bill provides that children will be able to seek treatment without consulting their parents. It can be said easily that parents should know about a problem that exists and should be able to pick it up and realise what is happening. However, that is not the case with some parents, probably through no fault of their own. For example, in a single parent situation the woman or the man of that family may well be too involved and busy looking after the family to pick up the indications that a child is in difficulty. I believe that a parent is entitled to know about a problem and to have the chance to converse with the child and to let a child know that a parent should be the first one to whom a child can turn. Children should be encouraged to talk first to members of their family if they have a problem. If they are worried about their father or their mother they can go to their brother or sister or aunt, but for goodness sake they should first turn to their family—surely, that is the right teaching.

However, this Bill will encourage children who may be worried and concerned about their parents finding out about something to go behind their parents' backs to bare their soul, if you like, to someone else and to receive treatment without the parents having any knowledge at all. That is quite wrong—I am quite emphatic on that. I want to refer to some of the matters that have been brought to my attention, and I refer first to a letter published in the *Advertiser* of 22 July. Written by Mr Tom Jones, of Walkerville, it states:

> On reading the legislation and seeking advice from sources both within the Parliament and elsewhere, I find that it is possible to accept an interpretation which allows, for example, girls aged 12 to receive contraceptives without parents' knowledge, girls aged 14 to be given an abortion without parents' knowledge, and boys aged 15 to have a sex-change operation without parents' knowledge.
>
> These are just three examples of such possibilities. Even allowing that in extreme circumstances there could be cases made for some of these situations, I question the wisdom of such legislation.

Mr Jones has every right to say that, and I support him in saying that. His letter continues:

> An elected Government would be wise not to test the limits and the tolerance of its citizens.

Mr Jones is so right. He made his point so well that even the dullest person, along with many other people in the community, could understand what he is concerned about. When the Minister introduced this Bill in another place, he made a statement which was reported in the *Advertiser* on 11 November. The Bill was introduced last year and has lain on the table for so long that the public was lulled into some sort of sense of security. People outside do not really know what is on the Notice Paper in Parliament. Then, suddenly, this matter reared its ugly head in this House, leave having been refused in the other place for it to be referred to a committee of investigation. In the *Advertiser* of 15 November 1984 the Minister, the Hon. Dr Cornwall, is reported as saying:

> It also sought to clarify the law where emergency medical procedures were carried out on both adults and children unable to consent.

As I said earlier, that is already covered in the emergency medical treatment legislation. The article continues:

> Dr Cornwall said the working party report had said that a single piece of legislation should be introduced to provide minors 16 or over with the ability to give as effective consent to medical or dental treatment as an adult.
>
> This recognised that a minor at 16 was usually able to realise the nature and consequences of any proposed treatment.

Again, I think that is debatable. Not all young children of 16 would know their way about the place: not all children of 16 would know the rights and wrongs of things, the seriousness of their actions and the future effects of their actions. Surely the Minister would not have us believe that he thinks that children of 16 know all about things, particularly such matters as abortion, its after effects not only on other people but also on themselves. The use of drugs also comes into this category. The Minister went on to say:

> The Bill also sought to provide that, where practicable, a minor under 16 should be able to provide informed consent if, in the

opinion of the attending doctor or dentist, supported by a written second opinion, he or she were capable of understanding the nature and consequences of the proposed procedure.

The Minister insinuates that that situation would be well covered if a second opinion was obtained, but that does not always work out. I would say that, generally speaking, within the profession it would be so. However, there are differences. Unfortunately, things go wrong, and I do believe that the consequence of that would be a disaster for young people. For goodness sake, let us allow young people to grow up: let children be children, because they have years and years in which to be adults. For goodness sake let them grow up in their own time and let them have the protection, that they ought to have, of their family unit. For goodness sake, give the kids something: do not force them to make hard, difficult, long-lasting decisions. That is no good in my book: it is pushing the children too far. These days we even expect children in kindergarten to have an understanding beyond their years. They have the right to be children for a fair while, because they are adults for long enough. The *Advertiser* article continues:

Dr Cornwall said the Bill represented a large step forward in the area of consent and aimed to clarify the existing common law, particularly in relation to consent by minors.

That is probably a fair statement. However, I believe that it is a bad Bill, and I will not support it in its present form. I should also draw to the attention of the House some matters that I think are important in relation to this Bill. A letter from Mr Alan Barron, Executive Officer of the Festival of Light, states:

Many people have expressed concern to us about certain sections of this Bill. I refer in particular to clause 5 (2) which enables a minor under 16 to receive medical treatment without parental knowledge or consent. The Bill provides that if a consulting doctor agrees with the treating doctor that the minor needs the treatment and understands the 'nature and consequence'—

that is a far-reaching statement—

of the treatment then the doctor can administer the said 'treatment'. However, what if the 'treatment' is being placed on a drug treatment programme, obtaining contraceptives, or having an abortion? Would you as a parent like to know about this type of 'treatment'? Most fathers and mothers, I'm sure, would like to know so as to help and care for their child's wellbeing.

Of course they would. Any parents would want to know if a doctor prescribed an abortion for their daughter, or contraceptives or special treatment. I believe that parents have that right. We are getting to the stage where it is right for everyone now. The only thing that does not have a right is my dog, and he is a Staffordshire bull terrier, and is making his own right by his might.

The Bill in effect means that any child under the age of 16 could consent to any treatment as long as it was supported by the opinion of two doctors. Other aspects of the Bill smell particularly badly, but clause 5 is the part of the Bill to which I object most strongly. In relation to that clause, the letter from Mr Barron continues:

The important question, therefore, is at what age can a minor understand the full implications of sensitive or serious medical procedures such as the prescription or fitting of contraceptives.

Who is to say at what age a child should have this information from a stranger? He or she may well be an expert but still be a stranger. In relation to the performance of an abortion (the incidence of which has increased dramatically since the Dunstan era, when people became entitled to seek an abortion at will, and now use abortion as a method of birth control), let me quote a few figures. The latest figures for abortion (from 1 January to 31 December 1983) indicate that no girls under 13 years had a termination; four 13 year olds had a termination; twenty-one 14 year olds had a termination; eighty-five 15 year olds had a termination; one hundred and sixty eight 16 year olds had a termination; and two hundred and thirty six 17 year olds had a termination.

To me, they are pretty drastic figures for what I term as juveniles from the age of 13 to 17 years. I believe that they are colossal figures. I am not saying for one minute that there are not special circumstances, because indeed there are. We all know what we mean by that, and I believe that that is their right. However, as far as I am concerned, if one is talking about young girls, or boys for that matter, the parent has a right to be involved in a decision such as that and to give some advice to their children on it and not to be overruled or even to be told about it, as they will be as a result of clause 5.

One wonders on these figures just what the situation will be when young people under the age of 16 years are able to have abortions if they so want with the help of some people in the medical profession if they agree. As I said earlier, this Bill allows children to go behind their parents' back to get treatment, and one can say that the medical profession is responsible. However, members would know that, after the great flow of abortions in the 1970s and 1980s, the word got around with the people who sought abortions and who said, 'All right, go to Dr so and so because he is very sympathetic. He is pretty easy. He will accept the situation.' Most abortions are performed because it is said that there are some psychiatric problems with the person concerned. Therefore, one has merely to get some very over sympathetic doctors and word will get around as to who is most likely to oblige, and that is what will happen. What is more, if the Government comes down to reality it will know that that is what will happen. I am upset because I have some colleagues on the other side of the House who are very fine and reasonable, family people, who care. I cannot understand why they are going into this situation blind folded as they are here by accepting this Bill as it stands.

That will unfortunately be a reflection on them. However, I am very upset, because a lot of my colleagues on the other side of the House support the family unit, are family people, do care about their children and do care about minors: that hurts me even more. One has to look at the best interests of the child. In the letter from Mr Barron, the following appears:

. . . is it that the best interests of a child are served by giving the child whatever he or she wants?

And any parent would know—

The Hon. H. Allison interjecting:

Mr MATHWIN: Precisely—as against what the legal situation is, as my colleague the member for Mount Gambier says. Any parent would know that a child will play him, even at the age of two months or a month. Once a baby gets to know that its parent will pick it up if it cries, the baby has learnt the lesson, as young as it may be. The baby may even be weeks old. Surely, those of us who have had children, nursed them or had them in our family, know that. We know that grandparents spoil them to death, then hand them back to us as parents, and we must run the gauntlet of that and get them back to something normal if we can. So it goes on through life.

We talk about minors in relation to this Bill. They, too, stray off the path. They have great ideas, as we all had no doubt in our younger days, and some of them are very easily led. They get into the wrong areas and the wrong company: it is so easily done. As quickly as a flash they can get on to all sorts of things like the sniffing of glue, the smoking of pot, and all the rest of it. We all know what the problems are.

I remember that when I was taken into the forces my mother said to me, 'For goodness sake, when you get away from home, or maybe some time when you are off for a day or whatever it may be, never go into some stupor and

have tattoos all over your body, because you will regret it.' Fortunately, I heeded my mother's warning. However, some of my colleagues did not, and they lived to regret it very much indeed. It is all very well to be identified while one is on a slab by someone saying, 'Yes, I know who it is,' because one happens to have an eagle tattood on one's chest or whatever it may be. However, that is a bit of a final solution.

I am saying that those things happen when one is younger, and one must be protected by some advice from one's parents, friends and relations. I believe, as I have said before, that it is the right of any member of a family to advise, look after and shield one's children from possible harm that they may befall at any time, because they might make some sort of decision that is wrong. We all know what can happen with abortions and the life long problems that occur with some people. The first people who should be brought into it, who can give advice one way or the other and who are the most reliable, are those within the family. Far too often have we in this House, as has happened with different legislation over the years that I have been here, gradually whittled away at the family unit. That concerns me very much indeed.

The member for Semaphore, (he spoke quite well, and I know him quite well as a family man) said last night that young girls can be on the pill, anyway. Young people can get these sorts of things now. They can get different sorts of treatment now without their parents' consent. Of course, we know the ability of some 15-year-olds to make their own decisions in relation to education. However, the fact that they are now able to get this treatment, that they are able to be on the pill and that they are able to do all these things in theory, I suppose, means, in relation to the argument by the member for Semaphore, 'All right; you are doing it now so do not worry about it.'

I do not believe that one must work on a theory or principle that if one cannot beat them one joins them. That is a silly situation to be in, but it is happening. I believe that we have a responsibility here as members of Parliament to do all we can to help and let the children have a children's time. They should be taken away from the great responsibility of making some very far reaching decisions in relation to the sort of matter that is contained in this Bill. Although I oppose the Bill, I will support it at the second reading stage so that we can get it into Committee. Then we will have our arguments and debate, I suppose, in relation to any amendments that ought to be moved. If that does not happen and if the Government is not sympathetic and has not seen the light, I shall oppose the Bill.

Mr BECKER (Hanson): One of the most beautiful and treasured aspects of human life is reproduction. Regrettably, not all can enjoy that wonderful experience, but those who do cherish dearly the role of parent. Being a parent today, as no doubt in the past, brings challenges, trials and tribulations, yet not one parent would forgo the traumas, no matter how big or small, because they can be overshadowed by the love, understanding and sweetness of life. So, I can understand the need to consider the aspect of this legislation that involves the concern of those who provide the health and welfare services in our community and who believe that there should be some legislation either to protect or to assist those whom we cherish.

Therefore, it is important that we read into the record of this debate, in support of the remarks of my colleagues, the statement of John Porter, Director of the Family Planning Association (South Australia) Incorporated. Mr Porter, in his paper on the legal aspects of adolescent fertility, states:

Frequently, on entering the clinics of the Family Planning Association of South Australia (FPA) it is possible to see young people waiting for consultations. About 30 per cent of FPA clients are under the age of 18, 18 per cent are under the age of 17 and 0.4 per cent are under 14 years of age. The majority are aged 19 to 25 years. These figures present some problems because young people fall into a grey area legally. It is important therefore to review the laws relating to minors in South Australia:

> The age of majority in South Australia is 18 years. This is the age at which a person can vote and join in legal contracts. The age of consent for sexual intercourse is 16 years in New South Wales and Victoria, but is 17 years in South Australia (or 18 years with a teacher or guardian). The age of discretion is 12 years. Between the ages of 12 and 17 years, sexual intercourse is regarded as a misdemeanour (prison not exceeding 7 years). The offence is considerably more aggravated the closer a child is to 12.
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> Sexual intercourse with a person aged under 12 years is a felony (maximum penalty life imprisonment). Any person who knowingly enables sexual intercourse to take place involving a person under 12 years, and does not report this to the authorities, may be charged with misprision of felony. This, however, is virtually a dead letter. According to the Australian Federation of Family Planning Associations' legal adviser (Ms. Lesley Vick) there has been no prosecution arising from a doctor's preservation of his or her patient's confidence. Vick claims that in the unlikely event of such a prosecution arising, there would be several effective defences. Thus, speculation in this area seems to be without substance. There is no such equivalent offence concerning a misdemeanour.

Although the age of consent for sexual intercourse in South Australia is 17 years, the claim that the provision of contraceptives constitutes aiding and abetting the offence of unlawful sexual intercourse seems to strain language to breaking point. Over the years, the Association has obtained legal opinions from the Crown Law Office and the Attorney-General. Several years ago, a senior Crown Law officer confirmed earlier opinions that it would be almost impossible to bring a successful legal action against a doctor acting in good faith, and that the likelihood of prosecution is low. Nevertheless, under the present law there remains the remote possibility of legal action being taken. This would be the case if a doctor, or any other staff member, advised the young person as to the commission (that is, told that person to commit) of the offence or knowingly gave assistance to a person to commit the offence. They would then be liable to prosecution.

The South Australian Crown Law officer wrote: 'the offence itself is to be distinguished from supplying advice or devices in order to prevent the possible consequence of the commission of the offence'. In another communication the Attorney-General stated:

> Although a member of the Association may induce the offence to be committed by supplying contraceptive advice and devices to an under-age person, in my opinion this would not be sufficient to bring that member within the scope of counselling or procuring the commission of the offence. Therefore in my opinion, provided a member of the Association did not advise or encourage the commission of the offence itself, but simply gave advice as to the possible consequences if such an offence were committed, then the member would not commit an offence.

It is therefore extremely important how the staff of the Association talk to young people, and the FPA has definite policies in this area. Clinic staff always stress to young people their responsibilities to themselves, their parents, their partners and to society. They are informed of the laws concerning sexual intercourse and the dangers of venereal disease, and they are always encouraged to talk to their parents about their visit to the Family Planning Association. They are reassured that there are always members of the staff who are ready and willing to talk to their parents if they wish. Some of the clients who are minors do not wish to inform their parents that they are sexually active and are using a supervised method of contraception. The policy of the Association is to ensure complete confidentiality, as is the case in all correct medical practice, whatever the age.

Here the FPA agrees with the view of the Australian Medical Association (South Australian Branch) which, in August 1978, defended the right of doctors to prescribe contraceptives to people under the age of consent. In the Adelaide *Advertiser*, Dr W. Lawson was quoted as saying that in normal circumstances most doctors would advise any minor seeking contraception to discuss the matter with parents. However, there was clear legal precedent to show that there was a primary obligation to the patient. The handbook of medical ethics produced by the British Medical Association does not refer specifically to minors and contraception but in referring to minors and abortion the following statement is made:

> If a girl under the age of 16 requests termination without her parents' knowledge, the doctor may feel conflict between his duty to confidentiality and his responsibilities to the girl's parents or guardian. This cannot be resolved by any rigid code

of practice. The doctor should attempt to persuade the girl to allow him to inform her parent or guardian, but what he decides to do will depend upon his judgment of what is in the best interests of the patient.

The question of a minor's capacity to consent to medical treatment and at what age is also vexed. The actual age for consent to medical treatment is not specified in this State, nor is it in Victoria, but it is in some other States and countries, for example, the English Family Law Reform Act of 1969. So, in South Australia and in Victoria the position has to be assessed on the basis of broad legal principles. As yet, no case has ever been brought in this State against a doctor for treating a minor without the prior consent of the parents.

There was a Bill before the South Australian Parliament, the Minors (Consent to Medical and Dental Treatment) Act (1977), which was to be introduced by Ms Anne Levy.

The Hon. Jennifer Adamson: Members of the present Government voted against it.

