LEGISLATIVE COUNCIL

Wednesday 20 February 1985

The PRESIDENT (Hon. A.M. Whyte) took the Chair at 2.15 p.m. and read prayers.

PETITION: CONSENT TO MEDICAL AND DENTAL PROCEDURES BILL

A petition signed by 25 residents of South Australia praying that the Council will either reject the Bill or amend the Bill to ensure that responsibility for consent to the medical and dental treatment of minors lies with the parent or guardian for minors below the age of 16 and jointly with both the minor and the parent or guardian for minors of or above the age of 16 years was presented by the Hon. R.I. Lucas.

Petition received.

MINISTERIAL STATEMENT: PATIENT TRANSFER

The Hon. J.R. CORNWALL (Minister of Health): I seek leave to make a statement.

Leave granted.

The Hon. J.R. CORNWALL: Honourable members will recall that I indicated yesterday that I was concerned about an unfortunate development in the country hospital dispute, in particular, the manner in which a number of frail aged persons were moved from a country hospital to Adelaide. That concern, which reflected the feelings of officers of the South Australian Health Commission, has led to a number of actions which I now propose to report to the Council.

It has been reported to me that last weekend Dr Brian McNamara arranged for the transfer to Adelaide of a number of his patients at Riverton Hospital. I am informed by the Health Commission that neither the Administrator of the Hospital nor the board of management were consulted in relation to these transfers or advised that they were going to take place.

Two patients were transferred on Saturday, two on Sunday and another two on Monday. Their ages range from 65 to 91. The doctor arranged for all six to be transported by ambulance to the Royal Adelaide Hospital, where they were admitted. It is neither desirable nor appropriate that I should provide details such as patients' names or their precise medical condition, particularly in the light of the actions which have now been taken. However, in broad terms, I am advised that five of these patients were long-term patients of Riverton Hospital, where they had resided for a number of years, one as many as seven years. In general, they suffer with chronic, debilitating problems related to old age which do not require the sophisticated and high technology services that are provided by major teaching hospitals in metropolitan Adelaide. For five of these patients, to all intents and purposes, Riverton Hospital had become their home.

The Health Commission, which has been investigating the circumstances of individual cases with staff of the Royal Adelaide Hospital, has advised me that a number of these transfers were manifestly unwarranted. Although it might be argued in one or perhaps two cases that legitimate medical reasons could be found, the other transfers were totally unnecessary. In my view—and in the view of senior officers of the Health Commission—this is a reprehensible situation. Patients, deliberately used as pawns in a medical-politico dispute, have become the victims. Experts in geriatric care have advised me that the effects of abruptly relocating long term hospital patients who were well adjusted in a particular setting could have serious effects on their psychological state and could cause considerable disruption to established family relations. For example, I am advised that one of these elderly patients, whose only friends were fellow patients in Riverton Hospital, has become distraught at finding himself in the unfamiliar and busy environment of a Royal Adelaide Hospital ward.

Frankly, I am appalled that this person should have been placed in this position. I have been provided with an opinion from one of Australia's most senior and experienced geriatricians concerning the impact upon frail aged patients of sudden, unplanned relocation. It reads in part:

> Relocation of an elderly person from their usual physical environment is widely acknowledged as a great stress, second only to the death of spouse in severity. This stress can produce illness and even death in certain cases.

Following a number of inquiries into this matter, the actions of Dr McNamara have been referred to the Medical Board of South Australia by the Chairman of the Health Commission for urgent consideration under the provisions of the Act relating to unprofessional conduct.

In addition, the Director of the Health Commission's Central Sector has requested the Chairman of the Board of the Riverton Hospital to suspend Dr McNamara's admitting privileges at the hospital until a full report can be obtained. I understand the Board has called a special meeting tomorrow to deal with this matter. I have today written to the President of the State Branch of the South Australian Medical Association expressing my dismay and appealing for action by the AMA to ensure that patients are not distressed or endangered in this way. I seek leave to table a copy of that letter to the State President of the AMA.

Leave granted.

The Hon. J.R. CORNWALL: Central to this unhappy episode is the care and well-being of six individuals. They are frail and elderly South Australian citizens. I have directed the Health Commission to urgently address their individual needs with the hope that they can be returned to their familiar home at Riverton at the earliest opportunity.

QUESTIONS

PETROL SNIFFING

The Hon. M.B. CAMERON: I seek leave to make a brief explanation prior to asking the Minister of Health a question about petrol sniffing.

Leave granted.

The Hon. M.B. CAMERON: In May 1983, accompanied by other Liberal members of the Legislative Council, I visited the majority of the Aboriginal communities in the Far North. During that time several problems that the communities had were raised with us. One common problem in every community was that of petrol sniffing. The concern felt by Aborigines was brought home to us time and time again. Members of one community, which I will not name, indicated that in their opinion petrol sniffing, either on a chronic basis or at least partially, affected 90 per cent of the children.

I am sure that the Minister has had this matter drawn to his attention on many occasions. There is no doubt that the problem is growing, has spread from community to community through the interaction of people in the communities and has now reached almost epidemic proportions where, if something is not done that works—and plenty of people have tried different things—the majority of children will have serious health problems. We have to address this problem positively.

Recently in the *Advertiser* an article appeared indicating a new concept being brought forward by Aborigines, that is, shifting some of these children to Wardang Island. As a

first stage 10 children will be selected for that purpose. They will be in an isolated area where only one vehicle, and virtually no petrol, will be available and where some relatives will be present to try to provide them with some atmosphere of home.

While that sounds like a positive move, and while I am not allowed to express opinions when explaining a question, I have some doubt about permanent or semi-permanent relocation of some of these children because in fact this problem was taken back to the communities by one child who was sent down here for a particular reason. I trust that those communities will not pick up any more bad habits from our way of life. I hope that the Wardang Island proposal will work. I understand from the article in the *Advertiser* that at the moment there are some problems in financing travel and food costs. The article states:

> It was hoped the children and their relatives would receive funding under the State Government's Isolated Persons Travel Assistance Scheme. Under the scheme patients who had to travel from outback or isolated areas to major centres for medical treatment received the allowance . . . it was hoped that the Department for Community Welfare would help finance the food costs.

Will the Government be providing assistance with the travel costs associated with the transfer of these children who, at this stage, are coming from only one community? It is believed that, if this method works, other communities will be anxious to participate. Will the Minister indicate whether the Government will be assisting with food and other costs associated with the stay at Wardang Island?

The Hon. J.R. CORNWALL: The Isolated Patients Travel and Assistance Scheme is 100 per cent Federally funded. It was introduced by the Fraser Government, from memory, about five years ago. There are situations in which it is somewhat less than adequate and it is a matter of ongoing negotiation at this time. In fact, the whole matter of travel for isolated patients in outback areas is a matter I had put on the agenda of the Health Ministers' conference last year, and there will be a comprehensive report at the Health Ministers' conference this year in Brisbane in early May. That is simply the technical background to IPTAS, however.

Having said that, I thank the honourable member for raising this matter in the constructive way he did. I am aware of the petrol sniffing problem and acutely distressed by it both in the sense that it is doing great harm to young Aboriginal people, particularly in remote areas of the State, and of the apparent inability to find a ready solution. I find that more frustrating than anything.

I guess there are a couple of reasonably optimistic views: one is that the majority of children tend to grow out of it. They go through a period of experimentation and at some time on the downward side of their twentieth birthday they tend to move away from it, just as many European children get into early experimentation with substance abuse generally. Of course, on the other hand, there are those who literally die through acute episodes, and there are those who suffer varying degrees and sometimes a severe degree of brain damage.

I have convened a meeting soon with one of the people from Flinders Medical Centre who worked in the western desert project some years ago. She now works for communities in the Northern Territory and she will be in Adelaide within the next couple of weeks. I have convened a meeting that will involve her and senior people from the Health, Education, Community Welfare, and Aboriginal Affairs Departments to see whether we cannot devise at least some short-term solutions.

One of the real problems appears to be boredom. One thing that I would like to see investigated very vigorously is the better use of the Education Department facilities in many of these settlements. It seems to me to be wrong that in metropolitan Adelaide, for example, there is multiple use of school campuses. Very often they are open at 8 a.m. and perhaps through until 10 p.m. and again open for activities on weekends, whereas in most of these settlements the schools are open from 9 a.m. to 3.30 p.m. five days a week, with no activity thereafter. Boredom is certainly a problem.

There is a suggestion at Yalata at the moment that the employment of two community workers recently, who are leading programmes for youth and in fact providing recreational and sporting activities, may have improved the situation markedly or even dramatically. Of course, there is an underlying social problem. In the case of the Pitjantjatjara people we are talking about tribal communities who formerly never associated in groups of more than about 20 or 25 but who are now living in relatively large communities. It is said by people far better informed in the area than I that they do not cope well in relatively large communities.

The thing the Hon. Mr Cameron is talking about is the so-called 'geographical solution'. This idea is put up from time to time for members of the urban European community who get into drug and alcohol problems. There is nothing unique or new about it in that sense. As I understand it, two programmes are proposed: one is a pilot project which we will assist in funding. It will involve housing in suburban Adelaide small numbers of children—the chronic petrol sniffers from the remote communities; the second programme is the Wardang programme, mentioned by the Hon. Mr Cameron. I will have more details soon on both of those programmes. At the moment I cannot put dollars and cents on them.

In relation to the original question about assistance with travel, we would certainly urge our Federal colleagues to provide a satisfactory level of funding through the IPTAS scheme. We will ensure that adequate funds are available for the transport of chronic petrol sniffers. We will certainly be supporting the proposal for a suburban geographical solution. In terms of food, I guess that that is more a matter that I should refer to the State Minister of Aboriginal Affairs. But in terms of the relatively small amount of funding that would be necessary there, I can give the Council an assurance in advance that it will be found.

FOOD IRRADIATION

The Hon. J.C. BURDETT: I seek leave to make a brief explanation before asking the Minister of Health a question about labelling in respect of irradiation of food.

Leave granted.

The Hon. J.C. BURDETT: The last issue of *Consumers Voice*, the newspaper of CASA (the Consumer Association of South Australia) raised this issue. It stated first, as honourable members will know, that the process of irradiation of food protects food from insects and keeps fresh fruit and vegetables from spoiling. The food is treated with rays from a radioactive source—Cobalt-60. According to the Food and Drug Administration in America, the irradiation of foods does not make them radioactive.

At present there is no irradiation of food in Australia. In June 1979 the National Health and Medical Research Council recommended against the irradiation of food, which recommendation was adopted by regulation by Queensland, New South Wales and South Australia. But, according to the Australian Radiation Laboratory, as a result of the development by Codex Alimentarius of *Standards for Food Irradiation* and specific interests by Australian processors, the food committees of the NH&MRC are currently developing standards for the irradiation of food which, if approved, will be recommended to the State and Territory

Governments for incorporation into their individual legislation.

I make it clear that I am by no means opposed to irradiation of food occurring under proper controls, but CASA believes that there should be at least some mandatory labelling regulations enabling consumers to choose whether they purchase such products or not. CASA notes the lack of provision for such labelling in the Model Uniform Food Act and Companion Model Regulations, which allows food to be exposed to ionising radiation if approval is given by the Director-General of Health. CASA endorses the recommendation of the Codex Food Labelling Committee that food that has been irradiated should bear the label, 'Treated by ionising energy'. The article in *Consumer Voice* continues:

In view of the fact that about one quarter of all the food harvested in the world is lost through decomposition, the irradiation of food may well be a necessary process. The advantages of irradiation over the use of pesticides needs also to be considered.

The article continues, saying that CASA believes that consumers should be informed about irradiation and that irradiated foods should be labelled so that consumers can decide whether or not to purchase them. CASA says that consumers have a basic right to be informed about products and that it will include its call for labelling in its submission to the Government of South Australia on its proposed new Food Bill, to be introduced into Parliament, and in regard to the regulations.

In regard to the new Bill that is to be introduced, and I suppose more particularly to the regulations, will this matter of irradiation of food be taken into account? Is it intended that it be allowed, subject to proper controls, and, more particularly, if it is so allowed will it be mandatory to provide labelling to indicate that the food has been irradiated?