Mr BECKER: Yes. It is interesting that the member for Coles should remind me that members of the present Government opposed that Bill. Indeed, on 20 September 1978, the then member for Morphett (Mr Groom), who is now the member for Hartley, said (*Hansard*, page 1052) in his opening remarks:

From the outset I make it clear that I will not support the second reading of this Bill. I propose briefly to set out some of the reasons for the view that I have adopted. First, I do not believe that the common law is so unclear as to make this legislation necessary.

I will proceed to explain my understanding of the common law.

I will be very interested to see what the member for Hartley does in relation to this Bill.

Mr Baker: He had a marginal electorate then.

Mr BECKER: Morphett was a marginal electorate in those days, whereas Hartley is a little safer. It was not untouched by the recent redistribution of boundaries but, even so, it is interesting to note where the honourable member stands so far as his moral conscience is concerned. The following statement was made concerning the Hon. Anne Levy's Bill:

This Bill aimed to set the age of consent for medical treatment to 14. This would mean that if a person under this age were treated without parental consent, then it would be possible for a doctor to be charged with assault, but would clear the possibility of a charge for treating a person over the age of 14 years. The Bill was subject to a Select Committee, and submissions were made to that committee. It appears to have sunk without trace, and so we are still left without legal precedent. The general view appears to be that effective consent can be given by any patient, including a minor, who is capable of understanding the nature and consequences of the proposed medical treatment and of reaching a sound and reasoned decision to undergo treatment, that is, the 'Emancipated Infant' or the 'Mature Minor' rule. Matters to be taken into consideration when assessing this include pressure from other people, the patient's intelligence, knowledge about sexuality in general and about the implications and risks of contraception or abortion, the extent of the patient's independence (living at home, etc.), but in this grey area the question to be answered is: 'Is the patient capable of forming a sound and reasoned judgment on the matter to which he or she is asked to give consent?'.

I still find difficulty in reading this piece of legislation alongside the Minister's interpretation and the previous legislation considered in 1978. It is a very difficult, complex and emotive topic. The simple question is: is the patient capable of forming a sound and reasoned judgment on the matter on which he or she is asked to give consent? I will deal with that matter later in the debate. The statement I have been quoting continues:

As stated earlier, it is the policy of the FPA to ensure complete confidentiality to its clients; this, of course, is also the case for minors. Theoretically, it would be possible for a doctor to be liable to an action for defamation or breach of contract if he or she disclosed information to a patient's parents against that patient's wishes. Lesley Vick concludes that damages probably would be nominal; and the younger the patient, the less likely a court would be to imply a contractual term of secrecy. Essentially, the practical issue is one of professional ethics, not law. On the other hand, if we consider the liability of the doctor to the parents, it would be difficult for the parents to bring an action against the doctor. This is because the doctor/patient relationship normally establishes a separate contract with that patient.

Although in many places the law is imprecise, this could, in some ways, be an advantage because it adds flexibility. In conclusion, any doctor who acts with his or her patient's consent and according to his or her conscientious assessment of the patient's interests, has little to fear from the law.

Of course, that further strengthens the earlier statement, which reads:

As yet, no case has ever been brought in the State against a doctor for treating a minor without the prior consent of the parents.

There is no doubt that the Minister also had difficulty in reaching some decision in relation to this legislation. As has already been mentioned and as is indicated in his explanation, the Minister established a working party to examine the whole issue.

The Hon. Jennifer Adamson: With very narrow terms of reference.

Mr BECKER: Of course, the Minister is known for that: that is one of his tactics. He claims as one of his successes the fact that he is a very aggressive and overly protective Minister in the health portfolio. I do not refer to the Minister at the table, but to the Minister of Health in another place who is an expert at setting up so many of these committees.

So, the working party was asked to look at the area of consent by and on behalf of intellectually handicapped persons as well. That is not covered in this legislation. The Minister said:

This area will be the subject of a Bill to be introduced later in the session, which I propose to refer to a Select Committee for consideration.

That is an excellent idea—to consider that part of one of the problems that we have in our society today. However, as this legislation goes through (as it may well do) I take it that no-one is exempt from it. So, it will apply to anyone—doctors, social workers, psychologists and psychiatrists, or whoever (as stipulated in the Bill) purports to have a reasonable knowledge and understanding of the procedure.

The Hon. Jennifer Adamson: Just doctors and dentists?

Mr BECKER: Yes, but it can be a wider spectrum than that. Two doctors will make a decision if time is on their side, depending on what is involved. However, their defence could well be corroborated by their being able to say that they obtained additional advice.

There is a huge problem so far as intellectually disabled persons are concerned. One could define very easily a certain percentage of the intellectually disabled, but there is another area—that grey area—in which many people are placed simply by virtue of their disabilities or IQ level (and measuring an IQ level at a particular time seems to categorise these people). I am awfully suspicious that the legislation as presented to us could very well pave the way for those people to be included for certain surgical treatment or procedures. I think that the member for Glenelg mentioned cosmetic surgery in relation to tattoos.

As the Minister at the table (the Minister of Tourism) would know from his experience, this area is causing some concern. I refer to juvenile offenders and juveniles within the community generally who might one week have a tattoo of some kind applied and the next week want it removed. Very cleverly they can persuade the medical profession that if the tattoo is not removed they may well take other measures which could cause a lot of harm to themselves and which could even be fatal. Some of the younger generation are well versed today in proposing certain actions which would put fear into a genuine medical practitioner who, on his assessment, would believe that the best interests of those concerned would be served by removing the tattoo.

Some people would believe that not a great deal of harm would be caused by that action, but it still gets down to being able to do something and making certain decisions. So, we go further than that, and we look at life itself. I refer further to Porter's *Legal Aspects of Adolescent Fertility,* and one area that worries me very greatly is the incidence of incest within the community which has reached horrendous levels, in my opinion. Where does a young girl stand in that respect?

Organisations have been established and supported by the Government to assist women—the victims and also the mothers—but there is always the terrible fear of the mother finding out and action being taken against the father. For that reason I see some merit in the legislation: some of these young girls would be in a position to make a value judgment.

The Hon. Jennifer Adamson: They can already go to their doctor.

Mr BECKER: They can.

The Hon. Jennifer Adamson: And seek treatment.

Mr BECKER: I agree with the member for Coles, but I wonder whether this legislation as now presented is the total answer. It is all very well to put this in legislation one way or another, but to do it in simple layman's terms and to be able to cover what we want to do is the real problem. That is why I come to clause 3, where we see that 'minor' means a person less than 18 years of age. There is no age limit and it is quite right that some girls at 12, 13 or 14 years are extremely mature whilst others at 18 are immature.

Mr Mathwin: That is right—no two are the same.

Mr BECKER: Yes, I agree with the member for Glenelg. I do not know how in all conscience one can protect these young people. I have problems with that clause. Clause 5 is also causing much worry. It has been covered by my colleagues, and relates to consent for procedures carried out on minors. We could get the hypothetical situation of behavioural problems which can in some severe cases be treated surgically. We can also have instances of shock treatment. I am not aware of statistical data in relation to minors being subjected to shock treatment, but the idea is abhorrent. That could well be a case with institutionalised people being under the care or the Guardianship Board. It may or may not be considered in a person's best interests that the decision be made by guardians to subject that person to such treatment and it may fail. I am not convinced that it is a successful method of treatment, and has terrible side effects, as do all surgical procedures and all medical treatment. There are side effects, and nothing in this legislation covers that aspect of it.

Whilst the doctor again may argue that he gives an informed judgment or decision, our medical profession is found wanting when it comes to explaining and communicating with patients. I speak with a considerable amount of knowledge in this respect. A general practitioner will give a round description and one is then referred to a specialist, who will go on with his little bit of jargon. Unless one thumps the table and demands to know exactly what the specialist is talking about—and one has to be sharp enough to ask about side effects and ramifications—then one will not always be told. Some medical practitioners and specialists in Australia are very lax when it comes to fully explaining surgical procedure or medical treatment. How some of these people are going to pass on this knowledge to minors worries me, because I find that they often have difficulty communicating with their peers. Some specialists have trouble communicating with general practitioners, let alone with the average citizen.

Many members in this place would have had some experience with a specialist and would probably have gone out from that surgery and thought that they should have asked this, that or something else. How will a minor, with very limited experience of life and general knowledge, be able to know exactly the ramifications of surgery or medical treatment? It is extremely important, because the effects could lead to psychiatric problems. In such cases intensive counselling has to be brought in to help them overcome the shock or impact of the treatment.

I could speak for hours on treatment in emergency casualty sections. I understand and appreciate the protection that the medical profession needs. I was faced with a crisis situation of my son having an accident at 8.30 a.m. and my not receiving a phone call until 5 p.m. to obtain consent to operate on him: he had a broken neck. I said that I would like to see him before he went under the general anaesthetic, and got to the hospital within 15 minutes, but he had already gone into surgery. He did not come out until 9.30 p.m., when I was told that the situation was worse than anticipated as they had decided to fuse to the third and fourth vertabrae a piece of bone that had been taken from his hip. My son was starting to come to, but by then it had become an awfully long day.

In this case the surgeons went ahead. Whilst the surgeon had my approval, we were not sure of the extent of the injury. Thank God the operation was done skilfully at the Royal Adelaide Hospital, and my son was left with few side effects. The situation could have been that my son had been placed in the care of the Guardianship Board of the institution in which he was a resident. The decision may or may not have been made, but to go from 8.30 a.m. to 5 p.m. without being taken to the doctor's rooms, to an X-ray, a hospital, and so forth, makes one wonder at the skill of some people who are now seeking these amendments.

I refer to semi-qualified people who have been pushing very hard for this sort of legislation. I can understand and feel for other parents whose children are institutionalised and who have been faced with decisions and recommendations from medical practitioners, social workers and psychologists as to what should happen to their children. It must be a terrible strain to recommend that your child be sterilised for various reasons. That is why we must be extremely careful, because we are dealing with human life at a very early age. Some children are extremely mature at 13, 14 or 15 years whilst some at 18 or 19 years can still be very immature. We are dealing with human beings—with creatures whom we all love. I do not think that anybody would want to see anything irreversible happen to them.

Mr GUNN (Eyre): I do not wish to delay the debate, but I shall make two very brief comments. First, I am concerned that, if this legislation is passed through the Parliament without amendment, minors will be permitted under certain circumstances to have medical procedures performed on them without the knowledge or consent of their parents. This decision, in my judgment, is one of the most serious matters to which the Parliament can give its attention.

Let me make very clear that I do not object where a minor's life or health is at risk: where there is an accident, of course, common sense has to apply. In cases where people, because of religious convictions, do not approve of recognised medical practice and wish to deny their children the opportunity to have a lifesaving procedure performed on them, I believe a medical practitioner or dentist should have the right to go ahead. I am of the view that as a matter of principle parents ought to be consulted, particularly in cases of elective surgery being performed. A considerable number of people have approached me about this matter, and so have local government bodies.

I support the stand taken by many of my colleagues in relation to this matter. There is no worthwhile purpose to be served by my repeating what has been said. However, I

want to put on record my views, and I sincerely hope that the Minister will consider what has been said. I personally would like to see in the legislation a sunset clause so that Parliament in a few years can look at it again. It is a matter that has stirred emotions and people have taken strong exception to some of its provisions, although some of them are quite necessary. I have tried to look at it as a reasonable person and as a parent, but I would be most upset if one of my children went to a medical practitioner or dentist and that person carried out procedures upon my child without discussing the matter first with my wife and me. My colleagues have covered this topic capably and at great length, so I do not want to say any more at this stage.

Mr MEIER (Goyder): I wish to draw to the attention of the House some aspects of this Bill that were put forward in another place, because I think it is worth considering how the Bill is being treated by the Government. It is interesting to note the comments that were made in another place by the Hon. Ms Anne Levy, who apparently was the person instrumental in bringing the original draft legislation into this place six or seven years ago. Her arguments, I think, are ones which, in many cases, need to be given consideration. They were considered by a Select Committee at the time, and I feel that her reasoning certainly should be noted. Ms Levy said:

> My interest in the whole area began when I was approached by a constituent with a particular problem. A 17-year-old girl who did not get on with her parents had left home and was living in a house with a group of people. She was employed and was fully self supporting, self sufficient, and obviously capable of managing her own affairs. She found that she had a lump in her breast. A biopsy revealed that the lump was non-malignant and there was no question of her life being threatened if nothing were done. However, the medical advice was that this lump should be removed but, because she was 17 years of age, the doctor to whom she went refused to operate on her without parental consent. She went to her parents, with whom she had had no contact for quite some time, to get their permission to have this lump removed from her breast. Her parents refused to give permission.
>
> It seems incredible, but that was the situation in this case. We had, to me, an intolerable situation that a medically recommended procedure could not be undertaken until this girl turned 18 years of age. She was going to have to spend the best part of 12 months with a lump in her breast, although the doctors had recommended that the lump should be removed. It was my contact with this case that led eventually to my introducing a private member's Bill in 1977.

Each one of us would appreciate that an example such as this highlights the inadequacies in the law as it presently stands. I acknowledge that it is necessary to address ourselves to overcoming a heart-rending—it could have been fatal—situation such as this where parents for whatever reason refuse to give their consent. That is on the one side. On the other side, however, we are faced with the situation where responsible parents could well be deprived of a say in their children's seeking medical help or a medical operation for something that in the parents' view and possibly in the view of the total family situation should not proceed. There is no doubt that the most obvious example to cite is that of a possible abortion.

This is what, above all other things, makes me oppose this part of the Bill, because it comes back to a simple debate on the merits of abortion. This legislation is stating, 'Look, we will not only allow adults or people above the age of 18 years at present to have an abortion but we will also take that lower and lower.' I have no reservations in saying that abortion is murder and that, therefore, this Bill is simply legalising murder for a wider group of people in our society. I firmly believe that it is a difficult enough subject already for people, be they 18 years, 25 years, or whatever age.

Many members would have read of psychological problems that women who have had abortions have encountered in later life. The full results are not known today: they may not be known for many years to come. However, to say that children virtually can make a decision on a matter such as this is unequivocally wrong. It seems that our society is quite happy to kill the unknown—the unborn. It is much easier to do away with something that is not wanted. If a girl of 14 years gets pregnant, it will cause an embarrassment to the family: there is no question about that. If a child is the result of that pregnancy, it will probably cause hardship as well as an unwanted child. So, our lifestyle dictates that the best way is to kill. Thankfully, we have not reached the stage of saying that people who are born with birth defects and who, therefore, are perhaps a liability to the family should be killed.

We have not reached the stage of saying that people who suffer tragic accidents and become paraplegics and quadriplegics should be killed, although they can be a trauma to their family and perhaps to themselves, but we are saying it in the case of abortion. It is essential that parents continue to have the say in matters such as this—for example, in relation to a 14 or 15 year old girl who cannot understand the full consequences.

That leads me to the next point, namely, that unfortunately this aspect has to be gone into further. I wish I could say that I have the perfect amendment to cater for this problem, but I will be honest and say I do not have such an amendment. Perhaps a lack of time and adequate consultation with other groups is part of the reason, or perhaps because this problem has been around for so long there is not a easy answer. I do not think that the problem is insurmountable, but I consider that this Bill—if not in its entirety then at least its controversial parts—should have gone to a select committee for further examination.

It is interesting to note some of the things that were said in another place. The Hon. Mr Burdett made the following statement:

> ... I think the Bill is important (and there is no question about that) and because I believe it is controversial and it contains quite a number of complex elements which need careful consultation and thought... It seems to me that it would be appropriate to refer the present Bill to a Select Committee.

The Hon. R.J. Ritson, who spoke in support of the Bill in most areas—

The Hon. Jennifer Adamson: Only to the second reading stage.

Mr MEIER: Yes. He acknowledged that there were many positive things in the Bill. He said:

> There are two advantages of putting this to the Select Committee; first, the best possible professional advice can be received by the Parliament, and, secondly, it gives an opportunity for groups in the community with particular ethical or social attitudes to some aspect of the Bill to have their input into the democratic process.

The Hon. Diana Laidlaw—

The Hon. Jennifer Adamson: A very good speech.

Mr MEIER: As the member for Coles has pointed out, it was a very good speech. I will not go into detail, but she said:

> I believe that there is some common sense in the suggestion put by the Hon. Mr Burdett that this issue is a twin to the issue that we earlier referred to a Select Committee; namely, the Mental Health Act Amendment Bill, and I consider that they should be considered together.

In other words, it should be referred to a Select Committee. The committee was already set up for the—

The SPEAKER: Order! I must draw the honourable member's attention to the fact that, if he is quoting directly from debates in the Council, that is out of order. He may summarise the thrust of the arguments, of course.

Mr MEIER: I could continue with other examples to show that other members felt that the Bill should go to a Select Committee. It was disappointing to note that the

Government in the other place did not agree with the suggestion. We know that members of the Democratic Party or Independents, whatever they call themselves, would not agree to a Select Committee.

Mr Mathwin: Independents.

Mr MEIER: It is funny that the member for Glenelg says that they call themselves Independents. It often seems to me they do not want to upset anyone, and one votes with the Liberal Party and one with the Labor Party. It would probably make it a lot easier—

The SPEAKER: I think the honourable member is now straying from the Bill.

Mr MEIER: My main point is that the Government, because of the Democrat support, would not allow the Select Committee to go ahead. It appears from the areas that I have pointed out that this would have given adequate opportunity for all groups to put forward their points of view. Most, if not all, members would have received yesterday a letter and detailed graph from the Festival of Light; earlier speakers referred to it. That group is concerned with many aspects of the Bill.

I know that in the Select Committee six or seven years ago the Festival of Light put forward its point of view. The Hon. J.C. Burdett referred to this in the debate. Members of the Catholic Church have expressed reservations, and members here have had representations from individuals and groups expressing reservations.

Mr Mathwin: Most have.

Mr MEIER: In fact, the member for Glenelg says most of the churches have expressed reservations about this Bill. If one looks at the offending clause 5 (if it can be called that), one sees that one of the aspects in relation to consent by minors under 16 years of age is that they are capable of understanding the nature and consequences of the procedure. That is something that medical practitioners will have to take into account if they allow a minor to have medical treatment without parental consent.

The second aspect is that the procedure is in the best interests of the health and wellbeing of the minor. Although I am not a trained lawyer, it would seem to me that the suggestion that the minor is capable of understanding the nature and consequences of the procedure is fraught with legal difficulties which would be very subjective, and I cannot see how it will protect medical practitioners to decide that a minor understands what he or she is undertaking.

I refer to the case of an abortion. What happens if after 10 years a girl starts to experience psychological disorders which can be directly traced to an abortion that occurred at the age of 14 or 15 years? Will that person be able to sue the doctor, assuming that the doctor is still alive, or is it too late? One of the main arguments put forward for this Bill is that it will clear the air for medical practitioners in relation to the lack of legislative terms that currently exist. I question whether it will clear it up. It is putting new words in. Will the piece of paper containing the consenting signature be able to stand up in court? In this day and age the question has already been raised whether signatures of adults, could, if something went wrong, mean much in a court of law. Reference has been made to many examples where signatures authorise something but, when it comes to the actual point, they do not seem to carry much weight.

Therefore, that argument is not what it has been held out to be. It still leaves many loopholes. Regarding a procedure being deemed to be in the best interests of the health and wellbeing of the minor, I refer to the same example. Will doctors' personal beliefs equate with those of the person involved? It is a complicated area. I recognise, as I pointed out first in relation to the Hon. Ms Levy in the other place, that exceptional examples can be cited, but is it necesary to amend our laws to cater for a few people? I suppose that we have to consider them to some extent, but this worries me in a case such as pornography, for example, and it has been mentioned lately in relation to videos. The argument is put forward so often that there is a small minority that wants to see it so that we should make it available generally and that those who do not want to see it do not have to do so.

Mr Mathwin: If you can't beat them, join them.

Mr MEIER: Yes. We have seen over the years how these things seem to have grown and people think that they have had their civil liberties taken away from them. What is our society about? Overseas, where there are more directives, people appreciate it much more, although I suppose that is one of the advantages or disadvantages of our democratic society. We use democracy when we want to; when we feel it does not suit us, we try to eliminate it.

I guess from that point of view the Government can be given credit for trying to allow democracy to run its normal course so that minority groups, including under-privileged children, do have the required medical help available. So, once that area is opened up one also immediately opens up the possibility of the stable family being undermined by the very same legislation. Therefore, in the long run are we really helping society? I believe that, in view of certain examples here, the answer is definitely that we are not.

I hope that the Government even at this late stage will reconsider these matters, particularly the provisions contained in clause 5. I hope that that clause can be amended so that the fears I have expressed can be removed. The Minister of Tourism, representing the Minister of Health in another place, referred yesterday to a Bill that he introduced as Chief Secretary and to his comments about our having an opportunity to raise a matter later if we do not like something. We took advantage of that yesterday, although we would have preferred not to. It seems to me that on this occasion a similar argument could be put forward, acknowledging that the Bill is not perfect, that there are some flaws in it, that there will be some hassles, but that it is the best that can be done, and we can think about it in the future. That worries me.

Had this Bill been referred to a Select Committee in the first place, we could have ironed out some of these things so that the Bill could be passed in the best possible form. Many members have raised objections to aspects of the Bill as it stands: time will tell whether those objections are valid. I had intended to refer to other aspects of the debate in the other House but, as it has been pointed out to me that that is not the done thing here, I will not do so. I oppose the Bill because of clause 5 as it exists, and must oppose the Bill as a whole unless the Government agrees to remove that clause, with which we can deal further in Committee.

The Hon. G.F. KENEALLY (Minister of Tourism): I thank members for their contributions to the debate. It is quite clear that members opposite hold very strong views in opposition to the intent of the Bill, and in support of their view use the argument that they are pro-family. Government members hold equally strong views in support of this Bill. In no way do we accept the charge that we are anti-family. Underlying the comments made by members opposite was the suggestion that members of the Government have no consideration for the family unit at all—

Mr Mathwin interjecting:

The Hon. G.F. KENEALLY: —with the exception of the member for Glenelg, who did say that some members on this side of the House were good family people. Every member on this side of the House is a parent and has consideration for their children and other children, and we have all considered the legislation. The fact that we have come to a view which differs from that held by members

opposite in no way reflects on their sincerity or the sincerity of Government members. One of the compelling reasons why legislation of this nature should come before Parliament is that the world is not as members opposite would suggest it is. If families and family groups were as they describe them, there would be no need for this legislation. However, the truth is that, regrettably, the families in today's world are not as members opposite describe them. I am not sure if they ever were, but they certainly have not been for many years. Whilst there are many close-knit family groups, there are also many family groups that are not.

If a young child under the age of 16 years has to go to a doctor to seek medical treatment and does so without first discussing their medical needs with their parents, that says a lot to me about the parents. A child having to go to a doctor to seek advice or treatment, not wanting their parents to know about that, greatly reflects on the relationship that exists between that child and the parents. Where there is a very close and trusting relationship between parents and children, the capacity to discuss these problems is more readily available. One of the speakers in the debate suggested that we are giving authority here to the Government that rightfully should belong to parents. Of course, that is not true. The Bill seeks to provide assistance for a child under the age of 16 years who has need of medical attention. That need has to be vouchsafed by two medical professionals—two doctors or two dentists—before a child can receive treatment.

The Hon. Jennifer Adamson: They already have it.

The Hon. G.F. KENEALLY: The honourable member is saying that without parental authority children under the age of 16 years can go to a doctor and receive whatever medical attention they need?

The Hon. Jennifer Adamson: They do.

The Hon. G.F. KENEALLY: We know that they do. We all know how they can say that they are over 16 years of age, and the doctor therefore meets their medical needs. Obviously, members in this place hold strong opposing views on this subject, and I do not think that all the debate in the world will change those views, so I do not intend to prolong the debate. However, I want to acknowledge the point raised by the member for Elizabeth, who said that, between the time when this Bill passes both Houses (if that occurs) and is assented to and when the Select Committee set up to investigate the Mental Health Act reports, there will be an interregnum when mentally ill or mentally handicapped people will not be covered by appropriate legislation. We acknowledge that and assure the member for Elizabeth that at the appropriate time we will give notice of forthcoming action to overcome that situation.

Obviously, the Government supports this legislation, otherwise we would not have introduced it. We acknowledge the strong and genuinely held views of Opposition members. I do not challenge their right to hold those views. They have used the democratic system wisely in putting on record the reasons for their opposition. There is no need to put on record the reasons why members on this side support the Bill. Obviously, they do support it, so the criticisms expressed by Opposition members concerning Government members not taking part in the debate are not relevant. I ask all members to support the Bill. In some sense it is a Committee Bill, so some of the more important objections of members opposite will again be addressed in Committee.

Bill read a second time.

In Committee.

Clause 1 passed.

New clause 1a—'Commencement.'

The Hon. G.F. KENEALLY: I move:

Page 1, after line 13—Insert new clause as follows:

1a. (1) This Act shall come into operation on a day to be fixed by proclamation.

(2) The Governor may, in a proclamation fixing a day for this Act to come into operation, suspend the operation of any specified provisions of this Act until a subsequent day fixed in the proclamation or a day to be fixed by subsequent proclamation.

This amendment was circulated last evening. The Government has accepted the suggestion of the member for Elizabeth that a provision be inserted in the Bill to allow for the Act to be proclaimed so as to overcome the interregnum that exists between this legislation and the mental health legislation that has been referred to a Select Committee. Both Bills were intended to be cognate Bills, and it was hoped that they could pass together. However, that has not been the case, so the Minister intends to hold for a reasonable time the proclamation of this legislation while waiting for the Select Committee to report, so that both Acts can be proclaimed together. If there are difficulties in respect of the Select Committee, the Minister may have to exercise the option that is available to him. I understand that the new clause is supported by the member for Elizabeth, and I ask other members to support it.

New clause inserted.

Clause 2 passed.

Clause 3—'Interpretation.'

The Hon. JENNIFER ADAMSON: Clause 3 is extremely important to this Bill because it defines 'dentist' and 'medical practitioner' and the procedures that they undertake. Medical and dental practitioners are defined as persons who are registered under their respective Acts. As I said in the second reading debate, the whole philosophy of those Acts is central to the operation of both professions, and therefore to the backbone of this Bill.

In the Minister's soothing second reading reply, he did not address himself to the substantive arguments put by Opposition members. Certainly, he ignored the point made in respect of the inadequate attempts by this Bill to define 'consent' almost as if doctors and dentists themselves in their practice did not know the meaning of 'consent'. If that is the position, I submit that the operation of the Medical Practitioners Act and the Dentists Act is somehow or other deficient, because those Acts, under which practitioners are registered, are designed to ensure the maintenance of proper standards of clinical and ethical conduct, and consent is one element bound up with ethical and clinical conduct. It should not be necessary in other legislation to further define the way in which practitioners conduct themselves on an issue so basic as that of informed consent.

As I and my colleagues said in the second reading debate, the common law already covers this aspect. Interestingly, that eminent lawyer on the Government side (the member for Hartley), when speaking on a similar Bill that did not go nearly as far (I refer to the Minors Consent Bill, 1978), stated unequivocally that that Bill was not necessary because the common law already protected the practitioner and there was therefore no need to define 'consent' in the way in which that Bill defined it. If there was no need in 1978, I see no dramatic change in the situation: on the contrary, the public and professional awareness of consent is at a much higher level now than it was in 1978. Therefore, there is even less need now for this legislation than there was in 1978 when the member for Hartley (then the member for Morphett) and some of his colleagues opposed this whole concept.

Is the Minister or the Government in any way concerned about the inadequacy of the Medical Practitioners Act and the Dentists Act? If the Minister is not concerned, why does the Government now propose to legislate to tell doctors their own business; in other words, to define for them in a legalistic way what 'informed consent' means, when any

professional in either of those professions should be aware of the ethical and clinical meaning of 'informed consent'?

The Hon. G.F. KENEALLY: As the honourable member has explained, we are codifying currently existing practices. She has also explained what 'consent' means. There is no criticism that the current legislation controlling medical practitioners and dentists is deficient in this area. However, in this Bill we have expressed the meaning of 'consent'. The honourable member may ask, 'Why should we do it?' I would reply, 'Why shouldn't we?'

The Hon. JENNIFER ADAMSON: What a feeble response! I ask, 'Why should we do it?' and the Minister replies, 'Why shouldn't we?' For goodness sake!

The Hon. G.F. Keneally: What are your arguments? **The Hon. JENNIFER ADAMSON:** Did no member opposite listen to anything that members on this side said? Certainly, no Government member contributed to the debate. I refer to the Minister's defence of his colleagues when he said that they need not say anything because they supported what the Minister said. Despite the Minister's statement that this is not a contentious issue, the Bill clearly is a contentious one.

The Minister knows full well that it is quite unusual for the Opposition to oppose the Government's legislation. It is not a frequent occurrence and when it does happen it is on a contentious matter. This is a contentious matter and there has been precious little by way of substantive argument put up by the Government in support of this legislation. Certainly, nothing was put up in the second reading stage by the Minister's colleagues, the members of the Government.

Absolutely nothing was put up in the Minister's second reading reply, other than a defence of his colleagues in respect of their attitudes to the family. From my hearing of the debate, I do not believe that any member on this side cast any aspersion whatsoever on any member of the Government, either in a personal sense or in terms of their attitude to the family. We did say that the outcome of this measure would be adverse to the family. Of course, that is the basis of our whole argument: Government members may choose to look at this from a different perspective. However, no-one cast any aspersions whatsoever on any member of the Government in respect of their attitudes to the family, nor did we ignore at any stage the obviously inadequate situation of some families. There was no glamorised, idealised concept of the family in the arguments that the Opposition put to the House. We outlined the ideal, we acknowledged the real, and we acknowledged that the ideal will be severely damaged, in our opinion, as a result of this legislation.

If I hear correctly, the member for Mawson is dismissing these arguments as ridiculous. I invite her to stand on a public platform, preferably in one of the schools in her district, and state to the mothers and fathers of those children that these arguments are ridiculous. I think that she would find very little support for that assumption from an audience of parents in her district. The definition clause, which defines medical practitioner and dental practitioner in terms of people registered under their respective Acts, highlights the lack of purpose of this Bill.

Those Acts in themselves should be sufficient and have been sufficient in the past. They are even more likely to be sufficient now, because they are both updated Acts and excellent Acts which the Opposition fully supported. They are extraordinarily comprehensive in terms of their monitoring and control of conduct of members of those professions. As a result of those excellent registration Acts, this legislation, I submit, is quite unnecessary and redundant in terms of both the aspersions it casts on professional competence in this State and the fact that it is simply not necessary to enact into legislation common law which has provided a flexibility that has served the State well. If the Minister had listened to the contribution of the member for Hanson he would have heard that the Family Planning Association has seen great merit in the flexibility which has operated in the past and which will be limited in the future by the operation of this Bill.

The Hon. G.F. KENEALLY: I will respond to one or two or the points the honourable member has made in a rather point scoring effort. First, I pointed out at the end of the second reading debate that this was a Bill, the important aspects of which would be dealt with in Committee, and so they will; so there was no need for a long rebuttal of the points made by honourable members opposite at the second reading stage because they will make the points again in Committee. There is no doubt about that. The honourable member says that this is a contentious matter. It is for that reason that legislation needs to be introduced. Consent is one matter that needs to be spelt out.

To indicate the difference between the attitude taken by members opposite and that of the Government members, the honourable member suggests that because we are spelling out consent in this legislation that is a reflection on the integrity of medical and dental practitioners in this State. It is quite the opposite: we are providing for medical and dental practitioners a protection because there is uncertainty in the law regarding consent in relation to minors. The people who are concerned about that uncertainty are medical and dental practitioners. It is unfair to expect doctors to work in an area in which there are no clear legal guidelines. People opposite cannot suggest that because there is no litigation before the courts no problem exists within the community.

It is already very clear, as I said earlier, that the differences we hold are fundamental and extreme. We can argue here until we are blue in the face, yet I expect that we will not change that. This Bill intends to provide that where a child's health is threatened (not necessarily life-threatened) medical treatment is available. I am certain that we will go through this same debate on clause 5. However, I ask the Committee to support clause 3, because the honourable member who speaks to it and who has drawn attention to the matter will obviously vote against the clause or something in it.

Mr MATHWIN: What does the definition of minor mean: a person who is less than 18 years of age? How far does the Minister anticipate that this will go? How does that definition relate to what the Government intends?

The Hon. G.F. KENEALLY: The definition of a minor is as it appears in the Bill— a person under the age of 18 years. Clause 5 clearly explains the exceptions that this Bill will provide for people under the age of 18 years which, in law, is the age of majority. So, anyone under 18 is a minor. Clause 5 will deal with those matters relating to people under 18 years.

The Hon. H. ALLISON: Before I ask the Minister a question relevant to clause 3, let me say that I suspect that he speaks with forked tongue when he says that he accepts that this Bill is controversial in nature and that there is a contentious matter before us, yet in his second reading explanation at page 2768 of *Hansard*, dated 21 February 1985, he said that this Bill is not controversial in nature. He has changed his mind since his second reading explanation.