The Hon. J.R. CORNWALL: The procedure at the moment is that the National Health and Medical Research Council is the peak body with regard to recommendations concerning food standards and quality in Australia. Any recommendations that it makes in a whole range of areas are normally considered then in South Australia by the Food and Drugs Advisory Committee. That body will be reformed and expanded significantly under the proposed legislation and become the Food Quality Committee (the drug part of that of course will go to the Controlled Substances Advisory Council). Incidentally, barring any accident, I hope to be able to introduce the legislation to Parliament in the next couple of weeks, but it is basically enabling legislation.

There has been much talk about the model Food Bill. In fact, it is principally enabling, although very interesting, legislation and the model for consistency around Australia will be reflected more in the regulations that are developed under that legislation. I guess that the short answer to the three questions of whether it will be taken into account, whether it will be allowed and whether it will be mandatory are questions that are premature at this time. In order that we lose no time in assessing the matters that have been raised by the Hon. Mr Burdett I will refer the whole of that question, including the explanation, to the existing Food and Drugs Advisory Committee for its comments and response, and I will bring back a reply as soon as it is reasonably available.

LISTENING DEVICES ACT

The Hon. K.T. GRIFFIN: I seek leave to make a brief explanation before asking the Attorney-General a question about bugging devices.

Leave granted.

The Hon. K.T. GRIFFIN: The Minister of Emergency Services (Hon. J.D. Wright) was reported recently to have said that a planned review of the Listening Devices Act had been delayed. It was announced in May 1984, as I understand it, in response to an *Advertiser* story about the increase in the use of bugs and the statement that there was now a high level of sophistication in those bugs and that they were readily available even though they were illegal.

The report refers to a spokesman for Mr Wright saying that the review had been shelved because of his Department's heavy workload in matters such as the Country Fire Services, the Metropolitan Fire Service and the Police Complaints Bill. Of course, I understand the need to spend time on the Police Complaints Bill in light of the controversy that has surrounded it but I do not believe that that has been sufficient to occupy the Department's time fully.

There is no doubt that the Act does need review, but I am surprised that, in view of the seriousness of bugging other people's conversations—whether on the telephone or otherwise—without their knowledge and the events of last week concerning the Bushfires Select Committee, the review does not have a high priority. The Minister for Environment and Planning today in another place has made a Ministerial Statement about that particular issue and has quoted a Crown Solicitor's opinion that there is a conflict between State and Federal legislation and that in fact the Federal legislation overrides South Australian legislation in respect of telephone calls.

Obviously, that does not apply in relation to other listening devices and the Minister in another place concluded in respect of the taping of another member's telephone call by a departmental officer by saying:

The Government is of the view that there are circumstances where taping is inappropriate—

The Hon. C.J. Sumner interjecting:

The Hon. K.T. GRIFFIN: No—

and in my view this was one. The Minister of Emergency Services will be issuing instructions that the necessary modification procedures be undertaken.

In the past few days we have seen the Attorney-General assuming responsibility for the Police Offences Act, which I understand is committed to Mr Wright.

The Hon. C.J. Sumner: No.

The Hon. K.T. GRIFFIN: Well, to the former Chief Secretary, but it has not been committed to the Attorney-General. I would expect that in the light of the legal questions involved in bugging the Attorney-General would be involved in the review of the Listening Devices Act. My questions to the Attorney are:

1. Why is there a delay in reviewing the Listening Devices Act?
2. Is the Attorney-General involved in that review and, if he is not, will he seek to be involved in the light of the Crown Solicitor's opinion in relation to the bushfires Select Committee minute?
3. When will the review commence and finish?

The Hon. C.J. SUMNER: According to the honourable member, the review was announed by the Minister of Emergency Services some time ago, and I will have to ascertain from that Minister when he anticipates that the review might be completed. I imagine that the Attorney-General will have some input into the review, but the honourable member should not be under any misapprehension about the Crown Solicitor's opinion on this topic, which was that the Telecommunications Act with respect to telephones overrides any State legislation dealing with listening devices. That has been the situation for many years.

Furthermore, the Crown Solicitor was of the opinion that the taping of telephone conversations at CFS headquarters was not contrary to any Commonwealth legislation, because there is an exemption in the Commonwealth legislation for recording apparatus that is attached to a telephone installed by Telecom. That being the case, the Crown Solicitor was

of the view that there had been no illegality in the taping of the conversation to which the honourable member referred.

The Hon. R.J. Ritson: It doesn't make any of us feel good about ringing up Government departments.

The Hon. C.J. SUMNER: That is quite an inane comment.

The Hon. R.J. Ritson: The Opposition trembles in fear.

The PRESIDENT: Order!

The Hon. C.J. SUMNER: The CFS was on an operational footing at the time during which that telephone conversation was taped, and that does not seem to be unreasonable.

The Hon. R.J. Ritson interjecting:

The Hon. C.J. SUMNER: There was a bushfire at the time and the CFS was taping incoming calls.

The Hon. Frank Blevins: Quite legally.

The Hon. C.J. SUMNER: Yes, quite legally.

The Hon. R.J. Ritson: It wasn't an incoming call.

The Hon. C.J. SUMNER: Well, both—incoming and outgoing.

The Hon. K.T. Griffin: It must have been one of them.

The Hon. C.J. SUMNER: They were taping calls because it was an operational period. It absolutely astounds me that members opposite should make any criticism of that given that one of the problems during the Ash Wednesday bushfires two years ago was that there was no taping of telephone calls and no record, so therefore there was a potential for confusion. There were problems and confusion because there was no taping. It was recommended that during an operational period calls by the CFS should be taped, and that seems to be not an unreasonable proposition. If members opposite want to go back to the Ash Wednesday situation, so be it. Regarding the reason it was brought before the Select Committee (and I was not on the Select Committee), the Hon. Ms Levy or members opposite who were on that committee might be able to tell honourable members something about it. I understand that the Select Committee was quite happy to receive the information on an informal basis, because it threw some light on a dispute that occurred between the National Parks and Wildlife Service and the CFS, which was part of the inquiry that the Select Committee was carrying out.

On that basis, the fact that the information was given to the Select Committee on a confidential basis does not seem to me to be unreasonable. After all, the Select Committee was a Select Committee of the Parliament. It was able to hear evidence in camera, to suppress the publication of evidence or to take confidential material. Anyone who could suggest that the giving of confidential material of this or any other kind to a Select Committee of the Parliament when that information is directly relevant and pertinent to the Select Committee's investigation seems to me to be showing quite a juvenile response.

We must also remember that a member of the Select Committee (and I suppose there is no point in pursuing witch hunts in this matter) broke the confidentiality that applies and told someone outside the Select Committee that this material had been received on a confidential basis. You, Mr President, commented on that yesterday.

So I just want to make clear from what the Hon. Mr Griffin said that there was nothing illegal in the taping of that conversation. As the equipment was installed by Telecom and it was connected to the telephone system by Telecom, it was within the exemptions established in the Telecommunications Act. Regarding listening devices generally, this is an important issue. The Minister of Emergency Services has outlined that a review will be carried out. I imagine that the Attorney-General's Department will be involved in that, but I will seek further information about the precise timing and terms of reference of that inquiry and bring back a reply.

RESEARCH OFFICERS

The Hon. I. GILFILLAN: I seek leave to make a brief explanation before asking you, Mr President, a question about research officers in the Library.

Leave granted.

The Hon. I. GILFILLAN: The provision of research staff in the Library is a great help to all ordinary members of Parliament, particularly to the Democrats, and I have emphasised that before in this place. I should not have to repeat that this facility is an essential part of the requirement of a politician to do his or her job properly. Following information I received that two positions are still vacant and that it may well be some months before those positions are filled in the Library, will the Minister say what is the current situation, whether any positions have been filled, and what is the expected lead time before the positions are filled? If my assumption is correct and if no-one is appointed or if it is some time before someone is appointed, in the light of the fact that the Attorney has assured me that the present generous Government has allocated funds for the salaries of those two officers, I ask the Library Committee through you, Mr President—

Members interjecting:

The PRESIDENT: Order!

The Hon. I. GILFILLAN:—to consider the appointment of two research officers, one nominated by and for the use of the Australian Democrats in the first instance and as a first priority, and in the second instance and as a second priority one officer for the use of the Liberal Party.

Members interjecting:

The PRESIDENT: Order!

The Hon. I. GILFILLAN: I hope that there was not too much interjection. Did you, Mr President, hear the question? The brief request is that, if the Library is unable to fill those positions at least for the time being, the funds which have already been allocated and which are there to be spent be made available for the appointment of two research officers, one by nomination and for the use of the Democrats and the second by nomination and for the use of the Liberal Party.

The PRESIDENT: I can answer part of the question without referring to *Hansard.* Honourable members will be pleased to know that the Library Committee sat this morning and that one of the positions to be filled will be offered to one of the applicants who was interviewed. Whether or not that person will accept the position, I have no idea. The honourable member can rest assured that the Library Committee is doing everything it can to fill the vacant positions with the best possible personnel within its reach.

With regard to the honourable member's question about what the research officers will do for the Democrats in this Parliament in preference to anyone else, I can only say that our job is to supply research officers who serve the Parliament and that I hope that our selection will be gratifying to the Hon. Mr Gilfillan and to all other members.

AUSTRALIA'S IMAGE

The Hon. R.J. RITSON: I seek leave to make a brief explanation before asking the Attorney-General, representing the Premier, a question about damage to Australia's overseas image.

Leave granted.

The Hon. R.J. RITSON: On Wednesday last in London the BBC broadcast a film as part of its series *The World Around Us* entitled 'Sacred Rites'. I am informed that the film presented the average Australian as a drunken ocker, low, garrulous type of person. It displayed scenes of intox-

icated persons urging a woman to remove her bra. It chose to represent Australian politics to the right of centre, and the image of the clean cut Liberal/Democrat member of Parliament was represented by Mr Russell Hinze, of Queensland, and the ruling political climate was presented in terms of Lang Hancock's statement that Aborigines who cannot assimilate with whites should be sterilised.

The viewers of that programme took great offence to it. I will let the political bias pass, except to say that if the Premier takes up my suggestion and views this film he will recognise the heavy hand of some activists who would be familiar to him. My concern is the very poor image that this film gives of Australians to people overseas. It was enough to offend grossly the particular travelling Australian who told me about it.

The Hon. C.J. Sumner: This wasn't last week; it was ages ago.

The Hon. R.J. RITSON: It was shown last Wednesday on BBC 1.

The Hon. C.J. Sumner: It must have been a repeat.

The Hon. R.J. RITSON: That is double devilry, if it was a repeat. Will the Premier view this film in company with the Minister of Tourism so that his Government can become aware of the film's negative impact on the image of Australia overseas? Will the Premier report whether the film was produced by Australian or overseas interests? Will he discover whether the production of this film was assisted in any way, either directly or indirectly, by any Government money or Government resources?

The Hon. C.J. SUMNER: I do not think that there is any need to pursue this matter any further. As I understand it (and I may be mistaken), the film to which the honourable member refers was screened some months ago in London. I understand that it was a British Panorama investigation of Australia reporting and filming in the United Kingdom. Whether this is another of the genre, I do not know. I really do not see what it has to do with the State Government. I do not think that the South Australian Government is in the business of protesting to the British Government about such expressions of opinion in a democracy. I suppose we could cable the Agent-General urgently and urge him to have a sit-in at the palace to protest at this apparently less-than-flattering view of our country.

I do not really think there is very much that the State Government can do, or indeed that the Federal Government can do, if, in a democracy such as the United Kingdom, a film has been shown that is apparently less than flattering about our fair country. I am not sure what the honourable member wants me or the Government to do about this. If he is able to be a bit more specific and able to indicate where such inquiries might lead us, or what might be the end result of them, perhaps I can give him some further assistance. However, I really cannot see any point in protesting to the British Government about this film. I suppose that if the Federal Government felt strongly enough about it it could take the matter up with the Australian High Commissioner in London. I am not sure that it has anything to do with the State Government and, unless the honourable member can indicate to me any reason why I should pursue the matter, I think that that answer suffices.