The Hon. E.R. Goldsworthy: He says it is radical, yet his second reading speech says it is not radical.

The Hon. H. ALLISON: It is quite obvious that the honourable member has a personal conscience but from the point of view of administering the Act through this House he has been brainwashed by his Minister in another place. Clause 3 defines 'medical procedure' in the following terms:

... means any procedure carried out by, or pursuant to directions given by, a medical practitioner in the course of practice as a medical practitioner.

The following definition of 'minor' is also contained in this clause:

... means a person who is less than 18 years of age.

Another issue is the age of consent. Depending on circumstances, that can be interpreted as being a child of 17 or 16 years of age. However, under the terms of this legislation if a medical procedure is carried out at the request of someone under 17 or 16 years of age which may relate to provision of contraception or abortion (for a girl), is the medical practitioner aiding and abetting in the commission of an offence? It seems to me to be quite unequivocal that any medical practitioner who acts in accordance with a child's request under the terms of the legislation before us (and it does concern the provision of contraceptives or the commission of an abortion) is in fact aiding and abetting an offence.

[*Sitting suspended from 6 to 7.30 p.m.*]

The Hon. H. ALLISON: Mr Chairman, is a quorum present?

A quorum having been formed:

The CHAIRMAN: Before I ask the Minister to reply to the member for Mount Gambier, I point out to the Committee that we are dealing with clause 3, the interpretation or definition clause. Prior to the dinner adjournment, the Committee was entering into a second reading debate. I will allow the Minister to reply and allow questions only if I believe that they relate to the clause.

The Hon. G.F. KENEALLY: I was also going to make that point: it is an interpretation clause. I am happy to address the questions asked by members opposite on the clause as appropriate. On this clause, if members want to ask questions on the definitions of 'consent', 'dental procedure', 'dentist', 'medical practitioner', 'medical procedure', 'minor', or 'parent', I will seek or try to give the answer. Before the dinner adjournment the debate had widened beyond interpretations. Those questions may be more appropriately addressed under clause 5.

The CHAIRMAN: For the benefit of the member for Morphett, I point out that, under Standing Orders, it is incorrect for a member to leave the Chamber after 'quorum' has been called. I bring that matter to the attention of the honourable member.

Clause passed.

Clause 4—'Application and effect of Act.'

The Hon. JENNIFER ADAMSON: This clause identifies two Acts which are not affected by the operation of this legislation if passed, and refers to 'any other enactment'. Obviously, that is to cover any other enactment of the future. Is there any other piece of legislation currently touching upon the matters at the heart of this Bill?

The Hon. G.F. KENEALLY: To the best of my knowledge and on the information available to me, no, but the matter can be researched and the honourable member can be advised. The best information available to the Government is that no other Act would be affected by the Bill before the Committee other than those included in this clause.

Clause passed.

Clause 5—'Consent in relation to procedures carried out on minors.'

The Hon. JENNIFER ADAMSON: I move:

Page 2, lines 15 to 30—Leave out subclauses (2) and (3)

From the Opposition's viewpoint subclauses (2) and (3) are at the heart of the Bill and constitute the reason for our opposition to the Bill as presently drafted. These two subclauses enable a minor to obtain medical attention. It refers to children under 16 years of age and there is no bottom limit—it goes right down to the age of comprehension, which could be described as two, three or four years, depending on what the child is comprehending. It enables the minor to consent to a medical or dental procedure being carried out.

The second reading debate has canvassed at some length the opposition to the clause by the Liberal Party. I do not want to restate those arguments. In the first instance the amendment removes the power for those under 16 years to consent to medical or dental treatment. The amendment does not affect the provision for emergency treatment for those under 16 years, as contained in the 1960 Emergency Medical Treatment of Children Act. It retains the provision for children over 16 years to consent to medical or dental treatment.

Whilst there may be some who have reservations even about this, we recognise that, at the age of 16 years, children can have a driving licence, can enter into contracts and can undertake various adult responsibilities. We believe that it is possible and reasonable for informed consent to be given at that age, notwithstanding the reservations we have about parents not knowing to what their son or daughter is consenting.

In his second reading speech the member for Hanson read from a document prepared by the Director of the Family Planning Association, Dr John Porter, in which he states:

Although in many places the law is imprecise, this could in some ways be an advantage because it adds flexibility. In conclusion, any doctor who acts with his or her patient's consent and according to his or her conscientious assessment of the patient's interests, has little to fear from the law.

That is, the common law as it presently stands. The process of tonight's deliberations, if the Government insists on having its way, will alter that time honoured tradition which has been recognised by generations of families, namely, that parents have responsibility for their children until they become of age. The Government is making a radical departure and all claims to the contrary by the Minister and his colleagues cannot conceal that fact. It is a significant legislative move and is not in the best interests of the community.

Many parents are concerned about the legislation. We believe that it is quite unreasonable, first, to take away from parents their right to know about the medical and dental treatment of their children; secondly, we believe it is unreasonable to expect children below the age of 16 years to give informed consent. Some of my colleagues have canvassed at some length the likelihood of contraceptive advice and abortion. In referring to this clause, the notion that a child under the age of 16 years can fully understand the kinds of procedures involved at least in abortion, and can really fully comprehend the nature and consequence of the procedure in accordance with clause 5 (2) *(a)*, is simply taking an unreal and unwise attitude.

The whole body of human behaviour that has developed over the centuries and generations traditionally places those responsibilities with the parents. I do not know what wisdom has suddenly been achieved by the Labor Party when it thinks that it is going to benefit the community by upending this body of wisdom and that accumulated knowledge and understanding which parents have developed over generations, and which has been accepted by society, recognised by professionals, and acknowledged by people who deal with children in a professional sense. It will simply not advantage children. Certainly, it will not advantage parent or society. In that case, why do it? The Minister says, 'Why not do it?' That answer is not good enough. As far as I can ascertain, the Government has not advanced any arguments whatsoever which justify this action as contained in clause 5 (2) and 5

(3), so the Opposition moves that those provisions be deleted from the Bill.

The Hon. G.F. KENEALLY: The Government does not accept the amendment. The honourable member does rest very heavily on common law and mentions that a doctor from the Family Planning Association felt that the common law provisions were sufficient to protect the medical profession. The honourable gentleman is entitled to his view, and I respect that view. Obviously, it is a view that is shared by members opposite. However, my advice is that common law is most imprecise and does not provide the protection at all that the honourable member suggests. In fact, common law has been notorious over the years for the amount of litigation that it has caused, and it has resulted in frustrating the legal, medical and dental professions as well as most other groups in the community. The common law is most imprecise. It is perfectly appropriate to write legislation which is clear and which gives guidelines to professions and to the community at large. I therefore refute the argument that the common law is sufficient for us to rely upon.

There is obviously a fundamental difference between the two sides of the Chamber. I recall earlier that the honourable member said that what the Government was attempting to do in this legislation reflected upon the ethics of the medical profession. The Government views it quite differently. It feels that it is providing protection and guidelines for the medical profession that are needed in this imprecise area.

We all have the welfare of the family and children at heart in this discussion. We happen to differ on it, but that is the basic concern that we all share. I mentioned earlier that, in the ideal world where families were loving, where the family unit was working as we would wish it to work, this legislation would not be needed. In fact, this legislation will not apply to the families that members opposite address. However, we are not in the best of all worlds, and there are many families out there who are not like the honourable members opposite would suggest. Members opposite have pointed to the medical treatment that they say the children will be seeking under this legislation: sex changes, abortions, etc. I point out to honourable members that unfortunately and tragically many children in South Australia suffer incestuous attacks by parents. What sort of protection will honourable members opposite provide for those children?

The Hon. Jennifer Adamson: They are already protected.

The Hon. G.F. KENEALLY: If they go to the law, but we all know there are a lot of family units where that sort of activity is rife, one could almost say, and we hear nothing about it until the sufferer of that sort of treatment is an adult and then is prepared to make some statements about it. But, how would one go trying to convince parents in that situation that they ought to give approval for medical treatment of the child?

We are not talking about children over 16 years. The honourable member has already pointed out that in relation to minors over the age of 16 years, although some reservations exist, this legislation will be appropriate. The Opposition is not therefore seeking to extract that provision from the legislation, so we are concerning ourselves with children under the age of 16 years. For these children to receive medical treatment, they must receive the approval of two doctors. The Government says that it has confidence in the ethics of the medical profession in South Australia. Members opposite are saying that they do not have that confidence at all in members of the medical profession: members opposite are saying that they are not prepared to allow the doctors to make judgments about the medical needs of children who feel so constrained as to seek medical attention without their parents knowing about it. So, there is obviously a complete difference between the Opposition and the Government in relation to this matter.

We know that the legislation is beneficial to the community at large, but members opposite do not believe that that is so. We could have this argument on every clause for the rest of the night and finish up exactly the same, whether it is at 2 a.m. or now. I do not propose to go down that track. When the Opposition knows what the Government's position is, we will insist that this clause be supported.

The Hon. JENNIFER ADAMSON: The tone of the Minister's reply seems to suggest that he hopes we will lie down and accept this, because the Government does not propose to change; therefore we might as well shut up shop. We are quite aware of the likely outcome of this vote, but that will not deter us from putting the points which need to be put. The whole purpose of this House is for debate and, if the Minister thinks that he will stifle debate by telling us that it is not worth spending the time on it, he is mistaken.

I have a question for the Minister which relates to the question of costs. In another place the Minister of Health, the Hon. Dr Cornwall, gave erroneous advice to members in relation to a child's liability for costs incurred by that child without the knowledge or consent of the parents. He said that the parents were liable. That is not the case. The parents are not liable—at least not in all situations, and certainly not in this situation. The child can be sued if costs are not paid, but that does not mean to say, even though parents have a moral obligation, that they have a legal obligation to pay. That wrong information was given to the other place.

Of course, we are aware that children over the age of 14 years can have their own Medicare cards. I ask the Minister what the Government envisages to be the situation with children under the age of 14 years who seek and are granted medical or dental treatment and who have no capacity to pay. How does the Government propose that the confidentiality of those children will be protected, as the Government so obviously wishes? Indeed, we all wish that the confidentiality of every patient is protected. If the child has no means to pay and no access to a Medicare card without alerting the parents, who foots the bill for that and where, in the Minister's opinion, does the obligation lie?

The Hon. G.F. KENEALLY: It seems to me that the medical and dental practitioners are well aware of the predicament that they would be in if they provided expensive medical care to a child confidentially where there was little possibility of their being paid; they would be most anxious not to provide those services unless, first, they were prepared to take the risk of not being paid because they felt that the patient required their treatment (and that is not unlikely, as we know) or, secondly, if they felt that the treatment was very expensive and there was a risk that they would not be paid, they might impress upon the child the need to speak to the parents.

As I understand the law, if the treatment is not regarded as necessary (if it is cosmetic, such as a lot of the treatment about which members opposite have spoken all day) and doctors provide that treatment, the child who entered into that contract could invalidate that contract quite legally because it was not a necessary operation.

The Hon. Jennifer Adamson: What about an abortion?

The Hon. G.F. KENEALLY: Abortion is not a cosmetic procedure. I am making the point that doctors who provide services of a cosmetic nature which covers many of the cases mentioned by honourable members opposite would do so at their own risk, because they could not validate that in law. So they would be likely to lose if the child decided to opt out of the contract. The doctor would therefore need to be aware of this fact. If the medical treatment is regarded as necessary, as the honourable member said, the child could

be held responsible at law. However, I am not sure over what period that would last.

The Hon. E.R. Goldsworthy interjecting:

The Hon. G.F. KENEALLY: If the Deputy Leader wants to point score, that is all right but, if the Committee wants to be informed, it is appropriate that I provide—

An honourable member interjecting:

The Hon. G.F. KENEALLY: Yes, I am. I believe that this is a very serious matter, and I want to provide the honourable member with the information that is available to me. In law, the child would be responsible, but in fact the parents more than likely would pick up the tab for children under 14 who were involved in that sort of medical treatment. In law, one could hold the child responsible, but in practice it would be the parents. As I understand it, services offered by public hospitals under the South Australian Health Commission would be the financial responsibility of the parents. They are the three areas of financial responsibility.

Mr S.G. EVANS: If the parents have not consented to expenditure and the child is living away from the family home, is the Minister telling us that we should expect the parents to pick up the tab as a moral issue, or is he saying that it should be a legal issue? I would like to hear the Minister state clearly that, if he believes that the child is considered by this Bill to be mature enough to give consent, we should say that the child should be mature enough to pay the debt or that the doctor should take the risk in total and the parents be exempt. If there is no consent by the parents, we should say the parents are exempt, in fairness to them.

I know the law that the debts involving the necessities of life are incurred by a child but, if it is outside the necessities of life (for example, food, clothing, housing and so on), the child is not legally responsible. If a dentist decides to go ahead with gold fillings or other extravagant treatment, the child can say, 'It is not a necessity and I am not liable'. The doctor can send the Bill to the parents and, after much trauma, they can say, 'We are not liable.' However, the parents have no say. Surely the parents should be protected, because not all doctors are responsible. The Minister knows that.

Many doctors go overboard with consent that they give to abortions. It is not for me to judge because I do not know individual circumstances, but there are many who object to the number of doctors who perform abortions. We are doing the same here, in that we are saying that parents are morally obliged and therefore the doctor can send them an account. Even if in law the parents are not liable, why not say that, because we write laws which are complicated and people have to read four or five other Acts to understand them? The average parent does not have the time, knowledge or understanding to do that. I would say that more than 80 per cent of politicians here would not be able to write down clearly the position in this case. If we as legislators do not know the clear position, what hope is there for people outside who receive high accounts? They must go to a lawyer and incur extra expense through no fault of their own; it is because we made a law that placed them in that position.

I would like the Minister to accept the proposition that it should be written into this Bill that, where consent is not given and the doctor takes that risk, the parents are not liable. I would be happy with that, because those few doctors who were irresponsible might become responsible.

The Hon. G.F. KENEALLY: The honourable member mentioned gold fillings in teeth. That cannot be regarded as essential to the medical wellbeing of the patient. Any doctor or dentist who provided that sort of service to a child without the parents' approval would be taking a great risk, and they would know that. As I said earlier, we know what happens in families where parents are prepared to pay for expenses incurred by their children, no matter how much trauma it causes them (and that would happen in my place as well as the honourable member's). In law the child would be responsible and the doctor who provided a medical service would know that he was doing so to a child who was responsible in law to pay. In terms of financial commitment, there is a heavy onus on the doctor to be aware of what he is doing.

An honourable member: Are you putting it all on him?

The Hon. G.F. KENEALLY: No. The idea is that doctors provide medical services only when there are justifiable reasons for doing so and where the confidentiality is such that it is appropriate to provide the service without the knowledge of the parents. It is only in those very special circumstances. I have already said that in all well ordered families that is most unlikely, but unfortunately there are many families in South Australia where it is likely to occur. So, doctors have a responsibility to act ethically, and I am certain that they will do so—otherwise we would not be providing this legislation. I do not understand the honourable member's concern. The child would be responsible: the doctor knows that; he also knows that, if the service is provided in a hospital that is registered under the South Australian Health Commission Act, a parent of a child can be held financially responsible and, of course, there are Medicare arrangements to cover that.

The difficulty arises where a child finds that he or she needs some medical attention for a complaint which that child believes he or she cannot discuss with a parent. I think everyone here understands that. That can indicate a fair bit about the child, but the parents must bear some responsibility for a child being in a situation of not being able to talk to them about a problem so serious as to require two medical or dental practitioners to advise that medical service should be provided without discussion with the parents. It would be a very serious matter, and this would occur under the most unusual circumstances.

With reference to unprofessional doctors, they will be around the place, anyway, and if children cannot talk to their parents they will be more likely to go to those doctors. We do not want that: we want to see children get the best professional service available to them, and that is what we will ensure will occur. I hope that the honourable member can tell me why that does not satisfy him.

The Hon. TED CHAPMAN: I refer to the matter of who pays in the event of a minor seeking and receiving cosmetic, medical or dental attention under the ambit of this Bill. I have listened carefully to the Minister's remarks and noted his continued efforts to evade the real nub of the question about who pays and the matter canvassed earlier this evening by an Opposition member about the basis on which the Government introduced this Bill. Who asked for it? Was it the medical profession, the dental profession, a group of parents in the community concerned about the liberty that ought to be applicable to their sons and daughters, or was it a group representative of under 16-year-old children in the community?

The CHAIRMAN: I cannot allow the honourable member to pursue that line. I ask him to come back to the clause before the Committee.

The Hon. TED CHAPMAN: With respect, the clause we are considering deals with the eligibility of a minor to seek and obtain medical services without the consent of parents. Who asked for this legislation to enable a minor to obtain those services? What prompted the Government to take this action? Which community, public or professional group put to the Government that it should proceed with the introduction of this Bill in the first instance?

Further, I am rather staggered by the explanation that the Minister gave earlier to the member for Fisher regarding the circumstances in which a child may seek professional attention. Indeed, I understand that the vast majority of, if not all, minors are covered by a Medicare funding arrangement, although before a minor can claim through the Medicare system a parent must lodge the application. A Medicare card is issued in the name of an adult, and to my knowledge in Australia there is no Medicare card on issue to a minor. Therefore, that cancels out the opportunity for minors to directly claim their medical and/or hospital expenses. In those circumstances, the case of minors wanting to obtain medical attention without the consent of parents completely falls apart because, after receiving the service and the account rendered for it, without cash in their pockets they are bound to approach their parents for assistance with the expenses incurred. I realise that that may be after the services are rendered, but in those circumstances the argument about the minor undertaking this action without the knowledge of his or her parents really falls apart. That is yet another reason (and undoubtedly there are many more) why we should be told which section of the community prompted the Government to proceed with this legislation to which the Opposition clearly objects.

The Hon. G.F. KENEALLY: If a child is treated in a hospital registered under the South Australian Health Commission Act, a parent can be held financially responsible. I have said that already at least three times.

The Hon. Ted Chapman: The question I asked was what prompted the Minister and the Government to bring in the Bill.

The CHAIRMAN: Order!

The Hon. Ted Chapman: Who is behind the legislation?

The Hon. G.F. KENEALLY: The honourable member can either listen to what I say or continue to point score.

The Hon. Ted Chapman: Give us a short answer, and we can all go home.

The CHAIRMAN: Order!

The Hon. G.F. KENEALLY: This matter was first debated in Parliament some seven or eight years ago. All members of the Government and all those associated with the Labor Party have been aware of this impending legislation, and we know what happened the last time this matter was debated. So, discussions have been continuing for seven years among members on our side of the House. As members of Parliament we are charged with the responsibility of making decisions, and we have made a decision.

Mr BLACKER: I share the member for Alexandra's view, and I do not believe that the question as to what prompted this Bill was answered. In relation to who will pay the costs, I noted the Minister's reply that in most cases the parents would probably pay. That has two implications: first, that the parent involved would know about the treatment, in which case the need for this Bill is removed; and, secondly, that would mean a breach of confidentiality between the doctor and the patient against the specific request of the child involved.

It cannot be both ways. If the parents know about it and are prepared to pay, there is no need for this Bill. If, on the other hand, confidentiality is the reason for the minor seeking medical advice without the parents' knowledge, then to break that confidentiality to the parents totally negates the purpose of the Bill. The Minister has not explained that point adequately. For him to say that this has evolved over a period for no reason and at no-one's request, apart from seven years of talk within the Labor Party and other sections of the community, is unacceptable to me. After all, this House soundly rejected the concept of this Bill in 1978. A similar Bill was thrown out then, and there have been no changes of circumstances since to prompt any members to change their views.

The Hon. G.F. KENEALLY: In Government, we prepared a working paper, which was circulated to members of the medical profession and every hospital in South Australia. From that working paper we had positive feedback, and it was on the basis of the report of the working party and the feedback from that report that we decided to go ahead. For some years this has been a matter of concern in the community. Members of Parliament are frequently confronted by a situation that requires a change of law.

If the medical practitioner operates on a child and the child needs hospitalisation, no confidentiality is involved, because the parent must know. However, if the child does not live with his parents, a different situation may apply. When a doctor provides the necessary medical attention, he does so knowing that the child either lives or does not live with his parents. Further, there must be two practitioners involved in seeing that medical attention is provided. However, the admission of a child to hospital would be picked up under Medicare. Under those circumstances, a parent would be held liable for any essential medical treatment.

If, on the other hand, a medical practitioner provides cosmetic treatment on a child, the child may opt out of the contract, and the medical practitioner would have difficulty in enforcing the contract, because it would involve the provision of an unnecessary medical service. The child is financially responsible. In practice, however, most parents would like to be obligated financially to the medical practitioner, especially if the medical service provided was essential for the physical wellbeing of the child, for instance, where the child was critically ill.

In those circumstances, I do not know of any parent who would not like to be a party to paying the bill. When a child feels so pressured by circumstances that he cannot discuss with his parents the type of medical attention required, he discusses it with a medical practitioner who must have the support of another medical practitioner, and the medical practitioner then knows that he cannot speak to the parents. After all, medical practitioners are ethical people, and they would make a decision if they felt that the health of the child was such that medical treatment should be administered. In those circumstances, confidentiality would be respected. However, if an operation was involved, the parents would get to know about it after the operation, but confidentiality would exist until the medical attention had been provided.

Mr BLACKER: Regarding confidentiality, I do not know that the position is as has been outlined by the Minister. Many people travel from Eyre Peninsula to Adelaide allegedly on a holiday. However, often it is not a real holiday: the trip is made for a specific medical reason about which the person does not wish the local community to know. Massive hospital bills could be built up. Are there any other aspects of the law under which minors can be faced with the same obligation as in this case? After all, if a child is granted certain privileges under the law, such as the inability to enter into a contract, there must be certain other aspects of the law from which a minor is exempt.

If a group of minors wilfully damage a property, it is difficult to claim damages from them. This is in much the same category: it is difficult for minors to be made accountable for their actions. Consulting a doctor and agreeing to treatment would involve a contract of some kind.

The Hon. G.F. KENEALLY: It is a contract of the most serious nature, because it deals with the health and wellbeing of a person. One would have to acknowledge that other contracts into which a minor might enter would not be of such a serious nature as in this case. My information is that really the law applies to minors who enter into contracts. I

suppose that, if one wants to buy a motor car, the dealer would require a guarantor because he would not want to—

My information is that really the law applies to minors who enter into contracts. I suppose that, if one wants to buy a motor car, the dealer would require a guarantor because he would not want to—

The Hon. H. Allison: You cannot be summonsed for a medical debt. A minor could not be sued for a $300 operation; it is as simple as that. The Minister should answer that first.

The Hon. G.F. KENEALLY: This matter can be argued with the legal practitioners. However, my legal advice is that a minor can enter into a contract for a necessary item, and that is the advice I give the Committee.

The Hon. H. ALLISON: I urge members of the Committee to support this amendment, which the Minister says he will not accept. In responding to the mover of the amendment the Minister said two things. The first is that the reason for his refusal to accept the amendment is that there are deficiencies in common law. I simply remind him that seven members of the present Government crossed the floor (including you, Mr Chairman) in 1978. One of those members, then member for Morphett (now the member for Hartley) said, quoting from page 1052, *Hansard* 20 September 1978):

> From the outset I make it clear that I will not support the second reading of this Bill... First, I do not believe that the common law is so unclear as to make this legislation necessary.

He then proceeded to explain, as follows:

> It seems that minors can consent to a tortious act... The common law is clear that, if a minor can consent to a tortious act, he must be able to consent to medical and dental treatment. It seems that the common law sets out two relevant factors to determine whether or not a minor has given proper consent. The first limb from the case law seems to be that the minor must be aware of all relevant facts so that he might make an informed judgment... The other relevant factor is that the minor must have the means, knowledge and experience to appreciate fully the risk and the nature of what is being consented to. Maturity is a question of fact to be determined in relation to each case, not a question of age.

That is a legal practitioner of the Minister's own Party who has expressed the opinion that the common law is sufficient in this case. He concluded his remarks by saying:

> If the common law is said to be unclear (and I do not accept that it is), that must place doctors in an awkward position regarding children under the age of 16 years.

Again, the Minister said that he refused to accept this amendment because there had been requests. He inferred that the medical and dental associations had requested changes to the legislation. Again, the then member for Morphett said:

> I have not been able to find any satisfactory evidence in the Select Committee's deliberations—

and this is the only Select Committee that reported in February 1978—

> to say that the common law has been unsatisfactory in any way in practice. In simple terms, that means that there is no apparent mischief in the common law that needs to be remedied. I also notice in this context that the Australian Dental Association wrote to the Select Committee and indicated that it opposed the present Bill...

I remind members that the 'present Bill' at that stage was for consent for 16 years and over and that this Bill has widened that whole sphere of consent to far below the age of 14 years.

The Hon. Jennifer Adamson: There is no known limit.

The Hon. H. ALLISON: There is absolutely no limit. The honourable member continues:

> ... I presume in its amended form. A submission was made by the South Australian Branch of the Australian Medical Association to the Select Committee, in which the Association stated:
>
> This branch believes that the profession does not need any further protection than is already provided under the common law.
>
> The Association then referred to the possibility of the Bill being amended to refer to the age of 16 years, and it stated:
>
> This branch council is totally opposed to the Bill in its present form or in any amended form along the lines anticipated above.
>
> The Australian Dental Association seems to be happy with the law as it now stands, and the Australian Medical Association, in its submission, seems to be quite content with the way in which the common law is operating.

I reiterate what the members for Fisher and Alexandra and I said in our second reading speeches. Where is the statistical evidence to show that children have been disadvantaged by the present common law and the Emergency Treatment for Children Act, 1960? Where is the evidence that there has been a substantial amount of lobbying through the Australian Dental or Australian Medical Associations? I remind honourable members, in supporting this amendment, that the now Premier in his second reading address made the following point:

> This is a social measure and, therefore, a matter of conscience. It is not like so many other issues on which the respective political Parties have an ideological or policy position and, therefore, it is freely open to each member, regardless of his political persuasion or support of a political set of beliefs, to exercise that conscience in respect of the social issue as he thinks fit. The debate has indicated a disparity of view among members, irrespective of the side on which they sit, as to whether this is a desirable measure.

Included in those dissentient voices on the now Government side were the member for Hartley, the present Chairman of Committees (the member for Whyalla) and the Speaker (the member for Playford) who, in his second reading speech, said that he would not support the legislation and, like the Hon. Les Drury, said:

> Most assuredly, I would like to know if my child was proposing to undergo surgery which, while extremely non-controversial (let us say a tonsillectomy or an appendectomy), did, of its own nature, simply produce a risk factor. Furthermore, the treatment may be non-controversial but one in which the child's parents or guardian might wish to suggest a second opinion or at least discuss the matter with the professional person in question.

Both the former member, Les Drury, and the present Speaker spoke at some length on why they declined to support the legislation, as did the member for Hartley. They crossed the floor, along with four other members who are now no longer in the House. I simply urge you, Mr Chairman, to exercise the same commonsense conscientious approach that you exercised then to approve of this amendment and to defeat the legislation as it currently appears before us.

The Hon. JENNIFER ADAMSON: The debate on this amendment has centred, to some extent, around the liability for costs when minors give their own consent to medical and dental procedures without the knowledge of their parents. I make clear that, whilst that is important and it has not been satisfactorily dealt with by the Minister in this place (nor was it satisfactorily dealt with by the Minister in another place), that issue of costs is nevertheless not the fundamental issue: it revolves around the parents' right to know.

No-one can dispute that the woman bears and rears a child and the father rears and nurtures a child. What right has the Parliament of South Australia to say to those parents of this State, 'You have borne those children, you have reared them, you have brought them up and you are trying to inculcate them with your ideas, but we are saying to you that they can go off and undertake any kind of medical or dental procedure with the consent of medical and dental practitioners, and you, the father and mother, have not got the right to know about it'?

That is a most outrageous departure from everything that has ever been accepted in terms of parental responsibility. The whole concept offends me deeply. The Minister has said nothing that can possibly justify it—absolutely nothing! He has not really attemped to justify it. The Minister knows

the educative power of the law, the publicity that will be given to this matter, the professional advice, the youth network (the grapevine for young people) and peer group pressure that will apply. Very soon it will be accepted by young people in South Australia that the law says, 'It is okay for me to go to the doctor without telling Mum and Dad.' It is not okay: we do not believe it is okay. We believe that it is absolutely wrong and members opposite sit and just do not respond adequately to criticisms of what is clearly a most ill conceived measure.

The Bill was not even drafted properly. It took the Hon. Robert Lucas in another place to pick up that, in practical terms, it could not operate in remote areas. No-one in the Government had thought of that. No-one in the Government appears to think of the fate of young girls who, under this law (which on the Government's insistence will be enacted) without her parents' knowledge or consent, has a termination of her pregnancy. No-one can tell me that young women who undertake that very serious and tragic step do not suffer, possibly to the end of their lives. All the social research—

Mr Klunder interjecting:

The Hon. JENNIFER ADAMSON: I am saying that parents should know. I am not saying that in all circumstances the girl should not have an abortion. My views on that are recorded in a speech that I made in 1977. I am saying that, for this to be able to occur without the parent's knowledge or consent, is condemning those young girls to misery and deception. It means that, at no stage in their later life, if the abortion goes ahead, will they be able to seek the comfort and support of their parents, because the parents will not have known. It is most unlikely that the girl, having undertaken that step, would subsequently tell her parents. If ever a girl needed support it is at that stage.

For the Government to be aiding and abetting the secrecy and deception inbuilt into the basic concept of this Bill that children can go to a doctor or dentist without the knowledge or consent of their parents is completely wrong. The Minister has made a whole number of very large assumptions when he says that parents are going to pick up the tab. Everything that he said in that regard has contradicted everything that he has previously said. In fact, he has ducked and weaved throughout the debate on this clause to leave the Committee in a completely unsatisfactory state of ignorance, because the Minister himself does not know.

I cannot see how members opposite, many of whom I respect personally, could possibly support this measure. I do not know how they will face their constituents if they do so. I have no doubt that, in years to come, there will be enormous sorrow and frustration on the part of parents who, one way or another, might find out in due course that their children have had an operation or procedure of some kind without their knowledge or consent and have done so with the full backing of the law, enacted by the Parliament of South Australia at the instigation of this Government in 1985. It is a most appalling measure, and I urge the Committee to support the amendment.

Mr S.G. EVANS: Does the Minister support the concept that any parent who gets an account from a doctor or hospital that they had no knowledge that they were ever going to receive could write to the media and say that it has occurred? By that method we may slow down those who tend to operate, as some have done, in the abortion field.

Mr MATHWIN: I support the amendment. I refer to the time that the Minister has taken to not answer the questions put forward from this side of the House—

The CHAIRMAN: Order!

Mr MATHWIN: It is quite obvious that the Minister has played around with words. He has not given any answer. A question has been asked.

The CHAIRMAN: Order! The honourable member will not be allowed to pursue that line. If the Minister wishes to answer a question, he can do so. If he does not wish to do so, he can take that course. The member for Glenelg will come back to the clause.

Mr MATHWIN: I am on the clause. It was apparent from the very beginning, when questions were first asked on this Bill, that, as far as the Minister was concerned, it is a matter of principle and philosophy and that we could ask questions as much as we wanted—

The CHAIRMAN: Order! The honourable member will sit down for a moment. The Chair has pointed out to the honourable member that he will not be allowed to pursue that line of questioning. We are dealing with clause 5, a serious clause, and, if the honourable member wishes to speak to it, he can do so by all means, but he will not pursue the line that he is pursuing.

Mr MATHWIN: Will the Minister explain who will pay? We have been told by some people that a child is not able to write or honour contracts and is not responsible for debts, yet subclause (2) provides:

> (2) The consent of a minor who is less than sixteen years of age in respect of a medical procedure or dental procedure to be carried out on the minor has the same effect for all puposes as if the minor were of full age where, in the opinion of a medical practitioner or a dentist supported by the written opinion of one other medical practitioner or dentist, as the case may be—

That says that the minor is responsible. Will the Minister say whether the child or the parent is responsible? It has been pointed out by the member for Mount Gambier that, in a previous debate on this matter relating to minors in society and who is responsible and what can be done in a Bill of this nature, the member for Morphett (as he was then) and the member for Playford, both legal men, along with the member for Whyalla, who is a sensible and responsible member in this House and is the Chairman of a very important Committee, gave their views. The Minister has stated that what they said was quite wrong.