The Hon. R.J. RITSON: I have a supplementary question. Is the Hon. Mr Sumner aware that South Australia is part of Australia? Is he aware of any other instance where the Premier has taken action overseas or visited overseas countries in order to promote matters that affect South Australia in common with other States? Does the Hon. Mr Sumner not believe that State resources, or, if necessary, Federal resources at the behest of the Premier could afford, if they so desired, to counteract this damage by using some more accurate promotional material? Does the Hon. Mr Sumner really have so much disinterest in his country's image (and his country includes South Australia) that he does not even want representations to be made to the Agent-General in London to see whether, if necessary, a small amount of time on commercial television could be purchased to balance the situation and in some way repair the damage that has been done? Does the Hon. Mr Sumner not care, and does he not believe that this country can afford a time slot on British commercial television?

The Hon. C.J. SUMNER: Of course I care about Australia's image overseas and of course the Premier and other people go overseas to promote Australia and South Australia. In fact, we have a very expensive office maintained in London for that very purpose. It is currently equipped with one John Rundle, appointed by the Liberal Party, one of the most obvious patronage appointments to that position in recent times.

The Hon. C.M. Hill: What about when you put the Hon. Mr Milne over there—you led the way.

The Hon. K.L. Milne interjecting:

The PRESIDENT: Order!

The Hon. C.M. Hill: You did a good job, too, Lance.

The PRESIDENT: Order!

The Hon. C.J. SUMNER: The Hon. Mr Milne was a fine representative of his State at the Court of St James, Westminster. I understand that he enjoyed going to the cocktail and garden parties, and enjoyed very much meeting the Queen and other dignatories in the United Kingdom. There is no doubt that the Hon. Mr Milne, now a member of this Chamber and Leader of the Australian Democrats in South Australia, was a fine representative of his State in London. Surely, the interjections from honourable members opposite must be seen as completely banal when they indicate that the Hon. Mr Milne's appointment was a patronage appointment. The Hon. Mr Milne was a leading accountant in South Australia—

The Hon. C.M. Hill interjecting:

The Hon. C.J. SUMNER: No. He was—

The Hon. C.M. Hill: Yes, he was. He handed tickets out before you were there.

The PRESIDENT: Order! The interjections must stop.

The Hon. C.J. SUMNER: The Hon. Mr Milne was His Worship, the Mayor of Walkerville, and a very prominent person in the South Australian community. Honourable members' interjections, apart from being out of order, are not to the point. How could there be any political patronage when the Hon. Mr Milne sits in this Chamber as an Australian Democrat?

The Hon. C.M. Hill: He saw the error of his ways.

The Hon. C.J. SUMNER: It is interesting to note that the Hon. Mr Hill now seems to be supporting the Australian Democrats. I am pleased to see that he is applauding the Hon. Mr Milne for having left the Labor Party, if he ever was a member, and joining the Democrats. But, there could not be any political patronage in the Hon. Mr Milne's appointment. He did not run any 'Stop the job rot' campaigns or pour money into the Labor Party's coffers as Mr Rundle did for the Liberal Party to ensure its win in 1979.

To return to the point, there is representation of South Australia in London for the purpose of promoting South Australia's image abroad. I do care about that image. The question really is what I or the South Australian Government can do about it with respect apparently to some film that was shown in the United Kingdom that reflected on Australia. Well, the honourable member has pursued this question now on two occasions and it is obviously a matter of some considerable concern to him. In the light of that, and because I am co-operative by nature, I will study the question in more detail—perhaps it could even be referred to Mr Rundle in the United Kingdom, although perhaps we should

send him an expurgated version in view of the provocative remarks of honourable members opposite and the response that I was forced to give—and it may be that we can refer the matter to the Agent-General in London, Mr Rundle, who may be able to send a protest to the Palace.

BROADCASTING

The Hon. C.M. HILL: I seek leave to make a short statement before asking the Minister of Health, representing the Minister of Recreation and Sport, a question concerning country racing broadcasts.

Leave granted.

The Hon. C.M. HILL: When the TAB purchased radio station 5AA in Adelaide, country racing enthusiasts expressed concern that they would have a lesser coverage than that previously supplied by radio station 5DN. It was suggested at that time that the TAB would provide finance to boost the transmissibility of 5AA and that no-one had a need to worry at being inconvenienced. However, it has now been pointed out that 5AA's transmissibility is controlled under the conditions of its licence and that any boosting of that transmissibility is not possible. I understand that the South-East of the State will be little affected by the transfer of racing from 5DN to 5AA, but that the Riverland, the Iron Triangle and areas beyond the Iron Triangle on the West Coast that have difficulty receiving 5AA now have less opportunity to—

The Hon. Frank Blevins: They have trouble getting 5DN also.

The Hon. C.M. HILL: Yes, they can get 5DN, but not 5AA. They will soon have less opportunity to follow their sport than they have now. Despite the interjection by the Hon. Mr Blevins, who comes from Whyalla, it is a very serious matter to country interests in this State. Radio station 5AA is due to commence broadcasts for TAB on 4 March. Will the Minister discuss this situation with his colleague to see whether the problems that have now been encountered can be overcome in the interests of country people in this State?

The Hon. J.R. CORNWALL: I will be delighted to refer this matter to my colleague in another place and bring back a reply.

STATE PROMOTION

The Hon. L.H. DAVIS: I seek leave to make a brief explanation before asking the Attorney-General, as Leader of the Government, a question about State promotion.

Leave granted.

The Hon. L.H. DAVIS: The Australian *Financial Review* is arguably the leading specialist national financial paper and is widely read by the nation's business leaders. From time to time it publishes a feature supplement on subjects of special interest. The *Financial Review* of Tuesday 19 February published a 20 page supplement on conventions, with many feature articles and advertising of convention centres and hotels. It will be no surprise to honourable members that such a feature was published given that conventions are a multi-million dollar industry and an increasing employer of labour. In this supplement coverage was given to the merits of Sydney, Melbourne, Perth, Hobart, Queensland, New Zealand and Singapore as having excellent convention venues. There was only one passing reference to Adelaide in a general article which regrettably carried inaccurate information.

Honourable members would be aware that supplements such as this are well advertised in advance of their publication date to enable interested parties to supply editorial or advertising material. This is not the first time that South Australia has run a poor last in the publicity stakes. I know that people in the hospitality industry are upset to find that this is occurring again. It is inexcusable and unacceptable that South Australia's claims as a convention venue have not been promoted in this supplement, nor has the new convention centre at the railway station been featured in any way. It appears that the Premier's Department and the Department of State Development do not have adequate monitoring facilities and/or funds to take advantage of such basic and important opportunities. Will the Government take immediate steps to rectify this serious problem to ensure that, in future, South Australia takes full advantage of promotional opportunities such as the one I have just outlined?

The Hon. C.J. SUMNER: South Australia does take—

The Hon. L.H. Davis: Have a look at this. There is one mention of 'Adelaide' in there, and that is not good enough.

The Hon. C.J. SUMNER: South Australia does take every opportunity in promotion. The Department of State Development, since the Labor Party has been in Government, as a specialist department, has been very effective in promoting South Australia.

The Hon. L.H. Davis interjecting:

The PRESIDENT: Order!

The Hon. C.J. SUMNER: Anyone in this Parliament who indicates to the contrary, and apparently the Hon. Mr Davis does, does not know what he is talking about. The honourable member will know that the Department of State Development, under Mr Keith Smith, has done an enormous job in the promotion of South Australia by a number of means over the past few years. The honourable member opposed the establishment of our convention centre in conjunction with the ASER project. He did not want it. He voted against the regulations that allowed the ASER project to proceed. He and the Hon. Mr Hill did not want it. They know—

Members interjecting:

The PRESIDENT: Order! We went through this process yesterday.

The Hon. C.J. SUMNER: The fact of the matter is that the member who asked this question (the Hon. Mr Davis) voted against the regulations for the ASER project. The Hon. Mr Davis, the Hon. Mr Hill and the Hon. Miss Laidlaw—

The Hon. L.H. Davis interjecting:

The Hon. C.J. SUMNER: No, I am not twisting—

The PRESIDENT: Order! If the Hon. Mr Davis does not desist, I will name him.

The Hon. J.C. Burdett interjecting:

The PRESIDENT: Order! I will deal with the Hon. Mr Burdett similarly.

The Hon. C.J. SUMNER: The vote is there for all to see. When the regulations to enable the ASER project to proceed came before this Council, moves were made by members opposite to disallow them. A number of members opposite supported those moves. They should have known that, had those moves been successful and sustained, the project would have failed. The fact is that they were cheer chasing amongst some of their supporters. They were having it both ways. However, they cannot have it both ways. Had the disallowance of the regulations been sustained, the project would have been in jeopardy.

Honourable members who are on the Subordinate Legislation Committee know that. Those honourable members—the Hon. Mr Davis included (the member who asked this question)—were prepared to put the project in jeopardy. I put it no higher than that: they were prepared to attack it, that is, the hotel project and the convention centre.

It may be that the editors of the *Financial Review* discovered the very negative approach adopted by honourable members opposite in this Chamber to this very important development and the convention centre and the benefits they will bring.

All I can say to the honourable member—and I think it is generally accepted in the community—is that the Department of State Development has done a significant amount in the promotion of South Australia. The Government itself, with the securing of the Grand Prix for South Australia, for instance, has done probably more for the promotion of this State than has been done in its history. That event will ensure that Adelaide and South Australia are publicised throughout the world. A lot is done for promotion. I reject the Hon. Mr Davis' accusation that South Australia has missed out. Much has been done in terms of promoting the State. With respect to this particular supplement, the honourable member has lodged a complaint of kinds, and I will ascertain the details that he sought.

M.V. *TROUBRIDGE*

Adjourned debate on motion of Hon. M.B. Cameron:

That this Council calls on the Government to place a moratorium, forthwith, on the further application of its 1984 operational cost recovery policy on the M.V. *Troubridge* service between mainland South Australia and Kangaroo Island until a Select Committee of the Legislative Council is appointed and subsequently reports on the policy's social and economic impact on the Kangaroo Island community.

(Continued from 5 December. Page 2121.)

The Hon. M.B. CAMERON (Leader of the Opposition): I move:

That this Order of the Day be discharged.

The motion that I moved on 5 December has become unnecessary because the Government, through the Minister of Transport in a discussion with me and four other members, has agreed that rates on the *Troubridge* are to be reduced to the pre-Christmas level; that means the 12.5 per cent that was added before Christmas will be removed. There will be no further increases until 30 June, and from that point on, until the launching of the replacement vessel for the *Troubridge,* increases will be based only on CPI increases, the first of which I expect in September. That seemed to me to be very satisfactory from the Island community's point of view.

Part of the agreement is that prior to the launching of the new vessel, the Government, through the Minister of Transport, has agreed that there should be a Select Committee of this Council to examine the freight rates charged for various goods and to look at all other problems associated with the new vessel. Again, that seems to be a satisfactory conclusion to what was a very real problem for the Island community. I trust that members will find this satisfactory at least in the short term. I am quite certain that the Council will be watching very closely to see that the agreement is adhered to both from the point of view of freight rates and the Select Committee.

The Hon. K.L. MILNE: Can I speak to this motion?

The PRESIDENT: The Hon. Mr Milne can only speak to the motion to discharge the Order of the Day. There is no further debate.

Order of the Day discharged.

SOUTH AUSTRALIAN SUPERANNUATION FUND

Adjourned debate on motion of Hon. R.C. DeGaris:

That the Report of the Actuarial Investigation of the South Australian Superannuation Fund as at 30 June 1983, laid on the table of this Council on 9 August 1984, be noted.

(Continued from 22 August. Page 449.)

The Hon. R.C. DeGARIS: I move:

That this Order of the day be discharged.

Order of the Day discharged.

FERTILIZATION PROGRAMMES (PRESERVATION OF EMBRYOS) BILL

Adjourned debate on second reading.

(Continued from 13 February. Page 2435.)