The Committee wants to know who is responsible and who is going to pay—will it be the child, the doctor or the parents? Who is responsible in relation to costs of this sort of operation, particularly with abortions? I believe that abortions will be a major feature of this legislation. I have previously given figures on abortions from the most recent information I could gather. We are talking about something real. It is morally wrong that parents should not know what type of advice their child is getting and, if the child must have an operation, particularly an abortion, it is the parents' right to know and have some role in the decision. Likewise, it is the child's right to be protected, and it is not being protected by letting it have abortions right, left and centre. The Minister has applied some good footwork in trying to duck and weave this question. What is the answer?

The Hon. G.F. KENEALLY: The same question has been asked by the members for Coles, Mount Gambier, Fisher, Alexandra and Flinders. I have answered the question and, if the member for Glenelg is not satisfied with the answer given, it is a judgment he has to make. My answer to his question is the same as my answer to the questions asked by other members.

The Committee divided on the amendment:

Ayes (18)— Mrs Adamson (teller), Messrs Allison, P.B. Arnold, Baker, Blacker, D.C. Brown, Chapman, Eastick, S.G. Evans, Goldsworthy, Gunn, Ingerson, Lewis, Mathwin, Meier, Oswald, Rodda, and Wilson.

Noes (24)—Mr Abbott, Mrs Appleby, Messrs L.M.F. Arnold, Bannon, Crafter, M.J. Evans, Ferguson, Gregory,

Groom, Hamilton, Hemmings, Hopgood, Keneally (teller), and Klunder, Ms Lenehan, Messrs McRae, Mayes, Payne, Peterson, Plunkett, Slater, Trainer, Whitten, and Wright.

Majority of 6 for the Noes.

Amendment thus negatived; clause passed.

Remaining clauses (6 and 7) and title passed.

Bill reported with an amendment.

The Hon. G.F. KENEALLY (Minister of Tourism): I move:

That this Bill be now read a third time.

The Hon. JENNIFER ADAMSON (Coles): As the Bill comes out of Committee, it is essentially as obnoxious to the Opposition as it was when it went into Committee. It joins a number of ALP initiatives which the Opposition believes have a subtle but adverse effect on the family. Nothing that the Minister said during the Committee stage or during the second reading debate in any way justified the measure. The Opposition believes that the measure is, in its main thrust, unneccesary and in its specific application undesirable. The Opposition opposes it.

Mr MATHWIN (Glenelg): I oppose the Bill. As I indicated earlier, the Government has accepted no amendment to the Bill, which as I also said earlier is an anti-family unit Bill. Indeed, a great number of people in the community would consider that this Bill will have adverse effects on the lives of families in South Australia. In short, it means that any minor under the age of 16 can go to the doctor—

The SPEAKER: Order! The honourable member is embarking on another second reading speech. I ask him to limit himself to a third reading speech within the Standing Orders.

Mr MATHWIN: I am trying to do that, Sir: I am talking about the Bill as it comes out of Committee. It provides that any minor of any age can receive medical attention without the parents knowing anything about it at all. Minors can go behind the backs of their parents to get medical attention, and the parents will know nothing about it until they receive the bill for the cost for the operation. The parents may not know that a child has had an operation; that is because of the confidentiality and related aspects as in the case of abortion. The parents will be held financially responsible. It is a breakdown of family life. It is yet another attack on family life, and I do not support it.

Mr BLACKER (Flinders): I totally oppose the third reading of this Bill. I think the reasons have been adequately explained, but my reasons for speaking at this moment are not only to back up what what I said earlier, but also, and more and to the point, to relate to questions asked by me and other members of the Opposition, the replies to which only added further confusion to the matter. The Government has not fully researched the matter to help it understand the legal practicalities and more particularly the moral obligations of the individuals. I oppose this Bill and call on the House to do likewise.

The Hon. H. ALLISON (Mount Gambier): I reiterate that I oppose this Bill. I believe that the Government and the general public of South Australia will soon come to regret the fact that the Parliament has passed a Bill which is far worse and wider in its scope and implications than that legislation which was proposed in 1977 and which was rejected in 1978 by members on both sides of the House.

The House divided on the third reading:

Ayes (24)—Mr Abbott, Mrs Appleby, Messrs L.M.F. Arnold, Bannon, M.J. Brown, Crafter, M.J. Evans, Ferguson, Gregory, Groom, Hamilton, Hemmings, Hopgood, Keneally (teller), and Klunder, Ms Lenehan, Messrs Mayes, Payne, Peterson, Plunkett, Slater, Trainer, Whitten, and Wright.

Noes (18)—Mrs Adamson (teller), Messrs Allison, P.B. Arnold, Baker, Blacker, D.C. Brown, Chapman, Eastick, S.G. Evans, Goldsworthy, Gunn, Ingerson, Lewis, Mathwin, Meier, Oswald, Rodda, and Wilson.

Majority of 6 for the Ayes.

Third reading thus carried.

ELECTRICAL WORKERS AND CONTRACTORS LICENSING ACT AMENDMENT BILL

Returned from the Legislative Council without amendment.

ELECTORAL ACT AMENDMENT BILL

Received from the Legislative Council and read a first time.

The Hon. G.J. CRAFTER (Minister of Community Welfare): I move:

That this Bill be now read a second time.

I seek leave to have the second reading explanation inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Bill

Where an electoral redistribution is made under the Constitution Act, the redistribution does not, for obvious reasons, come into force until the general election next following the making of the order for the redistribution by the Electoral Districts Boundaries Commission. It is, however, necessary for the Electoral Commissioner to begin work on the new rolls considerably before this date. This will ensure that the Electoral Commissioner will be able to produce full rolls based on the new electorates almost immediately. This Bill therefore provides that an electoral redistribution takes effect for the purposes of the Electoral Act when it becomes 'operative' for the purposes of the Constitution Act, that is to say, when all appeals against the redistribution have been determined, or the time allowed for appeal runs out, and a further three months have elapsed. This is the point at which it becomes clear that the redistribution must take effect for the purposes of the next general election. If, however, a by-election is called before the next general election, the Electoral Commissioner must, of course, prepare a roll for the purposes of that by-election on the basis of the existing boundaries.

Clause 1 is formal. Clause 2 enacts new section 12a of the principal Act. The new section gives effect to the principle that, except for the purposes of a by-election preceding the next general election, an electoral redistribution takes effect, for the purposes of the Electoral Act, when it becomes operative in terms of the Constitution Act.

The Hon. B.C. EASTICK secured the adjournment of the debate.

RENMARK IRRIGATION TRUST ACT AMENDMENT BILL

Returned from the Legislative Council without amendment.

INDUSTRIAL AND COMMERCIAL TRAINING ACT AMENDMENT BILL

Consideration in Committee of the Legislative Council's amendment:

Page 4, line 37 (clause 11)—Leave out 'a course' and insert 'an approved course'.

The Hon. J.D. WRIGHT: I move:

That the Legislative Council's amendment be agreed to.

This is a sensible amendment. 'A course' could mean anything, and the Commercial Tribunal is attempting to approve all courses before they are put into operation. Indeed, it receives further applications from time to time to extend the number of approved courses. I thank the Legislative Council. It is not often that I am able to do that with my legislation, but on this occasion the Legislative Council has certainly chosen some useful words to spell out clearly what is meant. I commend the amendment to the Committee.

The Hon. E.R. GOLDSWORTHY: The Opposition supports the amendment.

Motion carried.

POLICE (COMPLAINTS AND DISCIPLINARY PROCEEDINGS) BILL (1985)

Adjourned debate on second reading.

(Continued from 21 February. Page 2780.)

Mr BAKER (Mitcham): In the absence of my colleague, the shadow Minister, I will make a number of observations on the Bill. I do not think anybody needs reminding of the history of this Bill. Some negotiations have taken place to reach a satisfactory conclusion to this matter. It is worth while noting that each time the Minister for Emergency Services gets to his feet on police matters he says what a fine Police Force we have. On various occasions almost every person in the House has agreed on that point. Why have the police been treated so badly during the preparation of the legislation if we believe that they have a fine record?

It is probably worth remembering that the Grieve Report was commissioned in May 1983 and delivered in 1984. Our shadow Minister, as a result of concerns expressed to him by members of the Police Force, called for the results to be known in February 1984. Subsequent to the issue of that report, a further extensive report was produced by Matthew Goode from the Department of Law at the Adelaide University. The Bill was introduced on 1 November 1984 and we are one and three quarter years down the track and now have the Bill before us. So, this exercise has taken that time. During that time the police have been aware that some of their practices and operations have been at risk. They did not know what would happen; they had seen examples in other States where bodies that have been set up to inquire into the operations of police have caused tremendous trauma within the Police Force. I shall refer to those shortly.

This legislation has been mooted since May 1983. The police, who have been rightfully concerned about this matter, believe that the Commissioner has exercised all due care and that the Internal Investigations Branch of the Police Force has worked very effectively over the years, although I am sure that many members could quote examples of where investigations have possibly failed. However, above all, the police do believe in the system. Yet for 1¾ years they have been left in limbo with this situation.

After we saw the first draft of the Bill there was a call on 11 November 1984 for its removal and redrafting. To his credit the Minister drew back from his position with the Bill before the House and began the process of negotiating with the police on a number of important issues. Four major issues were involved, the first being concern about anonymous complaints. The police were concerned that an authority set up solely for the purpose of looking into their own operation could be the subject of a number of scurrilous, unfounded and anonymous complaints to which they could not respond. The second issue concerned the right of entry. Under the Bill, the police were allowed less right than applied to other citizens.

In most legislation provision is made for right of entry to be subject to a warrant. However, I am disappointed that a Bill was passed last night where warrant is not necessary, and I refer to the Second-hand Goods Bill. Most South Australian legislation stipulates that a police warrant is necessary in relation to right of entry. It means that a police officer has to go to a magistrate and justify his right to enter a person's premises. Therefore, in this matter the police rightfully believe that they are being treated less than justly.

The third matter concerns the interrogation of families. I think that probably of all the provisions in the Bill this is the one that hit hardest. It concerns the rights of the new authority to question members of a policeman's family. This provision goes much further than similar provisions in other legislation. Policemen's families are being treated as some special section of the community. We have heard many things about families here tonight, and I know that this issue was raised when we were debating the register of interests Bill, namely, whether the responsibility of the person involved flows over to his or her family. In this case the Crown determined that it should, and I believe that the members of the Police Force were rightfully upset about that provision.

The fourth issue was that there was no protection against self-incrimination. In many areas of the law provision is made for the protection of a person from things that he or she may do or say. However, under this Bill the authority would have the right to ask questions which could lead to self-incrimination and fear of penalty. A number of other issues were brought to the attention of the House, each of which involved an emotive argument. I believe that they were handled very poorly in the original draft of the Bill.

Before referring further to those aspects I want to summarise what is happening in other States, especially those States which have an authority policing the police. In New South Wales, the Ombudsman (Police Regulations) Act was promulgated in 1983. Readers of interstate papers would know that that situation has had a very hectic history, a number of confrontations having occurred between the Ombudsman and the Police Commission. In fact, at one stage, because the system had not worked properly and the situation had become so bad, the Premier had to intervene.

In Queensland, where they do not have the same trauma—they have different ones there—the Police (Complaints) Tribunal Act and the Parliamentary Commissioner Act specifically exclude the Ombudsman from investigating the police. They have determined there that it should be a Police (Complaints) Tribunal, which is administered under the Police (Complaints) Tribunal Act. That is a quite simple Act, and the three members of the Tribunal refer a complaint back to the police, who then refer it back to the Tribunal, and everyone is happy. As I say, the Act is very simple, and the Tribunal does not investigate very much. However, as one can imagine there is not a lot of dissension between the police and the Tribunal.

Federally, the Complaints (Australian Federal Police) Act was proclaimed in 1981, and the Ombudsman (Miscellaneous Amendments) Act of 1983 was enacted subsequently. That

is probably the major Act upon which the Police Complaints Authority has been set up, but it has not yet stood the test of time. It does not have the same value as have other Acts that apply in the State jurisdiction. As the conditions under which the Federal police operate are a little different from those under which the State police operate, we cannot really draw a comparison. Referring to the Commonwealth situation, the point I was making is that there are many elements of the original draft Bill that are direct takes from the Commonwealth Bill.

There is a hiatus situation in Victoria. The Police Commissioner does not like the Ombudsman, but the Ombudsman can nevertheless investigate complaints. They have been trying for some three or four years to straighten out the matter of who is responsible and I understand that appropriate legislation is to come before the Victorian Parliament.

Police complaints authorities are new entities, none of which have stood the test of time. None of the other authorities have operated under the same provisions as those contained in this Bill, and none of them have really been tested against the sort of circumstances that we will face. Our Bill is different in a number of respects; we are charting new territory, and proper consultation must take place. I know that the Minister of Emergency Services has been very patient in his consultations. I know, for example, that on 18 October he provided a copy of the draft Bill to the Police Department for comment. The interesting thing about the whole process is that it has taken up to now to sort out some of the finer details of the Bill.

I think that this Bill is far more competent than the original version. This indicates one of three things: that the police were very tardy in responding; that the Bill was very complicated; or that they did not really have sufficient grasp of the law to be able to dissect the Bill in the way that has now been achieved over a period. Finally, Mr Kevin Borick was employed to go through the Bill and comment on it.

Obviously, the Bill is complicated: outside expertise had to be called in to interpret certain clauses, and there was much emotion associated with it. Rather than denigrate the Minister for the delay that has caused a certain trauma, I believe that some form of congratulation is due to him on going through the process carefully and coming up with a much superior Bill.

I shall deal with the four areas of concern to which I referred earlier, and then I will go through the remaining parts of the legislation so that the Minister may have the opportunity to respond in Committee without having to refer constantly to Parliamentary Counsel. I was disturbed by a letter that I received from the Council of Civil Liberties, saying that this was a great Bill and that we should give it our full support. I replied to the council, outlining the four areas to which I have referred, particularly stressing three of them. The council replied that the Bill was a good idea and that, although the three areas in question might not be up to scratch, they needed it. That was a far cry from the council's original statement that the Bill was perfect. Whether the Council was satisfied with the Bill or was merely happy that the police should have liberties taken away from them I do not know, but sanity eventually prevailed.

Had the Bill been presented in its previous form, I would have spoken at greater length on second reading. I shall now deal quickly with those aspects of the Bill on which I shall question the Minister later. Clause 7 provides that the Authority shall be appointed for a term of office of seven years. Clause 10 deals with the obligations of a seconded police officer. Clause 11 does not set out the qualifications of the person who will act temporarily in the office of the Authority when the Authority is absent. Clause 16 provides for the way in which a complaint about the conduct of a member of the Police Force may be made. Why should not complaints to the Authority be reduced to writing as far as possible?

Clause 17 omits the details required on the prescribed form, and I shall refer to the problem of overloading the city watchhouse with paper work when an arrest is made. Clause 21 provides that the Authority may determine that a complaint should not be investigated or further investigated if the Authority is satisfied that the complaint was made more than six months after the complainant or person on whose behalf the complaint was made became aware of the conduct complained of. I shall ask what are the reasons for the compromise, bearing in mind that in the Federal jurisdiction the time allowed is 12 months and that the committee recommended 28 days. I shall also ask whether the Bill should contain a provision dealing with a complaint that is withdrawn for good reasons.

Regarding clause 23, which deals with the determination that a complaint be investigated by the Authority, I shall ask what is the legal position of the Authority when legal proceedings are in operation. Clause 25 (2) directs that an investigation or further investigation shall be conducted in such a manner as the officer in charge of the internal investigation branch sees fit.

The Hon. J.D. Wright: These are matters for the Committee stage?

Mr BAKER: Yes. Regarding clause 26, does the Authority or Tribunal have the right to recommend penalties? The clause is silent on that matter. Concerning the same clause, there is the danger of the disclosure of confidential information, especially concerning the co-operation of police officers at local stations in a situation where police are tied up on other matters. The Minister is well aware of the matter of police discretion, which has been raised without any satisfactory wording having been evolved.

Clause 32 empowers the Authority to make an assessment and recommendations in relation to investigations by the internal investigation branch, and here we have the matter of police discretionary powers and whether the appeal to the Supreme Court will be purely on the finding of the Tribunal or on a finding as to the extent of seriousness. In the case of non-clarity, does that mean that there is no such thing as guilt or innocence? The situation is unclear. Do the provisions of clause 49 conflict with the Police Regulation Act? Clause 54 provides that the Governor may make regulations. When will he do so, and what will happen to such regulations?

I shall canvass the foregoing matters in Committee. They take into account the further concerns that the Police Association has had with the Bill. We can all assume that the police are much more pleased with the Bill before the House than with the previous draft. Some members would like to see no legislation, but most other members are content with the principle of the Police Complaints Authority. It is useful to consider the Authority, because we all believe that there should be an independent arbitrator in situations where there may be a conflict of interest. That is not to say that the Police Commissioner has not discharged his responsibilities to the best of his ability. In almost all cases he has ensured not only that justice has been done but also that it has been seen to be done.

If the Authority works as it should (and we hope that it will), it will make the position of the police far better than it is today in certain areas. I hope that the Minister will be able to clear up anomalies on some aspects of the Bill, because there is potential for this Authority to run off the rails. I do not mean that in the same way as with the New South Wales Authority, because from its very beginning that Authority was doomed to have difficulties. The items identified by the Police Association which I have already

read while running through the clauses, include the clear potential for the release of confidential police information to members of the public, the scope of the Authority's power to investigate police discretion, and general vagueness and lack of definition in the Bill. I do not see that we can take the last of those to heart, because in most cases the definition is now there, and it can be clearly seen that some of the aspects that were previously going to damage the people concerned no longer will.

The Opposition has pleasure in supporting the Bill. We are supposed to have amendments before us on two matters: first, the qualification time for a legal practitioner to serve as the Authority (we recommend that it should be the same as for a magistrate with a change from five years to seven years); secondly, whether there should be a review of the activities of the Authority after two years operation. Those amendments should be on members' files so that we have adequate time to consider them. I am sure that the Minister will consider them in Committee. This Bill is a step forward and, if the Minister can take to heart some of the comments that I have made and move amendments in Committee or at least ensure that the regulations cover such matters, this will be a workable Bill which will put the Police Complaints Authority on to the right footing.

Mr GREGORY (Florey): I support this Bill, which is overdue in South Australia. The Police Force in this State has a very high reputation for honesty and the way it deals with the public. However, from time to time there are complaints about individual officers' dealings with the public, and they are referred to the Commissioner of Police for investigation. He advises the Minister what he thinks about the matter, and that is it. Occasionally, as a result of those investigations, police officers may be subjected to discipline within the confines of the Police Force. At times, that may mean that they resign or are eventually dismissed. However, that is not good enough, because justice needs to be seen to be done and those complaints need to be seen to be investigated properly: the Authority is designed to do that.

I listened with some interest to the member for Mitcham and his comments about this Bill, because I know what it is like to live in a police station and to have a father accused of all sorts of things. Also, I have a daughter who is a police officer. Both those people believe that all police officers in our Force ought to behave in such a way that their manner is beyond reproach and that if they get up to mischief and get caught out, tough luck: it is no good crying about it afterwards.

I turn now to the role of the Government and the Police Association. The Government drafted a Bill on the basis of the Grieve Report, which had as one of its membes, a former President of that Association who is currently a member of its executive. That Bill was given to them in July last year. The matter was then referred to us after consultations, and the Government was told that the Police Association was happy with the Bill. Then the problems started. The Police Association said, 'We are not happy with it.' The Government put the Bill into Parliament, subject to a couple of amendments sought by the Police Association, and there were numerous negotiations with that Association.

Its officers would agree to something and then they would come back to us and say, 'We do not agree with it.' We have finally reached a position where agreement can be achieved between the Police Association and the Government on the contents of this Bill. For instance, anonymous complaints can still be made, and that is important. The whole success of telephone call-ins conducted in the Eastern States seeking information regarding drugs and crimes associated with drugs has been based on anonymity of people making the complaints.

Police officers themselves and the Police Association have been negotiating with the Government and have made very clear that in respect of certain information about who was supplying information they would not even disclose where it came from, so they wanted anonymity incorporated. It is right that people should be able to make a complaint on the basis of anonymity. However, honourable members will note in the Bill that the Authority has considerable discretion as to whether he or she investigates those anonymous complaints.

I believe that many of them can be treated on the basis that they have no foundation and will be just filed away without further reference. However, there will be anonymous complaints that will make some fairly serious allegations that will need to be investigated. It is in the course of that investigation that the people concerned will find that a complaint has been made against them. Later, they will find out the decision of the Authority regarding that complaint. But, the person who makes the anonymous complaint suffers a couple of major disadvantages, compared with the person who makes a complaint in writing or personally (orally): there can be no further discussion with a person making an anonymous complaint, no follow up and no recording.

I suggest that, unless anonymous complaints were of some substance and foundation, most would prove to be of little importance. However, in South Australia very few police officers, in my memory, have ever been charged with accepting bribes or corruption, although I can think of one or two. One related to a sizeable bribe in respect of corruption and SP bookmaking: another person was receiving commissions for copies of accident reports, but they were not of great importance. That is to the credit of our Police Force, because its members have made sure that any police officers who have shown tendencies to misbehave have been weeded out fairly early.

We have not suffered the allegations made about Police Forces in other States. This Authority will ensure that that does not happen here: it will be a bonus in our State and will further enhance the reputation of our Police Force. I do not accept that, because we are moving in uncharted waters, we should not do that. For a long time our Parliament has initiated reforms that have led the world, particularly Australia, so why should we not initiate a reform in this area that assures people that any allegations they make are properly checked out and not merely checked out in-house?

That is not to say that the current system is not working properly. However, it does say that the current system does not appear to have the independence that an Authority will have. I do not accept that this Authority will get off the rails. Honourable members will find that the reference to five years ensures that a wide range of people could be appointed to this position. The Police Association was arguing about that. It wanted a wide range of people from which to choose, no doubt for good reason. I understand that advice was received from two QCs—one supported their argument and one did not.

I now want to talk about the power of the Authority, which is very important. It has a lot of powers, but the most fundamental is that it protects the person who makes the complaint and protects in a number of ways the officer against whom the complaint is made. First, if a person is making a complaint, the officer is not told who has made the complaint. All that happens is that the person who makes the complaint is advised of the results of investigations and whether any disciplinary action has been taken. There is no passing on to the police officer information about who the complainant is, nor is there passing of information regarding a police officer's defence. That is kept within the Authority.

However, the Authority also has to have very wide powers when it conducts investigations so that it is satisfied that it can say, 'We have investigated this matter: we can assure you that nothing has happened,' or, 'We can assure you that something has happened,' because when it comes to that decision it is a very serious step. The complaint then has to be lodged with the Police Tribunal. In essence, the police officer then is subjected to the discipline of the Tribunal. The Authority would not have any standing if it was putting up half baked cases.

The complaint about the right not to incriminate himself is fair, but the police officer and the Police Association agree and accept the fact that in the case of a police officer who refuses to answer any questions of the Authority, the next person who will ask those questions will be the Commissioner of Police and/or one of his representatives. If he does not answer the questions then he is subjected to police regulations. I understand that if a police officer fails to answer questions lodged by the Commissioner and/or his representative that police officer is in for a fair amount of disciplinary action.

The police officer in authority needs to have warrants to enter the home of a police officer. That is fair enough. It is fair enough that the family should not be required to incriminate themselves, but if the police officer has been up to some mischief and has created some problems for himself, eventually this Authority will get to the root of the matter. It also has powers to require other people to appear before it and to answer questions asked of them and provide information that it seeks. Provision also exists so that the Authority can investigate matters determined by the Cabinet or Government, provided the appropriate certificates are available. People cannot hinder the Authority in the course—

Mr Baker: This is all in the second reading speech. That is why I didn't go through it. I could have spent half an hour quoting from the Bill.

Mr GREGORY: The honourable member should stop complaining. He had the opportunity to speak for hours if he had wanted to.

Mr Oswald interjecting:

Mr GREGORY: We are pleased, because we like to see your smiling face over there from time to time. It is important that we refer to these matters, because there has been a fair amount of complaining and grizzling about it. It has been the subject of many discussions that we have had with the Police Association. I am pleased that members opposite are prepared to support this Bill, although they listed a whole number of matters about which they are unclear or which they do not understand.

In Committee the Minister will adequately answer those questions to their satisfaction. The Bill will be an important innovation in this State because it will provide our State with an Authority that can look at matters of complaints against police officers. When those complaints are properly investigated and reported upon, people will know that they have been investigated properly and fairly and that allegations made are either founded or unfounded. I support the Bill.

Mr GROOM (Hartley): I congratulate the Minister on this measure and on the sensitivity and patience he displayed during consultations with the Police Association in relation to this Bill. The legislation is based largely on the Grieve Committee Report, the Federal legislation, and with modifications agreed to between the Minister and the Police Association.

Since the draft Bill was made available to the Association in July 1984, there has been an extensive period of consultation between the Minister and the Police Association, some of which has been aired publicly. When one looks at this measure now before the House one sees that, in substance, it is much the same as the Bill introduced in October 1984. The member for Mitcham made reference to what he said were four major issues. I wish to look at some of the issues he raised and some of the explanations he gave.

First, in dealing with anonymous complaints, I remind the honourable member that his Federal counterparts in the Fraser Government in 1981 passed an Australian Federal Police Complaints Bill which provided for the making of anonymous complaints.

Mr Baker: I said that they were concerned about it.

Mr GROOM: I remind the member for Mitcham that his Government introduced and passed legislation dealing with anonymous complaints. That provision to a large extent found its way into our police Bill. As a consequence of representations by the Association, anonymous complaints have been retained with a modification in South Australia, namely, that they will be investigated only for special reasons. That is an example of the sensitivity with which the Minister has handled this piece of legislation and the negotiations with the Police Association.

The Australian Law Reform Commission recommended some years ago the investigation of anonymous complaints, and that is why it was in the Federal police legislation and why it found its way into our Bill. It is essential that, in certain circumstances, anonymous complaints be investigated. In South Australia there will have to be special reasons: in other words, it will have to reflect some grave and weighty matters. That is the protection for the Association because frivolous anonymous complaints will not be proceeded with. In substance, there has been no real departure from the Bill of October 1984.

In dealing with the right of entry, a matter that the honourable member raised, the Fraser Liberal Government introduced Federal police legislation which, likewise, provided a right of entry to the Ombudsman under that legislation without the issuing of a warrant. That is contained in section 30 in the Federal police legislation which provides power to enter premises—premises occupied by the Australian Federal Police Force or a prescribed authority—and carry on the investigation at that place. The Bill introduced in October 1984 in this House largely reflected that provision, but added after the words 'premises used by the Police Force' the words 'or any other place'. There are two methods of statutory interpretation dealing with the interpretation of such a provision. One is narrow, that 'or any other place' has to be read in conjunction with 'premises used by the Police Force' or there is a much wider rule of statutory interpretation that the court might adopt in which it could refer to premises occupied other than by the Police Force or the police officer concerned.

The section was really a reflection of section 30 of the Federal Bill introduced and passed by the Fraser Liberal Government. Again, after representations by the Police Association the Minister displayed great sensitivity and recognised the fact that the section was capable of a wide interpretation so that, where the premises to be entered may be a person conducting a business or a third party, it is necessary for a warrant to be issued by a special magistrate. In substance, the right of entry provision is retained in this legislation.

The member for Mitcham also dealt with the interrogation of families and self-incrimination, which were part of the one issue in terms of the representations made by the Police Association. After negotiations with the Police Force, again the Minister has displayed further sensitivity. Again, the Fraser Liberal Government introduced a clause in its complaints Bill dealing with the Australian Federal police (section 27) and there is no protection for Federal police officers under that legislation dealing with the right of self incrim-

ination. If the honourable member was criticising this Government on introducing the Bill in that form, he likewise was criticising his Federal counterparts. There was one difference in South Australia, namely, that in 1984 the Evidence Act was amended (Act No. 56 of 1984) in this Parliament so that 'court' was defined as follows:

'court' includes a tribunal, authority or person invested by law with *quasi* or judicial powers or with authority to make any inquiry or to receive evidence.

In other words, 'court' under the Evidence Act included 'authority' so that, under our Act, the State police would have all the protection of the Evidence Act. It was certainly true that section 18, relating to the protection against self incrimination in relation to either offences, commenced with the words 'Every person charged with an offence'. Because at the authority stage one is not being charged with an offence, by implication there were clearly sound grounds for saying, regarding that section of the Evidence Act dealing with spouses giving evidence against each other, that there was a clear legal argument for section 18 not being adopted because of its opening words.

The Minister displayed great sensitivity, and it was indicated to the Police Association before the introduction of the Bill that that clause would be tidied up so as to clearly provide the rights and restrictions on self-incrimination, both for police officers and their near relatives as now defined under the Bill. So, again, that commitment was honoured by the Government. Although it was aired publicly in the wrong way, the provision that has ultimately found its way into this Bill is the same in substance as the Government indicated that it was prepared to concede to the Association prior to the introduction of the October 1984 Bill. So, in substance there has been a lengthy consultation process with the Association, and the Bill is not very much different from that which was introduced in October 1984.

It is understandable that the Police Association and its members were sensitive to this issue. Like any other union, they were entitled to hold meetings and, indeed, they did that. They were entitled to make representations to the Government in relation to tidying up various clauses. In effect, that is what has occurred. It is a credit to both the Minister and the Association that no industrial action was ultimately taken in relation to this Bill. It is a reflection of the very good industrial relations that prevail in this State under the current Minister, and I commend the Bill to the House.

The Hon. J.D. WRIGHT (Deputy Premier): First, I commend the Opposition for its support of the Bill. I am not sure whether it is the first Bill that the member for Mitcham has handled, but it is certainly one of the first major Bills that he has handled, and I thought that he made a very responsible contribution to the debate. Although it was not totally accurate nevertheless it was reasonably responsible. It is important to point out the words used by the member for Mitcham; he said that the police were treated badly. At no stage of these negotiations were the police ever treated badly. In fact, there were some 12 meetings with the Police Association. It is important to reiterate the circumstances in which the Bill first came into this House. The Association, via its Secretary, made very clear that it had given support to the original legislation. Agreement was reached between myself, an officer from my Department who is now in this House and the Police Association that the Bill could and would proceed, an assurance having been given that two amendments would be moved in Parliament.

Following that situation, the Association decided later, for whatever reasons, that the legislation was not satisfactory to the Police Association and its members. However, that does not detract from the fact that in the first instance the Government had negotiated with the Commissioner and the Police Association to the extent where a Bill was formulated and was to proceed in this House.

To put it at its lowest, it is misguided for the member for Mitcham to say that the police have been treated badly throughout the entire operation. As I indicated, there have been 12 meetings with the Police Association and several with the Commissioner of Police, and his and my officers and advisers. So, while the Bill that is now presented may not have had (and I use the words very advisedly) 100 per cent support from the Police Association, I did notice in the *Advertiser* on Saturday that the Association executive, (and here I am relying on the *Advertiser* report) was now 100 per cent behind the Bill. Also—and this is an important factor—it supported the concept of having an authority established. The honourable member probably also saw that report. I mention that to the House to establish that, as far as the Government and I are concerned, it is evident that the negotiations that have taken place over a long period of time have been quite fruitful.

Whilst talking about negotiation and consultation, it would be proper for me to give a special mention to the members for Hartley and Florey, who helped me and my staff as a negotiating committee a few months ago. At that time it was evident that the solutions to this Bill would not be established easily. I wanted a broader view from the Party and for it to be involved in those discussions with the Police Association, because the Association had a negotiating committee. The inclusion of those honourable members was very fruitful. Both are very experienced negotiators. I want to place on record my thanks for the common sense and union experience that were propounded by the member for Florey. I also thank the honourable member for giving us the advantage of his experience, as he himself said earlier, of being the son of a policeman and having a daughter who is also a police officer. I am also grateful for the legal expertise of the member for Hartley, which was very valuable in reaching the conclusions and in relation to any technicalities.

The member for Mitcham, in his response, indicated that this was a technical Bill, which it is. It is one of the reasons why, I would imagine, the honourable member has cited some 10 or 12 clauses. I thank him for that. He relayed to the House earlier those matters on which he will be asking questions in Committee. It is necessary to go through a few of the general matters that were raised by the member for Mitcham. He talked about legislation in other States, such as New South Wales and Queensland. He also referred to the Commonwealth legislation and that in a couple of other areas. The original Commonwealth Bill was based on the Australian Law Reform Commission proposals, and that was the basis of the legislation as originally introduced in this Parliament.

I raise that to indicate that the proposals which we put together were based on the Grieve Inquiry and that the matters not catered for in that inquiry were picked up by legislation that was already in operation. That is a reasonable approach. As it turned out, it was not acceptable legislation, but nevertheless it was reasonable for the Government to have adopted that attitude. It had to go somewhere to look for legislation which had a record of being effective and acceptable. As far as I know, the Commonwealth Police have not resisted that legislation to any great extent: there was no resistance like there has been in South Australia.