The Hon. R.J. RITSON: I support the second reading of this Bill. I will be extremely brief because much that has been spoken in the second reading debate has not been very pertinent to the Bill. Speakers have tended to canvass very widely the extremely complicated issues that will be considered by the Select Committee, and the debate has gone far beyond the essence of this Bill, which is simply a holding operation pending the consideration of the wider issues by the Select Committee.

Some of the objections that have been raised have been rather peculiar. The Hon. Miss Levy placed great weight on her particular skills as an interpreter of Statutes and fixed on the question of inadvertent destruction of embryos. She made the point that in her opinion the fertilisation process must be construed narrowly as the mixing of the sperm and the egg and that the rest of the handling of the biological material during the programme of treatment for infertility was not so protected. I do not see it that way: I am happy with the Bill as drafted from that point of view but, if she really was concerned about that issue and if that issue was her reason for her opposition to the Bill, surely the simplest of amendments could make it clear that that indemnity relating to accidental destruction of embryos applied to the whole process and not to the process of fertilisation in the narrow sense in which the Hon. Miss Levy defined it. I rather suspect that she has much stronger feelings, which relate to other aspects of the matter, beyond this Bill, and that that pedantic bit of reasoning that she employed to object to this Bill was not her real reason. Otherwise, she would have supported the second reading and offered to contribute to amendments in due course.

I cannot see that this Bill in any way pre-empts the findings of the Select Committee. In fact, it does the very opposite: it simply says that those embryos that are presently frozen and those embryos which in the months to come would be surplus to the requirements of the programme should be held until the committee is able to bring in its report. How that can be seen as pre-empting the decision of the committee I do not know. It is plainly a holding motion. I cannot see how the dire predictions of the Minister will come true, namely, how the programmes will be brought to a halt or virtual standstill. I cannot see how that will happen by the requirement to simply hold the embryos until the committee reports.

The Minister quoted eminent medical opinion to the effect that this dire consequence would come about, but then the Minister over many years has tended to put things in a more dramatic form. Certainly, none of those medical people have approached the back bench to give us those dire warnings. As I say, it tends to be the habit of the Hon. Dr Cornwall when relaying second and third hand infor-

mation to this Council to put it in perhaps a more dramatic manner than the situation really justifies.

Because I see this Bill as a mere holding of the *status quo* in regard to the possible future life chances of those embryos pending the outcome of the committee report, and because I see it as in no way pre-empting the nature of that report, I find it very easy to support the second reading.

The Hon. G.L. BRUCE secured the adjournment of the debate.

CARRICK HILL TRUST BILL

Second reading.

The Hon. C.J. SUMNER (Attorney-General): I move:

That this Bill be now read a second time.

The principal object of this Bill is to establish a Trust for the purposes of bringing into effect the magnificent bequest to the State by Sir Edward Hayward and his first wife Lady Ursula Hayward. In 1970 Sir Edward and Lady Hayward executed a deed in which they agreed to make separate wills, bequeathing their Springfield property known as 'Carrick Hill' to the people of South Australia. Lady Hayward died in August 1970. On the death of Sir Edward Hayward on 13 August 1983 the property passed into the hands of the State.

The Carrick Hill Vesting Act was passed in 1971 and amended in 1982, section 4 of the Act enabling and requiring the State to use the property for any one or more of the same purposes contemplated by the terms of the deed and the wills of Sir Edward and Lady Ursula Hayward. In summary, they stated that the residence, grounds and suitable contents be used as a home for the State Governor or as a museum, a gallery for the display of works of art, as a botanic garden or any one or more of these purposes.

A Carrick Hill committee reported in 1974 on the most appropriate use and development of the property upon it being vested in the Crown. Late last year the 1974 report was reassessed and updated by an interdepartmental committee. The subsequent 1984 Carrick Hill report included estimates of recurrent and capital costs, together with a broad time table of implementation. Both the 1974 and 1984 reports proposed that a Carrick Hill Trust be established to manage the property. The question of a separate Carrick Hill Trust to hold title to and manage the property is in accord with the intentions of the original deed. Use of the property as a residence for the Governor has not been recommended and will not be pursued.

Carrick Hill is one of the finest bequests ever made to the people of this State. It is situated some seven kilometres from the centre of the City of Adelaide and comprises over 39 hectares of land at Springfield. The house, built in 1939, is in the style of an Elizabethan manor house of the time of Elizabeth I. It was designed to contain some of the fabric from the old English manor of Beaudesert, including a large ornamental staircase, oak panelling and doorways. This is of particular historic interest, being the oldest interior in Australia, unique in this country, and a considerable tourist attraction in its own right.

The house also contains one of the finest private art collections in Australia including 19th century and 20th century British, European and Australian paintings, antique English oak furniture, and china. The greatest sculptor of his day, Sir Jacob Epstein, is represented by one of the largest collections of his work in this country.

Carrick Hill presents an unrivalled opportunity to develop a unique tourist asset of wide community interest embracing the arts, recreation, leisure, educational and creative activities. While the house and immediate gardens are English in style and content, an effective and contrasting Australian accent will be developed in the surrounding landscape, to include picnic and recreation areas and a sculpture park.

The sculpture park will provide a superb site for the public exhibition of sculpture by leading South Australian, Australian and overseas artists, and will add another dimension to this fascinating complex. It represents an exciting new initiative in the Government's visual arts policy and will become a unique cultural and tourist attraction.

Carrick Hill has the potential for generating income through admission charges to the grounds and the effective use of the house and surrounding gardens for appropriate income-producing activities on a wide-ranging entrepreneurial basis. Overall, it offers a wonderful opportunity for development as an integrated cultural and recreational complex of great tourist potential. It can be confidently expected that it will generate wide community interest and support, and encourage further generous gifts to the State.

Carrick Hill is an ideal project for development as a special feature of the State's Jubilee 150 celebrations in 1986. As a Government initiative, it is one of the major projects in the Jubilee 150 programme and offers excellent opportunities for sponsorship.

Although not yet officially open (it is proposed that Carrick Hill will be officially opened during the 1986 Festival of Arts), it has already aroused wide public interest. It has been featured extensively in the media both within the State and nationally, and it attracted large and enthusiastic crowds on the open days held during the last Festival of Arts. Continuing interest in Carrick Hill has been shown by the many people requesting special booked tours and by the sell-out of the first two inaugural concerts of the newly formed Carrick Hill Renaissance Consort.

The purpose of this Bill is to establish the Carrick Hill Trust to further the realisation of the late Sir Edward and Lady Ursula Hayward's great bequest to the people of South Australia. I seek leave to have the detailed explanation of the clauses inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Clauses

Clauses 1 and 2 are formal. Clause 3 provides such definitions as are necessary. Clause 4 vests Carrick Hill, its land and its personal property in the trust established by this Act. All related rights and liabilities also vest in the Trust. Provision is made for the registration of the Trust, without fee or stamp duty, as the proprietor of the land so vested in it. Clause 5 establishes a statutory authority to be known as the 'Carrick Hill Trust'. The Trust is given the usual status as a body corporate, but it is made clear that it holds its property on behalf of the Crown.

Clause 6 renders the Trust subject to the control and direction of the Minister. Clause 7 provides for the appointment of the seven members who will constitute the Trust. A Chairman and Deputy Chairman will be appointed by the Governor from the membership of the Trust. Deputies may be appointed for members (other than the Chairman). Clause 8 sets out the usual conditions of appointment. Members will be appointed for terms not exceeding three years. Clause 9 provides for allowances and expenses to be paid to members.

Clause 10 provides that a member of the Trust must disclose any interest he has in a contract (existing or proposed) with the Trust and must not take part in any discussion or decision on any such contract. Clause 11 provides for the procedures to be followed in respect of meetings of the Trust. Four members constitute a quorum. Clause 12 provides the usual immunity from personal liability for

Trust members and also provides for the validity of acts of the Trust, notwithstanding any vacancy in its membership. Clause 13 sets out the principal functions of the Trust, which are to run Carrick Hill as an art gallery, a museum, and botanical garden. Incidental to these primary functions, the Trust may provide musical and theatrical entertainment and may establish eating and refreshment facilities, shops, and other amenities. None of the Trust's land may be sold except with the approval of both Houses of Parliament. No object owned by the Trust that is of artistic, historical or cultural interest may be sold or disposed of except with the consent of the Minister.

Clause 14 empowers the Governor to place Crown land under the care, control and management of the Trust. Clause 15 provides for the appointment of public servants to assist the Trust. The Minister may employ other persons (e.g. gardeners, attendants, etc.) to assist the Trust—such employees will not be public servants. Clause 16 sets out the usual financial provisions relating to the receipt, banking and investment of moneys. Clause 17 empowers the Trust to borrow moneys from the Treasurer or from some other person with the approval of the Treasurer. Clause 18 requires the Trust to keep proper accounts that are to be audited by the Auditor-General at least annually.

Clause 19 requires the Trust to report annually to the Minister and any such report must be tabled in Parliament. Clause 20 exempts gifts and transfers to the Trust from stamp duty—this provision is similar to that in the History Trust of South Australia Act. Clause 21 creates an offence of damaging Trust property—a provision similar to that in the History Trust of South Australia Act and the Art Gallery Act. Clause 22 provides that offences against the Act shall be dealt with in a summary manner. Clause 23 provides for the making of regulations, upon the recommendation of the Trust. The regulations may deal with such matters as controlling the driving and parking of vehicles in the grounds of Carrick Hill, and prohibiting certain behaviour within the precincts of Carrick Hill.

The Hon. C.M. HILL secured the adjournment of the debate.

SOUTH AUSTRALIAN WASTE MANAGEMENT COMMISSION ACT AMENDMENT BILL

Second reading.

The Hon. C.J. SUMNER (Attorney-General): I move:

That this Bill be now read a second time.

It amends the South Australian Waste Management Commission Act, 1979, to provide the means whereby the Government's intention to adopt the New South Wales model for the Director/Chairman relationship of the Commission can be achieved. As indicated in the House of Assembly on 25 October 1984, the Government has approved the appointment of Mr R.G. Lewis, Deputy Director, Department of Local Government as the Executive Director/Chairman of the Commission but, in doing so, desires to retain the expertise of Dr Symes, the present Chairman, as a member of the Commission. The Bill makes changes that will require one member of the Commission to be a person with experience of the effect of waste management on public health and will enable the Governor to appoint a tenth member of the Commission on nomination by the Minister. A further amendment increases the quorum required for a meeting of the Commission from four to six members. I seek leave to have the detailed explanation of the clauses inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Clauses

Clause 1 is formal. Clause 2 amends section 9 of the principal Act. New paragraph *(e)* of subsection (1) requires that the Minister nominate a person with experience of the effect of waste management on public health for appointment to the Commission. New subsections (1a), (1b) and (1c) provide for the appointment of a tenth member of the Commission. The appointment of this member is optional. Clause 3 makes an amendment to section 10 of the principal Act that will limit the period of appointment of the additional member to two years. Clause 4 makes a consequential amendment to section 12 of the principal Act.

The Hon. C.M. HILL secured the adjournment of the debate.

CONSTITUTION ACT AMENDMENT BILL

Adjourned debate on second reading.

(Continued from 19 February. Page 2591.)

The Hon. I. GILFILLAN: I oppose the Bill. It appears to me that the interpretation of what is current legislation permits you, Mr President, to vote when you choose to do so and previous actions of yourself and a predecessor have shown that to be true in my opinion. Also, I indicate that I have a conviction that any President of this Chamber should have the right to a deliberative vote that can be used at the President's option, recognising that a member of this Chamber can choose not to be present when a vote is taken. It is reasonable that the President has a similar right, and I believe that it may well be a continuing precedent at least that Presidents do not frequently exercise a deliberative vote.

To a large extent it will still be exercised in an impartial chairing and presiding role. It is unfortunate that a House of Parliament such as this Council is not able to accept that someone appointed to preside cannot still be an active participant in the business of the Council but rather ought to be someone sterilised either by the voting castration restrictions or sterilised by virtue of being brought in as someone who does not have a mandate from the electorate at large. As you, Mr President, and your successors will continue, one assumes, to be elected members of Parliament, it seems appropriate that you and those who hold that office should continue to have the right to vote in a deliberative sense.