It is reasonable also to place on record that the legislation now before the Parliament, while it has gone through some changes over the past 10 or 12 weeks (one would have to admit that), still has a great resemblance to the Commonwealth legislation. Time will tell whether it will be useful and acceptable in South Australia.

I do not concern myself with the fact that the public of South Australia does not want a private investigation of the police force. Irrespective of the public concept about the police in South Australia, everyone to whom I have spoken has made it very clear that there ought to be an independent body to investigate police. That is a commonsense approach, and it is what this legislation does.

The honourable member talked about anonymous complaints: the Australian Law Reform Commission took the view that investigatio of anonymous complaints ought not to be excluded simp because they were anonymous. It is interesting to note that the Ombudsman, while not specifically empowered to investigate anonymous complaints, may investigate matters of his own motion left to his discretion and good sense. The argument that anonymous comlaints should not be investigated cannot be maintained when one takes into account the fact that the police currently investigate anonymous complaints, in any case. In New South Wales anonymous complaints may be investigated, and under the Federal Act, although it is not mandatory, it is provided for in that legislation.

When the Police Association expressed concern about anonymous complaints, my response was to ask whether police officers have the right to investigate anonymous complaints. They said that they did: not only did they have the right, but also they did investigate them. Surely, if it is good enough for the police to investigate anonymous complaints without question, an Authority supervising the work and conduct of the Police Force should have the same rights. I would take a lot of convincing that that is not sound reasoning. I seek leave to continue my remarks later.

Leave granted: debate adjourned.

ADJOURNMENT

The Hon. J.D. WRIGHT (Deputy Premier): I move:

That the House do now adjourn.

The Hon. TED CHAPMAN (Alexandra): Last Wednesday, during private members' time, a motion moved by the member for Davenport (the shadow Minister of Transport) was debated in this House. Following the contribution by the member for Flinders, I spoke in support of that motion, seeking to preserve farm vehicle registration concessions within the outer areas of South Australia and in those regions where primary producers enjoy reduced registration rates. After I spoke, the member for Mallee addressed the House with great gusto and, indeed, demonstrated a range of reasons why that concession arrangement should continue. He said that the Government's committee report recommending the disposal of the concessions should be ignored by the Minister and not be upheld.

However, following my colleague's address, the member for Peake rose to demonstrate yet again the Government's attitude towards primary producers. Yet again he lambasted the farmers of this State as being a subsidised group that has enjoyed concession for too long and said that, while concessions of the kind that we were addressing were available to farmers and not to farm workers and shearers (to use his description), he could not support the motion. Indeed, the honourable member went so far as to lock his colleagues into the position of opposing the Bill when, as far as I am aware, his own Minister did not intend to go that far but intended simply to hold the debate and adjourn the matter last Wednesday, so that it would not place the Government in the unenviable position of having to oppose the motion. In doing so, by implication (if not directly), he expressed his support for the recommended abolition of these vehicle registration concessions.

The member for Peake said that those concessions had not applied, did not apply and would not apply to a number of employees in the outer areas of the State. I can understand the honourable member's concern for farm workers and shearers because, prior to coming into this place, he was a representative of those people within the trade union movement.

I, too, have certainly demonstrated my support for that section of the community over many years, as I was a shearer and also an employer of these rural workers, and, indeed, I understand their rights for equal opportunity to enjoy the concessions about which we are speaking when they are in the outer regions of the State and traversing rough unsurfaced roads in the outback. Since coming into this place I have retained my association with the rural sector of the State, in particular with those in the shearing and wool industry. As the inaugural Chairman of the South Australian Shearing Contractors Association, I sought to ensure that the workers and the shearers, such as those referred to by the member for Peake, qualified for the concessions about which he was so vocal. In fact, due to my association with that organisation, in conjunction with discussions with union members and representatives of the Registrar of Motor Vehicles office that objective was achieved.

Employees in the outer areas are required to sign the motor vehicles registration (outer areas) undertaking form in order to qualify for the 50 per cent registration fee concession as users of vehicles in outer areas of the State, which is precisely consistent with the 50 per cent concession applicable to primary producers and rural employers so unmercifully castigated by the member for Peake last week. An employee or a shearer working and residing in the outer areas of the State for more than six months of the year qualifies for the 50 per cent vehicle registration concession. Details of the person's name and address are required on the form, and as for a shearer in particular, let alone other employees who are working on a station, his address is in the big paddock in the outer areas. It is quite legitimate for those workers to identify on the form their outer areas address accordingly. The form then requires that the applicant identify the registration number and type of motor vehicle, etc., and give details of the area in which the vehicle is to be used. In these cases the vehicles are used in the outer areas, out in the sticks, the area that the member for Peake knows so well. An applicant must then sign beneath the portion of the form which says:

> I, the abovementioned and undersigned, undertake that unless the balance of the full registration fee as defined in section 40 of the Motor Vehicles Act is paid the motor vehicle mentioned above will, during the currency of its registration or any other subsequent renewal, *(a)* be used solely or mainly in the outer areas, and *(b)* be in the possession and under the control of the person whose place of abode at the time is in the outer areas and be usually kept at premises situated in those outer areas also.

Accordingly, shearers and other people working in an outer region, for more than six months of the year may qualify for the 50 per cent reduction of the registration fee. I have spoken to the member for Peake on this subject and have assured him that that is the situation. I shall furnish him with a copy of the pink form which qualifies his colleagues in the work force for this concession. I hope that at the next opportunity the honourable member has, whether during a grievance debate or other debate, he will acknowledge my comments tonight in relation to their applicability to those people. This is equally applicable to their respective employers and primary producers in the outer regions of the State.

I think it is important that, when a group in the community is isolated and unable to enjoy the opportunities extended to those living in other areas, matters affecting them should be clarified. I hope my remarks this evening have satisfac-

torily resolved this issue. I place on record my equal concern for those people who are employed and do the actual work in the rural regions of the State and for those who employ them. The difference between my situation and that of the member for Peake, therefore, is that I recognise the value of and the need for fair and appropriate attention being given to both the employers and the employees in the outer regions of the State, whilst quite clearly the member for Peake has a single minded and direct regard for the employees and indeed a rude disregard (evident in his comments made last Wednesday and recorded in *Hansard*) for primary producers and those people who are employers of the rural work force, producing a product returning about 60 per cent of this State's export income. I think that it is fair to meet the needs of both parties when we have the opportunity to do so.

The SPEAKER: Order! The honourable member's time has expired.

Mr HAMILTON (Albert Park): I refer to an ongoing problem experienced in my electorate and more specifically in the West Lakes and West Lakes Shore areas, although this problem is common to many parts of South Australia; I refer to hooliganism and vandalism. Since 1980, I have held public meetings, the first of which was at the Bower Cottages at Semaphore Park. I called a further public meeting in 1981 which was held at the Semaphore Park Football Club, now the West Lakes Football Club, to address the problems confronting the residents in the area.

To appreciate the problems in these areas, one must understand what the West Lakes area is about. It is probably the best developed area in South Australia in terms of housing and the waterway. People are attracted to the area from all parts of the metropolitan area as well as from country areas to have a look at this development. The West Lakes area caters for many recreational sports. These involve not only the waterway but also areas around the waterway itself. One can mention the activities taking place at Football Park and the activities on the waterway itself. The Messenger *Weekly Times* of February 1985 published an article headed 'West Lakes louts are blight on area: locals'. One resident stated that 'hooligans had threatened him previously when he reported them to the police'. It was further reported:

> Other residents complained of littering, vandalism, invasion of privacy, and lack of action by the various authorities to curb hooliganism.

Apart from the involvement of juveniles, indeed, I would suggest that older people are jumping from bridges in and around the West Lakes waterway. Some people have asked me what I am trying to do and have indicated that I might be trying to curtail the activities of some of these young people. That is certainly not so. However, those with an appreciation of the number of sports conducted on the waterway, such as canoeing and sailboard riding, etc., would understand that there is a need to provide juveniles with appropriate facilities. I think that a lack of facilities might be one of the reasons for some of the hooliganism and vandalism problems in the West Lakes area. I compliment previous Governments and the present Government for the amount of money that Government, in conjunction with the Woodville council, has directed into this area. However, that is not to say that there are no further problems in there. One of the main problems, of course, concerns the lack of regulations applying to areas in and around the West Lakes waterway.

It is a complex situation: footpaths in and around the West Lakes area are mainly controlled by the Woodville council, the waterway comes under the jurisdiction of West Lakes Ltd, and the revetment work (concrete blocks surrounding the waterway) comes under the jurisdiction of the Department of Marine and Harbors. As I said, in 1981-81, I called public meetings in that area and specifically at what is now West Lakes Football Club, which was packed out with residents who were complaining about inaction and the lack of regulations to control that waterway. As a result of that meeting, an *ad hoc* committee was set up to frame regulations and put them to the Woodville council. I am pleased to say that at the latest discussion I had with the Town Clerk of the Corporation of the City of Woodville (Doug Hamilton—no relation, incidentally) I was told that these matters had been discussed with the solicitors and that they would shortly be sent to the Subordinate Legislation Committee.

I hope that those regulations pass through this Parliament very quickly because, from my knocking on every door in the West Lakes, West Lakes Shore and Tennyson area, I know that the residents have a considerable number of problems, not only in relation to vandals but also in terms of invasion of their privacy.

Moreover, a number of housebreaking incidents have occurred in and around that area. Of course, as those criminal elements would be well aware, by the very nature of the area, there is a considerable amount of wealth, and housebreakings do take place. I must give credit to successive Governments for trying to counteract this problem. It would seem that, despite the fact that one could have as many police patrols as one liked for 23 hours a day, in the remaining hour when they are not there the problem would still arise.

So, this Government has embarked upon a neighbourhood watch. I enjoin all residents in and around that area, and indeed in South Australia generally, to keep an eye on their neighbours' properties, particularly when they are away, and to notify the local police station of any untoward incidents, because in order to reduce the incidence of crime in South Australia—particularly housebreaking—we need the goodwill of the community at large.

At least twice a year I put out newsletters to my constituents asking them to take necessary precautions, particularly when going away on holidays, to lock up their houses and advise the local milkman, and so on, that they are going away. Moreover, I enjoin residents in my district to contact me if they have any difficulties, because I like to know what is going on in terms of vandalism. Since being elected to this place in 1979, it has been my practice to watch the yearly statistics for breaking and entering, acts of vandalism, and so on, in my district. These cause enormous cost to the community.

When we look at figures not only for breaking and entering but also for vandalism, we realise that we all pay additional costs, one way or another, whether it be increases in taxes or in insurance policies. It is encumbent upon all of us to try to play our role in the community to break down this ongoing problem. I appreciated talking with Brian Martin from West Lakes Ltd last Sunday, when I walked by the Leg Trap Hotel, and learning of problems of residents in that area. It is only natural that residents living near that hotel would experience a number of problems, particularly after the hotel or disco closes at night. That is no reflection upon the hotel, as those people do the best job possible to counteract the problem. Similarly, police on patrols do the best they can with the manpower available. Nevertheless, it is necessary for the community to contact people like myself and keep us informed about what is taking place.

Finally, the two major clauses to which I referred in the West Lakes regulations are Nos 25 and 52. Once they are inserted, I understand that those problems will be overcome and that facilities will be provided for Woodville council inspectors and the Police Force to come down hard on vandals in that location. Also, I hope to see more facilities

provided for youth in the area. I know that it is costly, but in the long term one way or another society will pay. If we cannot take the children off the streets we will have to pay the price.

Mr MATHWIN (Glenelg): I wish to draw the attention of the House to an urgent letter I sent on 9 January to the Minister of Education relating to the Kingston College pre-vocational course on electrical trades to which I received a reply on 20 February (which is most unsatisfactory). In answer to my letter, in which I asked why that course had been stopped, the Minister stated:

> I refer to your letter of 9 January 1985, in which you express concern that it is not planned to run a pre-vocational electrical course at Kingston College at the beginning of 1985. You are correct to say that a pre-vocational electrical trade course was run at Kingston College in 1984, and this course will not be repeated in 1985. The 1984 course will not be repeated in 1985 at any location, as it has been replaced by a revised course. The policies of the Industrial and Commercial Training Commission have resulted in the 1984 course being modified in two ways. Firstly, it has been increased in length from 20 to 38 weeks.

That was the first wrong information given to me by the Minister. I wonder why he made untrue statements in his letter. The course that was conducted over the years at Kingston College was 38 weeks long (it was increased in 1984), and attracted 20 students. This information from the Minister in his letter is quite wrong. The Minister continues:

> Unfortunately, Kingston College does not at this time have either the equipment or the staff necessary to teach the required range of subjects in the new course. Possibilities are being investigated... but staff remains a serious obstacle. The only college with the full range of necessary physical and human resources is Regency Park, which is also located in a position giving equal access from suburbs in all areas. It is for these reasons that the new course has been commenced at Regency Park.

So, the Minister is blaming the shortage of staff. Yet, he as Minister this year removed from that college two teachers who were conducting that course. The Minister is responsible, because the right number of staff were employed there previously. It is impossible now to teach that course, because the number of staff is insufficient. Those staff have been removed and relocated at Regency Park.

So, he and the Department are responsible for that. In his letter to me the Minister blames the shortage of staff when, in fact, he is responsible, along with his Department, for removing the staff and placing them at Regency Park. That has produced the serious problem that we have in the southern areas for youth who wish to become electricians or be involved in the electrical trades. It is for these reasons that the new course has been commenced at Regency Park.

The Minister said the reason was that the course had increased from 20 to 38 weeks. That is wrong, as it was previously 38 weeks. The Minister said there had been a shortage of staff, and that is wrong because the Minister moved two staff to Regency Park and they coped with it well. The Minister goes on to state:

> . . . in respect of the Kingston difficulty is to use the first months of 1985 to develop the resources needed to teach the new course at Kingston from mid-1985.

Fancy starting a 12 months course in the middle of the year! That is absolutely ridiculous and, I suggest, with due respect, that the Minister could well have done that purposely because he has a problem in this area and wants to make the situation very bad for the youth of the south.

I and parents in the southern area want to know who made the decision to load this hardship on the young people of the southern areas. Does the Minister realise the hardship involved in travelling from Christies Beach, Hallett Cove and Seacliff to Regency Park? People can either go on two trains and walk at the other end, take a bus or take their bike on the train. However, the Minister should know that people cannot put a bike on a train in peak hours; therefore, they have to walk at the other end. Does the Minister know that, to get to Regency Park and back by public transport from Christies Beach, it takes 4¾ hours? It takes the youth of the southern area that long to get to Regency Park.

Who made this secret decision? Does the Industrial Commercial Commission know about it? I have made investigations in relation to it and I understand from investigations I have made that the programme has not yet been approved by TEASA. How on earth can it be introduced without the recommended approval and blessing of the Commission and TEASA? It is a disgraceful situation. It is blatant discrimination on the part of the Minister and his Department towards the southern areas. The youth of the southern areas are taking the brunt of his wrath.

The Government first makes the requirement that any young person who wishes to go into the Public Service as an apprentice in the electrical trades must do this prevocational course before being accepted. That also applies to private enterprise. They require that young people do this course before being accepted as apprentices. Yet, the Minister has seen fit to move teachers away from the Kingston College at Majors Road. He has then said that they will alter the course when, in fact, they are not going to do so. The Minister is wrong in what he is trying to do in this area. The moves to put this course into Regency Park mean that 22½ hours of travel a week are incurred by these students if they can afford it. They must set that amount of time aside in order to do the course.

It is a disgraceful state of affairs for the Minister to do this to the southern areas youth. I know that some members opposite, particularly the member for Mawson, are most upset about this. My constituents and I are most upset about it. This letter was done by the Minister's office and no doubt he dictated the letter. Surely he would have read the letter, and surely someone in his Department would have pointed out that he has given false information to me in this letter. Surely someone would have picked it up, even if the Minister read past it. The Minister had the audacity—and I emphasise 'audacity'—to sign this letter, endorse this shocking and untrue information of the situation of these young people who wish to become, through their dedication, electricians but who are now unable to do so by the Minister's action in moving the course from Kingston College, at Majors Road, to Regency Park. It has cost these young people 22 ½ hours travel per week simply to get there. They are unable to take their bikes with them and have to walk when they get to the other end. It is not good enough, and it is time that the Minister showed some thought for the people in the southern area of Adelaide.

Motion carried.

At 10.26 p.m. the House adjourned until Thursday 28 February at 2 p.m.