The Hon. R.C. DeGaris interjecting:

The Hon. I. GILFILLAN: Yes, on all issues. I do not see why a distinction need be made, but that could be debated another time. I oppose the intention of the Bill. If legislation attempts (and in time it should) to clarify the matter quite specifically, clear of any ambiguity, other issues and questions will be raised and further debate will take place. I oppose the Bill and I support the right of the President in this Council to exercise a deliberative vote.

The Hon. G.L. BRUCE secured the adjournment of the debate.

CONSENT TO MEDICAL AND DENTAL PROCEDURES BILL

Adjourned debate on second reading.

(Continued from 13 February. Page 2450.)

The Hon. R.I. LUCAS: I support the second reading but only to enable me to support the motion of which notice has been given by the Hon. Mr Burdett to refer this Bill to a Select Committee. I support and see reasons for some aspects of the Bill, but I oppose a number of significant areas. Many complex areas are covered by this short Bill and the complexity of the issues justifies referral to a Select Committee. The Hon. Anne Levy in her contribution last week argued that it was superfluous to refer this matter to a Select Committee, because some seven or eight years ago a Select Committee had considered it. A point that escapes the honourable member is that more than half the members of this Council have entered the Chamber since 1977 or 1978. Certainly, six of the Opposition members, 100 per cent of Australian Democrat members and three members of the ALP are new to this Chamber since that time, so on that calculation 11 of the 22 members in this Council are new members and were not lucky enough to have been involved in what I am told was a very interesting debate or in the Parliamentary process of 1977 to which the Hon. Anne Levy referred.

The Hon. R.C. DeGaris: The Bill passed the Council unanimously.

The Hon. R.I. LUCAS: The Hon. Mr DeGaris points out that the Bill was passed unanimously: I understand that it passed on the voices without any member indicating dissent. I was not here then so I cannot quibble with that, but I point out that the membership of the Council was vastly different from the present membership: 50 per cent of the members are new members to this Council since the debate of 1977 and 1978. Therefore, I do not believe that that argument alone is any justification for not referring the Bill to a Select Committee. There may be other reasons: the Hon. Anne Levy and other Government members who are supporting the Bill might have made up their mind and decided that it is not worth referring the Bill to a Select Committee and that that is sufficient justification from their point of view, but it is not sufficient justification to argue that there was a Select Committee seven or eight years ago so that for ever and a day complex legislation is laid down in tablet form, with all of us accepting the wisdom of legislators seven or eight years ago. We are all here with our own individual perspectives and biases, and it is up to each one of us to inform himself or herself of the situation and vote according to our point of view on this matter.

Thus I am disappointed that it appears that this matter will not be referred to a Select Committee. It is not as if a new Select Committee would have to be established to consider this matter, because another matter relating to consent has already been referred to a Select Committee established to consider the Mental Health Act Amendment Bill. I understand that it is proposed to refer this Bill to that Select Committee which has already been established so, as I said, it is not as if a Select Committee would have to be established for this purpose. Once again, I am disappointed in the attitude not only of Government members but also, as I understand it, possibly of the Democrats. However, as I always do, I look forward to the contribution of either the Hon. Mr Milne or the Hon. Mr Gilfillan on this matter.

Before addressing a number of the specifics of the Bill once again I want to take a view that is opposite to the view of the Hon. Anne Levy, who in her contribution which I found very informative—obviously the honourable member has done a lot of work in this area, has a particular interest in the matter and therefore perhaps has a developed expertise)—stated:

> The Bill that is now before us reflects the views of everyone in this community except the Festival of Light.

Earlier in her contribution the honourable member explained that she had personally received no representations at all and that the only opposition of which she was aware was from the Festival of Light. I really think that perhaps on mature reflection the honourable member would not really believe that the Bill now before us reflects the views of everyone in the community except the Festival of Light. It may well be that the Festival of Light is the only group that has indicated to the honourable member its opposition.

The honourable member would be aware of a petition from a small number of people that was presented today. I understand that a number of church groups are also circulating petitions at the moment opposing various aspects of this legislation. I certainly take an opposite view to the Hon. Anne Levy and argue strongly that one of the reasons for the lack of opposition to this Bill has been a lack of public debate about it in the media. When first introduced it was a high controversy media item that appeared on either the front page or page 3. There was a lot of controversy, as all members are aware, and when the media takes a chunk out of a particular issue that engenders public debate about that matter.

One has only to look at the Finger Point issue and at the attitude of the *News* newspaper to see that, when a newspaper takes a particular stance on something, column inches are devoted to it and then a lot of public debate is engendered on the issue. That has not happened on this occasion and perhaps that means that the respective daily newspapers in South Australia have made a decision that they do not see much controversy in respect of aspects of this Bill. When I have discussed certain aspects of this Bill with non-party-political people, and in particular have discussed the question of whether or not they believe that their children under the age of 16 years ought to be entitled in certain circumstances to undertake major medical procedures without their knowledge, they are strongly opposed to that idea—some are outraged by such a proposition and ask why there is not much public debate about this matter.

With those few words I dismiss the generalised summation given by the Hon. Anne Levy in which she said that everyone in the community bar the Festival of Light supports this provision. I do not believe that silence indicates support at all and I do not believe that the honourable member believes that either. I support some aspects of the Bill and see the reasons behind them. I would like to support a Bill that would cover those important aspects. I think that in her example the Hon. Anne Levy indicated her original interest in the matter and referred to a 17 year old girl who had left home, was living in a house with a group of people, was self supporting, self sufficient, handling her own affairs and who found that she had a lump in her breast.

After medical advice that the lump should be removed, together with the fact that she was 17 years of age and the doctor had refused to operate without parental consent, she went to her parents, with whom she had not had contact for some time, to get permission for the operation. The parents would not give that permission. I would have thought that that was an unusual situation, but nevertheless an important example. There are more common examples to which I would like to refer. I indicated earlier that I am involved in a youth accommodation project that houses 15 to 19 year old kids who have got themselves into various forms of trouble and who for various reasons lose complete contact with their families.

It is those sorts of people who will not go back to their parents at any stage. Some of them have previously lived on the streets and do not really know where their parents are. Therefore, there is no possibility for these 15 to 17 year olds to make contact with their parents. These kids, unlike the girl in the Hon. Anne Levy's example who was managing

quite well, are struggling on the street, in various youth refuges, moving from home to home and being kicked out of house after house for sometimes two, three or four years before they settle down. I think that in the climate of the 1980s that is probably a more real or common example than the one the Hon. Anne Levy has given.

Nevertheless, I do not decry the example given, I just make the point that I think that it is probably not a common example. I think that there is certainly a very real argument that these children who are living independently, whether by choice or not, and who have no contact with their parents at all, need to be treated differently from those who are living in a stable family environment where all of them must live, hopefully, harmoniously together in the one home.

The Hon. R.C. DeGaris: It is not necessarily so.

The Hon. R.I. LUCAS: Of course it is not necessarily so because all families do not live together harmoniously within the home—I accept that. Obviously, that is the ideal situation and when something occurs which creates conflict within a home—for example, a 13 or 14 year old girl books herself in for a termination of a pregnancy contrary to the strongly held religious and social views of her parents and is then expected to go back into the family environment and live harmoniously until old enough to live by herself—I think that that is a matter that we ought to consider.

I do not think that this is something that can be dismissed easily by saying that that is not a matter that ought to be of concern for us as legislators. I can see the reasons for what I would term the independent minors, those who are not living within the family situation. However, I am at a loss to see how I as a single member of this Chamber can come up with an amendment that will cover the particular point that I have just made. That is one of the reasons why I believe that a Select Committee in relation to this matter would have been useful because it could have considered possible amendments to cover that particular matter. I do not hold as strong a view in relation to access of minors to contraceptive advice as I do in respect of access of minors to major operations such as termination of pregnancy or major cosmetic surgery.

The Hon. R.C. DeGaris: The law applies in the same way.

The Hon. R.I. LUCAS: The Hon. Mr DeGaris says the law applies in the same way. However, it depends on the definition of 'medical procedure' and it may well be that with the delivery of a contraceptive to an underage child that an inspection or an examination has to be made of the underage girl so that it would possibly be a medical procedure within the terms of this Bill. I continue with the point that I was trying to make, that I do not see the provision of contraceptive advice in the same way as the performance of a major medical procedure such as termination of a pregnancy, cosmetic surgery, tissue transplants, donation of kidneys and the like.

For that reason—the reason that the Hon. Mr DeGaris interjected—the Bill treats all medical procedures the same and it is possible that the delivery of contraceptives to a young girl can be a medical procedure, particularly if a medical examination is made prior to the delivery of the contraceptives. Therefore, I find myself with a major problem with the Bill. Once again, that was one of the reasons why I would have liked the Bill to be referred to a Select Committee, to see whether or not there was any way around the particular dilemma that I and possibly other members in this Chamber have.

For example, if we are talking about the termination of pregnancies, the latest figures from the Parliamentary Library 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. I quote these figures to indicate that we are not talking about an isolated example.

I am told that the current practice possibly involves a young girl still being able to undertake the termination of a pregnancy without her parents knowing. The common technique is to book oneself in one morning and be out that night, if one is lucky enough to have no complications. The other common technique is to book oneself in one day, tell one's family that one is staying overnight with a friend, and be released the next day. I am informed that the practice of underaged girls having pregnancies terminated is not uncommon and can presently be completed with some deception without the parents knowing.

All members of the Chamber must be aware of friends or acquaintances who would be appalled, with their own particular biases and perspectives on the issue of termination of pregnancies, that a 14 and a 15 year old girl can have a pregnancy terminated without the parents knowing. I am sure that there are also people who take a contrary view to me with respect to the provision of contraceptive advice to girls less than 16 years of age, as I do not treat that as importantly as I treat the question of the termination of pregnancies or other major medical procedures.

I do not want to go on at great length about the Bill. I hope that I have indicated that I see the reasons for the introduction of the Bill. In relation to independent minors, as I have defined them, and certain medical procedures such as the provision of contraceptive advice, I support the second reading of the Bill. However, I do not support the possibility of minors who live in a stable family relationship being able to undertake major medical procedures, such as a termination of pregnancy, cosmetic surgery and tissue or organ transplants, dental procedures such as bands, cappings and assorted other things, without at least the parents being involved in some way in those decisions.

The Hon. Anne Levy raised the question of an eight year old who broke a leg. Clearly, we would not want to place the doctor in a situation where he or she could not treat the child immediately. I will leave that to the Committee stage because my understanding is not complete on how this Bill affects this example. On first reading I wonder whether or not it would require the doctor to get a second written opinion before he could treat the child. If that is the case, the legislation is being overly strict. If a child in a country area, such as Kimba or Rudall, breaks a leg and goes to a doctor, and the doctor decides for various reasons that it must be treated straight away and the parents cannot be contacted, if the import of this legislation is that the doctor has to get a written opinion from another medical practitioner, then I think the Bill is a nonsense in that respect and that the Minister's guidelines would need to be revised.

The provision of medical services in country areas, as the Minister well knows, is not the same as the provision of medical services in a closely settled metropolitan area. In the metropolitan area a doctor may be able to trot a mile up the road and get another medical practitioner within 15 minutes to sign a written consent. Out in the bush if a medical practitioner wants to do that he has to travel 60 or 90 miles or, if he is further north at Leigh Creek or at one of the outback areas, has to travel some hundreds of miles to obtain that written consent from a second medical practitioner. If that is the case the Bill is nonsense. If that is the case, and I am not arguing that it is, I will be very interested in the Minister's response. If that is the case other members in this Chamber, like the Hon. Peter Dunn, will pursue the matter further.

The Hon. J.R. Cornwall interjecting:

The Hon. R.I. LUCAS: The Minister seems to be indicating a response. I will leave it to the Minister to respond in his second reading reply. I hope that is not the import of the Government's legislation, that some common sense can apply as it does now, and that no unnecessary delays to the detriment of a child will result from the Government's Bill. If the Minister can give that assurance then I will be happy with that aspect. I support the second reading, but only to support the move to refer it to a Select Committee. I will oppose some aspects of the Bill in Committee. If I am not satisfied then, I will oppose the third reading.

The Hon. R.C. DeGARIS: I have listened with a good deal of interest to the view put by the Hon. Robert Lucas. I do not want to speak at any great length on this Bill. The question of consent to medical and dental procedures is rather complex. The Council needs to deal with this matter. As the Minister knows, there are many other aspects of this consent question that still need to be addressed by the Legislature. The principle that this Bill deals with was previously examined by a Select Committee, reported on to this Council and the Bill passed without division to the House of Assembly. Although this Bill is not exactly the same Bill, I point out that the Select Committee inquiry was a report on the principles that this Bill covers. For that reason, notwithstanding that I understand the necessity of new members to have this matter referred once again to a Select Committee, I cannot see any advantage in this Bill being referred to a Select Committee.

Because we have had that Select Committee and because of the principles which were adopted in the original Bill, any changes should be able to be handled in the normal procedures and legislative practices of this Council. Therefore, I support the second reading. It may be that during the Committee stage I will address questions to the Minister and I may wish to move amendments. However, I see no great advantage in once again having this whole matter referred to a Select Committee. I support the second reading of the Bill and its passage through the Committee stage.

The Hon. I. GILFILLAN secured the adjournment of the debate.

CHILDREN'S SERVICES BILL

Adjourned debate on second reading.

(Continued from 19 February. Page 2595.)

The Hon. I. GILFILLAN: The Democrats support this Bill and, in so doing, we recognise the need for overall planning of services for all children and parents throughout South Australia. That fact was well indicated in the Coleman Report. At this stage I think it is appropriate to say that I spoke with Marie Coleman about the Bill. She gave as her opinion that she had no objection to the Bill. She made a couple of observations, in particular relating to the child/parent centres. However, I think the significant point is that there seems to be widespread recognition that the Coleman Report has been a definitive document pointing the way for pre-school child care in South Australia. The author of the report is satisfied that the Bill goes well along that path.

We applaud the Government's intention to provide planning and resource allocation for these services and, in particular, its stated intention for the provision of four day per week pre-school education to all but the most isolated families. We hope that the provision of support for these isolated families will also be initiated in due course. I ask the Minister responsible for the Bill to take particular note of the points I make attributing assurances or statements to the Government, because much of our attitude depends very much on what we have interpreted as the Government's intention, as well as the Bill itself. We expect the Minister, in summing up, to identify anywhere in my speech where I indicate a Government assurance or quote an authority of a Government assurance that is incorrect; otherwise, one must assume that where I am relying on a Government statement I am relying on fact.

It is recognised that for many groups of children with specialised needs the concept of CSO and a general co-ordination of services will make life more tolerable for children and parents. There is a variety of groups which are not normally regarded as generally covered in the provision of pre-school child care, and some of those groups have had a very rough road to hoe indeed. This morning I was contacted by Richard Bruggerman, Chief Executive Officer of the Intellectually Disabled Services Council, which is quite a substantial organisation within the Health Commission with a large budget. He indicated to me that the council was very keen for the CSO to proceed. He said that it would be the proper format and arrangement for intellectually disabled children to be embraced into a service which deals with all children. He also indicated that there would be a transfer of some staff from the Intellectually Disabled Services Council to the CSO.

We recognise that the setting up of the CSO is but the first step in the provision of better pre-school education and care, and we need to strive to provide the best for children in a climate of goodwill. This is only the first step, but it is substantial. I will refer to the most significant objections that have been raised by the Kindergarten Union and the child/parent centres. The objections from both areas are somewhat at odds. An objection from the Kindergarten Union is that the child/parent centres have not been included; on the other hand, the child/parent centres are concerned that there is a chance that they will be included. The two objections strike different chords. We believe that there are quite clear indications of the Government's intention in this regard. In fact, I will quote some affirmation of that. This concern about child/parent centres has been covered both in written and verbal comment from the Premier's office and by the Minister of Education. In a conversation with the Minister of Education I received a clear impression that it was eventually the Government's intention to include child/parent centres in the CSO.

The Hon. R.I. Lucas: Was that from Lynn Arnold?

The Hon. I. GILFILLAN: Yes.

The Hon. R.I. Lucas: Was that this week?

The Hon. I. GILFILLAN: No, I think it was last week. I also have some notes given to me by Bruce Guerin from the Premier's Department in response to a very constructive, if somewhat critical, letter from Peter Mattner of the Kindergarten Union of Kiki in South Australia. The document states:

> Planning, resource allocation and co-ordination of pre-school education will be through the CSO. Staff of child/parent centres will continue to be employees of the Education Department, and child/parent centres will continue to be administered through the Education Department schools.
>
> The Director-General of Education and the Director of the CSO will institute a review of the arrangements for support of child/parent centres during 1985 and report to the Ministers. Parents and school councils will be involved in these discussions. In keeping with the philosophy of the CSO, local management and other school and parental support will be maintained in its current form.

I think I have an even more definitive statement about the future of child/parent centres definitely being embraced under the CSO, but I will come to that later.

The Hon. R.I. Lucas: You can't be any more clear than the Minister.

The Hon. I. GILFILLAN: That is true, but I do not have it in writing.

The Hon. R.I. Lucas interjecting:

The Hon. I. GILFILLAN: I do not have cause to doubt it. We support the planning for the child/parent centres to come within the CSO. They may feel uncomfortable with the unknown, but it is our opinion that the intention is for the CSO to have an all embracing responsibility for pre-school child care and that that is the eventual situation which will diminish the hostility, suspicion and resentment that are currently proving to be unfortunate obstacles in the acceptance of this Bill for the CSO. We recognise that there must be consultation with parent groups and the principal groups, and this should proceed as quickly as possible. This guarantee has been undertaken by the Premier's office. We are also concerned about the Commonwealth funded centres. That concern has been expressed in relation to the funds, staffing and parent involvement. I refer again to the document from the Premier's Department under the authority of Bruce Guerin, as follows:

> Planning, resource allocation and co-ordination of all Commonwealth Government subsidised child care centres will be through the CSO. At this stage, staff will not be employees of the CSO. This issue of central employment of child care staff will be the subject of continuing negotiations between the Commonwealth and State Governments during 1985. Child care centre management committees will continue to be responsible for their particular centres in a similar way as pre-school kindergarten management committees have responsibility for their centres.

I will repeat that clause because it does to a large extent allay the fears that kindergartens will disappear into an amorphous blob:

> Child care centre management committees will continue to be responsible for their particular centres in a similar way as pre-school kindergarten management committees have responsibility for their centres.
>
> At this stage, child care centre management committees will continue to be accountable to the Commonwealth Government for recurrent staff salary subsidies (75 per cent of trained staff) and fee relief subsidies. The important issue is that there has been no rational planning and resource allocation for child care services in the State. Neither have there been support and advisory services available to the child care sector. There is at the present time, an Interim Planning Committee of Child Care Services (joint State/Commonwealth membership). It is expected that the planning function of this committee will be performed through the CSO.

We have concern that there will be less parent involvement. The Bill itself indicates support for parent participation at all levels: the Childrens Services Consulative Committee—12 parent representatives; regional advisory committees as well as what has already been stated in the written statement from the Premier's office, affirming that they intend to have substantial parent participation.

However, we believe that it is important that a model constitution for children's services centres should be included in the regulations and that it should indicate parent representation similar to that shown at present with the Kindergarten Union and Commonwealth Government subsidised child care centres. Constitutions are mentioned in the Bill, but it seems a reasonable aim to incorporate a model constitution that will allay fears that bureaucracy will take over control of children's services centres, and it will act as an example of something that can be easily followed by the individual centres and, therefore, be a yardstick for the centre to measure up to before it can expect the full support of the CSO.

We have concern with a number of CSO regions, which would indicate only two country regions. A comment is made in this document that I have from the Premier's Department that an officer will be placed in the Riverland; that indicates that the Government is aware of this criticism. It requires further attention. Probably, numerically, two country regions are adequate, but those of us who come from country backgrounds realise that the remoteness and the tyranny of distance are often factors that require particular attention. I look forward to hearing either a Government explanation of why two country regions will be adequate or an undertaking that this will be looked at with more sympathy for the widespread distribution of the country population and perhaps justifying an extra region or an extra means of administering those regions.

We have concern as to why the health areas such as CAFHS (Child, Adolescent and Family Health Service) have not been incorporated into the CSO. We recognise that children will be served better if aspects of health are integrated. However, at this stage we recognise the problems and look forward to better co-ordination in the future. Maybe, that co-ordination can happen reasonably quickly, and I look forward to hearing the Minister's attitude on this. With this in mind we urge the Minister to include such representation, possibly a representative of SACOSS, on the consultative committee.

Another concern that has been loudly voiced is the fear that decision makers will not be from an education profession background. Again, I quote from this document from the Premier's Department:

> Because the Government's policy has been to guarantee security of employment to the majority of persons currently employed by the Kindergarten Union, the majority of positions within the central and regional officers of the CSO will be people with educational experience and qualifications.

And, just under that:

> ... the Government's policy is to maintain pre-school education programmes with persons who are trained, qualified and registered teachers. The duty statements of all senior professional CSO staff will stress the importance of training in the experience of pre-school education or care.

It is probably appropriate to turn to a document which came from the kindergarten rally and which spelled out clearly its concerns, as it dovetails in (although it may not appear that I have it very well dovetailed at the moment into what I am saying). These are the resolutions from the rally of Kindergarten Union parents and staff held on Tuesday 19 February 1985. I will read it in full:

> 1. This meeting supports the stance taken by the Board of Management of the Kindergarten Union in negotiating with the Government of South Australia to ensure that the proposed Children's Services Office provides effective co-ordination of all early childhood services, and maintains the quality of pre-school education services presently provided by the Kindergarten Union.
>
> 2. This meeting calls on the Premier of South Australia to give unequivocal guarantees that:
>
> *(a)* pre-election commitments to reduce the child/staff ratio to 10 to 1 in this term of office will be honoured by providing $1.93 million of extra funds in the 1985-86 pre-school budget of the CSO to enable the appointment of additional staff to 184 understaffed centres;
>
> *(b)* $165 000 will be provided to meet the pre-election commitment to double the Kindergarten Union special services staff.
>
> 3. This meeting urges the Premier of SA to give greater emphasis to the education role of the new early childhood services organisation by:
>
> *(a)* placing the Children's Services Office under the control of the Minister of Education;
>
> *(b)* ensuring that those senior educational positions within the Children's Services Office will require specialist early childhood qualifications and carry senior educational classifications.
>
> 4. This meeting requests the Parliament of South Australia that, unless these guarantees are provided, the debate on the Children's Services Office Bill be deferred, and Parliament establish a Select Committee to review the co-ordination of all early childhood services.

That is an interesting document. It is signed 'K. Despasquale, Rally Convenor'. If I take the points one by one: the first supports the stance of the Board in negotiating with the

Government to ensure that the proposed CSO provides effective co-ordination of all early childhood services. We back it 100 per cent, and that is exactly what 99 per cent of people involved in this are trying to do. So, there is no dispute there. The second resolution reads:

> This meeting calls on the Premier of South Australia to give unequivocal guarantees that . . .

Then there are alleged pre-election commitments concerning the child/staff ratio and the doubling of the Kindergarten Union special services staff. Part of our role has been to urge Governments to keep their promises, and we do not intend to back off this one. However, it is reasonable that, if the services of the Kindergarten Union special services staff are assumed by the CSO and the responsibility for pre-school education is assumed by the CSO, these child-staff ratios and this allocation for the special services staff may properly be given to the specific provision in the CSO.

I do not see any reason, if there was a genuine promise by the Government, why it should not be honoured. Thirdly, the meeting urges the Premier to place the CSO under the control of the Minister of Education. I believe it is virtually under the Minister of Education now and that is shown by virtue of the fact that it was the Minister of Education who took the initiative to ask to speak to me; it is the Minister of Education who is dealing with the day-to-day discussion. As far as one can gather, he is the spokesman for the Government on the matter.

When one is embracing such a diversity of services under one office it is reasonable that the Government avoid exacerbating the factionalism which unfortunately has already emerged and which to some extent has been encouraged. We have had a reasonable assurance in written form and in spoken form from the Minister of Education. Further, the Premier has appointed the Minister of Education to be his senior assistant in this Bill. Therefore, the Kindergarten Union can feel assured, as far as possible at this stage, that the direction is towards stronger control by the Minister of Education.

However, I think it would be quite pointless and sad if the whole of the progress of the CSO was halted, or even if it was argued that it should be halted, because the actual definition of which Minister should have Ministerial control is not defined to the liking of the Kindergarten Union. I point out that the Minister is a Minister of the Government. He or she will be reflecting to a large extent the Government's view, and it is most unlikely that any one Minister would diverge very widely from a policy that a Government holds. I hope that the Kindergarten Union and the parents and staff who put this matter forward will be reassured about the position.

The second point involves ensuring that senior educational positions within the CSO will require specialist early childhood qualifications and carry senior educational classifications, and I believe this has been clearly affirmed in the written material that I have had. I want to urge the Minister to confirm that for us in his summing up.

The last point is that the meeting requests Parliament to defer the debate or establish a Select Committee if these guarantees are not provided. That is a different story from the one advanced by the Hon. Mr Burdett from the Liberal point of view: that the Bill is unamendable and must go to a Select Committee. I believe that in some ways that point is divorced from the requests of this rally, and I have much more confidence that the support of this Bill will eventually provide what the Kindergarten Union is willing to accept, as expressed in this list from the rally. We have some tentative amendments that I should like to outline so they can be considered.

The ACTING PRESIDENT (Hon. G.L. Bruce): Perhaps you should indicate that you have some amendments, without going into excessive detail at this stage.

The Hon. I. GILFILLAN: Am I allowed to indicate what will be the purpose of the amendments?

The ACTING PRESIDENT: The honourable member should not go into to much detail.

The Hon. I. GILFILLAN: If I do, will you advise me whether I have gone into too much detail?

The Hon. J.R. Cornwall interjecting:

The Hon. I. GILFILLAN: I have an informal question: are the Government's amendments on file?

The Hon. J.R. Cornwall: You can canvass them broadly at this stage. They are not formal. I am amenable to consensus and common sense.

The Hon. I. GILFILLAN: We have been shown some informal amendments that show the Government's intention.

Members interjecting:

The Hon. I. GILFILLAN: They are talking points and I believe that this is the way to approach the Bill. This is not a rushed debate: it is a debate where we can chew over the facts constructively and not in a point-scoring, knock-each-other-down contest. One amendment is to the interpretation provision.

The Hon. K.L. Milne: Are these the Government's amendments?

The Hon. I. GILFILLAN: I will indicate which is which. We have an indication of an amendment in regard to the interpretation provision that we find very acceptable. It would expand the concept, and pre-school education as indicated would be for the development and education of children who have not attained the age of six years. We would be looking for an amendment to insert that one of the objects of the Minister will be:

> To promote the interests of the child as the paramount consideration and to ensure for the child such child care and proper pre-school education and provision of special services where appropriate which would assist each child's proper care and development.

Incidentally, this comes from a direct suggestion from the Children's Interest Bureau. A wide range of groups in South Australia are approaching this Bill most constructively, and I appreciate that—I hope that we all do.

The Hon. K.L. MILNE: Mr President, I draw your attention to the state of the Council.

A quorum having been formed:

The Hon. I. GILFILLAN: I commend the various entities and organisations that have contributed suggested amendments and made comments. Some organisations have misgivings about the effect of the CSO. I believe there is a large feeling of co-operation and determination that what is proposed will work, and I believe that that is the way that Parliament should approach it.

The Hon. J.C. Burdett: That's not what the letters are saying.

The Hon. I. GILFILLAN: It is not what the Liberals are saying, either. In regard to the function of the Minister, we believe that there is an amendment from the Government in this case—

The Hon. J.R. Cornwall: A suggested amendment; an informal draft amendment.

The Hon. I. GILFILLAN: Correct, and it is as follows:

> To keep under review the needs of the community having regard to its multicultural and multilingual nature and to provide and assist in the provision of or promote services to meet those needs.

We find that suggested provision acceptable. In relation to the consultative committee, which is an important part of the Bill, we intend to alter the reference to 12 persons in the first part of the Bill to 12 persons being a proportional balance of parents of children attending funded and non-

funded pre-schools elected by the advisory committees in accordance with the regulations. We believe it is important that there is a balance reflected in the parents on the consultative committee in proportion to the types of pre-school services for which they are asked to deliberate.

Also, we believe the committee members should be elected rather than nominated. Right through the Bill we believe that the more people involved in the community who can take part in the election of the people to represent them the better will be the service and the sense of participation.

We are advised that it is possible that the Government could indicate an amendment dealing with the Parents Consultative Committee. Under clause 15 (1) *(b)* that committee would consist of six persons selected by the Minister from a panel of persons nominated in accordance with the regulations of each regional advisory committee and such organisation involved in the field of children's services as may be prescribed. It is important that the consultative committee be truly reflective and that there is scope for selection so that there is representation from both a geographical and regional point of view and from the organisations that otherwise may not have filtered through to the consultative committee, and that would possibly include minority interests such as Aboriginal groups, pre-school entities or handicapped services. That would offer the opportunity for prescribed services to include a range that we believe should be available for selection on the consultative committee.

The Hon. Diana Laidlaw: Wouldn't that come under paragraph *(c)*?

The Hon. I. GILFILLAN: It may, and if it does that is very good, but at this stage I am not trying to be too specific about amendments: I am merely indicating intention. There is an intention under clause 15 to include a new subclause, as follows:

In lecting persons for membership of the committee, the Minister shall seek to ensure that the persons selected have an appropriate diversity of experience in the provision of pre-school education for children, non-residential care of children, family day care for children and such other children's services as the Minister thinks fit.

Once again, that seems to be laying the groundwork for the membership of the consultative committee being as wide as possible, and we support that. Clause 15 *(d)* provides that three persons should be nominated by the United Trades and Labor Council. We would prefer that that provision be replaced with the provision that three persons be elected from the union bodies representing children's services employees, because the consultative committee should be as reflective of the people involved as possible. It is highly desirable that employees in the field be adequately represented. We feel that that is the intention of the clause so we will seek amended wording.

The Hon. Anne Levy: They always do.

The Hon. I. GILFILLAN: If they always do, they will not mind this amendment, will they?

The Hon. Frank Blevins: They won't object to the amendment but they'll probably object to your pomposity and ignorance.

The Hon. I. GILFILLAN: Well, I take constructive criticism and I thank you, Mr President, for allowing me to hear those views.

The Hon. R.I. Lucas: You ignore him.

The Hon. I. GILFILLAN: I am sure that it improves my performance. SACOSS would support a provision to expand the representation of the consultative committee, and the Government gave some indication that there would be a representative of the health area, particularly the non-government provision of pre-school health care in relation to 'such other children's services as the Minister thinks fit'. Once again this could be indicated in the second reading explanation instead of being set out in the Bill.

We will move an amendment to provide that the members of a regional advisory committee will comprise a majority of elected members with others appointed in accordance with the regulations, once again attempting to make plain that the representatives will truly reflect the wishes of people who are involved in the provision or receipt of child care. I make no attempt to give an exhaustive list of amendments and we believe that other constructive amendments may be and almost certainly will be suggested and should be considered. However, we would not consider favourably such drastic amendments as removing the Kindergarten Union from the CSO, nor would we support a Select Committee, as I have previously stated.

It is important that in his summing up the Minister address the major underlying concern of all people involved in assessing the CSO, that is, whether the funding and the staffing will increase in relation to the supply of services. One of the major reasons why the Kindergarten Union has felt threatened is that, with the extension and expansion of services, there will be a draining of resources that are presently provided for pre-school education in the kindergartens. I received a verbal undertaking from the Minister of Education that there will be no reduction of resources for the education component and that it is expected that there will be an increase in Federal funding for the care areas, but traditionally if there has been a short fall the State Government has topped it up rather than draining resources from the other sector.

The Hon. Diana Laidlaw: Do you have that in writing?

The Hon. I. GILFILLAN: No, I said that he told me. I do not have it in writing.

Members interjecting:

The PRESIDENT: Order!

The Hon. I. GILFILLAN: Even if there are no watertight assurances, there is no overriding reason in the opinion of the Democrats to oppose the Bill. We have received statements of support from a lot of people, and I need not have said that because I suppose other members have been subject to significant lobbying. I want to put on record that the letter from Mr Peter Mattner which was critical was also particularly constructive. If his attitude is the attitude of the Kindergarten Union to the CSO, it will be a resounding success. A letter from Mr Roman Humeniuk, a representative of the Kindergarten Union and Chairperson of the Fleurieu region of the Kindergarten Union, addressed to me, states:

Further to the meeting held on Friday last, 15 February 1985, I wish to clarify certain points. I will be brief as I am sure that you have lots to digest at the moment concerning the passage of the CSO Bill.

As Chairperson of the Fleurieu region of the Kindergarten Union which includes approximately 40 kindergartens in the Fleurieu Peninsula area, I can say that no kindergarten in my area has voiced strong opposition to the proposed CSO Bill. Some kindergartens did, however, show some concern at the lack of information [at the time] and this problem was remedied by the CSO steering committee. Both kindergartens in your electorate—

and he refers to Kangaroo Island, incidentally—

were contacted personally yesterday by myself and both were in favour of the CSO Bill. Both Jayne Bates [Penneshaw] and Anne Stead [Kingscote] were going to ring you personally to re-confirm their agreement to the proposed CSO Bill.

In closing I hope you appreciate the fact that the new CSO Bill will unite and direct all the varied early childhood services that exist in South Australia at the moment into one motivated, dedicated and unified service that will only improve on South Australia's excellent record in regard to early childhood care and education. I strongly urge you to vote in favour of the passage of the CSO Bill.

We do not believe that the passage of the Bill will solve all the problems that confront the provision of pre-school child

care. That is not a fair expectation in relation to any legislation.

The legislation does, however, need the support of all for it to work properly. We recognise that there are problems and that those problems involve most of those who are concerned in some form or other. It really will depend on a climate of goodwill and co-operation for the children in South Australia to receive their due deserts in the provision of child care. Legislation will not solve this problem, it will be solved by a spirit of co-operation and recognition that there are gross deficiencies in the provision of that care that need to be overcome. I think that it is unfortunate if there is a continuing attempt to keep a division or some sort of confrontation or conflict between various groups. People are far better served if problems are identified and addressed in the context of the Coleman report and the implementation of the CSO.

With goodwill shown on all sides, I am convinced that we will move substantially towards creating the situation that everybody claims they want. What other assurance can we lean on other than the Government's assurance of intention that the education component will be maintained. The point is that some people have misgivings and it may be that the misgivings relate to the credibility of the Government. Governments change. Nothing can be laid down so irrefutably and immutably that it can be relied on for all time. With the best will in the world to implement it, the CSO could be drained of funds by future Governments. I think that it is pointless now preventing the CSO being established because of some misgivings about whether Government assurances are sincere or not. We believe firmly that there has been so much work, preparation and anticipation of the CSO coming into effect, and so much groundwork laid down for continuing constructive work, that this Bill deserves support and we look forward to the implementation of the CSO and to its success.

The Hon. R.I. LUCAS secured the adjournment of the debate.

[Sitting suspended from 5.2 to 8 p.m.]

STATE DISASTER ACT AMENDMENT BILL

Adjourned debate on second reading.
(Continued from 14 February. Page 2505.)

The Hon. M.B. CAMERON (Leader of the Opposition): The Opposition supports this Bill. It is a step forward in an area that is always going to be with us: that is, within this State from time to time we appear to have problems with what we term natural disasters. They can be in many forms: we have already seen in the past couple of years—in fact, in the one year—disastrous fires in various parts of the State, which were very severe indeed in terms of loss of property and life, and the floods that occurred in the Barossa Valley.

Each time there appears to be some difficulty associated with the way in which disasters are managed and with the post-disaster mop-up and assistance to people. I firmly believe that some order needs to be brought to this area. One of the more serious areas is the question of relief. We are very fortunate in this State, and in other States and other countries, that people are very generous, but one of the problems that we have had is that on each occasion it appears that everybody wants to be in on the act of raising money. I do not want to go into the reasons why people want to be in on it, but each time it is probably for very good reasons. However, it tends to confuse the issue. It is far better if one central relief fund operates according to a proper formula and makes certain that people are treated fairly.

That in itself is a difficulty because one always has the problem within a community of some people who insure and some who do not insure. So, some people have greater personal losses than have others. That is, again, a very difficult area and one which causes a lot of heartache. The setting up of a disaster fund is a very good step and one of which I totally approve, and I am sure that the Hon. Mr Milne does also because he has raised the issue before. It means that in the future a formula will be set down whereby funds that are donated, in the majority of instances, will be properly managed.

This Bill also lays down procedures during disasters. Again, that is an area where there needs to be a lot of co-ordination because there is always the problem that some people tend to panic on the day and some get carried away with their own importance. Those two matters combined can cause very severe problems indeed.

I wish to raise one more delicate area in relation to disasters: that is the question of what happens in a very serious fire, for example, where people have been very generous and funds have been allocated out of people's generosity to people who have suffered and who then at a later date recover their losses totally from either a person or an instrumentality that is found to be responsible for the disaster. I do not want to indicate that that may occur in relation to recent problems in the State—the Ash Wednesday bushfires—but anybody who has followed that issue would understand that there is a possibility of some people recovering their losses from an instrumentality, which, at least in the first instance through the Coroner's Court, has been found to be responsible for the fires.

The Hon. Frank Blevins: Have you any information as to what happens interstate?

The Hon. M.B. CAMERON: Yes, I have, and I will raise that: it is a very important point. At the time of the disaster the important thing is that people's generosity is shared as soon as possible amongst those persons who have suffered, but following that it is also important that people do not profit. That is a very difficult area for people to understand, but there can be profit. The reason I say that is that people can be handed out very large sums of relief funds and then get total recovery: so, they get more than they originally lost, whereas other people who suffered on the same day from a fire from which they have no possibility of recovering from anybody still suffer their losses. It is a very difficult area because in these situations very emotional circumstances can often be involved, but it is an area that has to be addressed.

I understand that Victoria had a problem with this aspect in the 1980 bushfires. There was an attempt to reduce the amount that people recovered from the electricity authority by the amount of the relief funds that they received: that was rejected, and so the people had it both ways. In the recent fires, I understand that there was a provision in the relief fund whereby people had to sign a document saying that if they had total recovery from any instrumentality as a result of the fires the relief funds that they had received must be refunded to a central relief fund. That is fair: it is something at which we have to look very seriously because if this does not occur in relation to the South-East and the Clare fires some people will feel rather let down. I do not know whether we can go backwards, but I understand that that did not occur with the relief funds that were provided after the Ash Wednesday fires and that nobody signed any documents saying that they would return the funds if they had total recovery.

So, we have the situation where people who were insured will suffer greater losses than people who were uninsured. People who had a fire that was started by ETSA, if that proves finally to be the case in the courts, will get recovery, but people who suffered from a fire on the same day but just a few miles away will have no recovery and will have only their relief funds. So, it will create some very severe problems and probably some problems for people who are in many cases neighbours.

So, it is a question that I believe should be addressed by the Government, both in regard to the previous disasters and certainly concerning future disasters. I have had some discussions with the Attorney on this matter and I would like the Government to examine it carefully. It is unfortunate that we did not look at this at the time. From memory I believe that the Hon. Mr DeGaris raised this potential problem soon after the Ash Wednesday fires.

The Hon. C.J. Sumner: In what context?

The Hon. M.B. CAMERON: In regard to relief funds.

The Hon. R.C. DeGaris: I asked a question about it.

The Hon. M.B. CAMERON: Yes. The Attorney's answer indicated that he would look at it. I want to know whether he has and what was the result of his inquiries. It is unfortunate that we have not taken the trouble to ensure that people indicated when receiving funds that they were willing to repay them if they were entitled to total recovery. It is a delicate area and I understand that. In some cases people's losses are beyond recovery because many lost possessions involve more than just property loss but, nevertheless, it is something that this Government and any future Government must address because we must ensure that in the distribution of funds all people are treated fairly. This matter has come to my attention recently as a result of a court case involving people in the Adelaide Hills subjected to loss in a fire. Those people recovered funds, and money that they had already received from the relief fund was not taken into account in determining losses. I understand from a press release that no attempt is to be made to recover that money. The Government should look at this aspect closely and perhaps the Attorney would be willing to put the Bill aside until tomorrow so that we can have a statement about the Government's intentions in this matter.

Apart from that, the Bill does have the support of the Opposition. Certainly, I trust that it assists in future disasters in South Australia. One could hope that in future we would not have any such disasters but the simple fact is that we will continue to have them—it is part of this earth of ours that we have disasters in all parts of the world. I refer to disasters in Italy and other parts of the world—as the Hon. Mr Feleppa would know—and it is essential that we have proper organisation. In the past there have been many problems with post-disaster matters and it is essential that we have a properly organised system that swings into operation immediately a problem arises—a bush fire, a flood or the like—and that the Government does not have to make decisions on the run: not just this Government but any future Government. I support strongly the Government's attempts to ensure that this problem is properly resolved in the future.

The Hon. G.L. BRUCE secured the adjournment of the debate.

CONSENT TO MEDICAL AND DENTAL PROCEDURES BILL

Adjourned debate on second reading.

(Continued from 13 February. Page 2450.)

The Hon. I. GILFILLAN: The Democrats support this Bill in its main thrust and do not intend to move any amendments on our own behalf. However, as there are a couple of queries that I would like to raise, the Minister will have a chance to consider them in his summing up and it will give us a lead as to whether there are any clauses to be looked at more closely in Committee. First, I refer to patients under 16 years requiring the signature of two medical practitioners. This could be a difficult condition in remote country areas and I seek the Minister's assessment in regard to that problem.

Secondly, if a patient between 16 and 18 years asks for and gets an expensive dental treatment, who will be legally responsible for the debt? Will it be incurred automatically by the parents? Will it remain as a liability of the patient?

The Hon. R.J. Ritson: Are they old enough at 16 years to enter into contracts—that is a good question.

The Hon. I. GILFILLAN: It may be. Clause 5 (3) indicates that a parent can have total responsibility without the consent of a minor less than 16 years, for example, a parent could request an abortion for a minor less than 16 years against her will. That provision may need some rethinking. The point I would like to dwell on a little more extensively is one advanced by Christian Scientists who are concerned that they have proper safeguards for the expression of their belief, which is that they do not require and in fact object to having medical procedures imposed on them when they deliberately choose by faith and personal decision to avoid them.

I know that the Minister and other honourable members have said privately that the Bill gives these people a safeguard for the over 16 year old to make that deliberate choice and for it to be observed. However, in a letter originally addressed to the Minister of Health, the Christian Scientists suggested an amendment that would cover their particular problem. They refer to page 3, clause 6 (2) *(b)* (ii) and state:

> It seems to us this section does not take into account situations where an adult may be unconscious and incapable of declining medical procedures, but where a spouse or next of kin may object to medical treatment, or where the person carries with him identification or notice of his religious affiliation.

The Christian Scientists have suggested an amendment that could be placed at the end of line 19 on page 3, as follows:

> Prescribed circumstances shall not be deemed to exist under section 6 (2) *(b)* (ii) if the medical practitioner carrying out the procedure has knowledge that the said person is a member or an adherent of a religious denomination which teaches and practises reliance upon spiritual means through prayer alone for healing, and the person or his next of kin objects to the medical procedure.

They go on to state:

> Inclusion of these amendments does not in any way diminish the basic intent or thrust of the proposed legislation. It does, however, make appropriate provision for those whose religious convictions in the situations enumerated in the Bill, will not be inadvertently encroached upon. As the content of this Bill could eventually become the framework of similar legislation in other States, you will appreciate our request for these amendments to be given favourable consideration.

The point has been made to me from the same group that a significant view about the suggested amendment is that, apart from giving recognition to the Christian Scientists' point of view, it also relieves the attending physician of some burden of responsibility with regard to those adult Christian Scientists, and the attending physician has a heavy responsibility on his shoulders already. I hope that the Minister will address this matter in his summing up and reassure these people who are concerned that they are covered by whatever means are in the Bill and other procedures, because I believe that they have raised a valid point. I would like to believe that we could give them reassurance that the Bill does not threaten their right. They have a right to be able to refuse ordinary medical procedures if they so

choose. Will the Minister say why the word 'treatment' in the first Bill has been replaced with 'procedure' in this Bill? The Democrats support the second reading.

The Hon. J.R. CORNWALL (Minister of Health): I believe that I can set honourable members' minds at rest on most matters raised during the second reading stage and I thank them for their contributions. I must say at the outset that it is not my intention or the Government's intention to support the referral of this Bill to a Select Committee. Some of the more contentious matters in the Bill were very widely canvassed by a Select Committee of the Upper House six or seven years ago, and a large number of the players who were on that Select Committee at that time, certainly all those who matter with perhaps one or two exceptions—

Members interjecting:

The PRESIDENT: Order!

The Hon. J.R. CORNWALL: I said with one, two or three exceptions, a large number of those members are in the Council at this time. The whole question of consent was one in which, I, like the Hon. Mr DeGaris, had a special interest. Quite early in my term as Minister I asked our legal services people to look at this area in conjunction with a senior medical adviser and they carried out what I think is probably the most comprehensive study of all areas of informed consent that has ever been done in this country. Informed consent in many ways is the ultimate in consumer protection in the health area and it also impacts quite directly in a number of circumstances on quality assurance. Therefore, I had a special interest in it and I believe that the report that was prepared was a very comprehensive and most useful document.

The other thing that I want to do before proceeding to specific problems that were raised is to congratulate the Hon. Anne Levy. One of the reasons why my second reading reply can be relatively short is, I would submit to the Council, that the Hon. Ms Levy's second reading contribution was a classic. It was one of the best researched and most knowledgeable speeches that I have heard in my 10 years in this Chamber.

Let me turn now to the specific matters that were raised by various speakers in this debate. First, I refer to the basic question why we need the Bill at all. The fact is that there is uncertainty in the law regarding consent of minors. There is no question about that. We are bumbling along using the common law, but there are a number of areas of real uncertainty. I submit to the Council that it is unfair to expect doctors to work in such an area where no clear, legal guidelines exist. It has been said that we must be doing all right, because litigation is very rare. That is quite a spurious argument. The fact and the simple truth is that lack of litigation is certainly not strong evidence of the absence of a problem. It certainly could not be taken as evidence to preclude a problem, so we need certainty. That is the basic reason for introducing this Bill.

Secondly, I believe it is important that we address the question of the Bill's intention. I am aware that some groups in the community have focused on the Bill having as its primary intention questions of consent for minors relating specifically to abortion and contraception. While they are two of the areas that undoubtedly the legislation addresses, the basic philosophy underlying the Bill is that it aims to allow minors access to the health care that they need, not merely the care that their parents say they can have. I believe that that is a very basic premise from which we start.

The third major provision of the Bill is the extension of the provisions that currently exist in the Emergency Medical Treatment of Children Act. The current Act allows doctors to act without parental consent only if there is an extreme threat to the child's life. This Bill, importantly, extends this cover not only to imminent risk to life but also to risk to health. This is quite simply because there are many situations where a child's health is threatened but which are not necessarily life threatening. I must say (and I know that the Hon. Dr Ritson agrees with me, because he expressed this point of view in his second reading contribution) that quality of life and quality of health care for children must always be of paramount importance.

It has been suggested that we are usurping the right of parents. That is not true in stable family situations. However, as well as the stability of the nuclear family we have to consider that ultimately the child's health is the most important issue. Under the proposals, consent can be given by a child, first, if he understands the nature and consequences of the procedure and if it is in his best interests. There is a further safeguard—that except in acute life threatening situations there must be the opinions of two doctors, the second of which must be a written opinion.

Secondly, in prescribed circumstances, as the Bill provides, and with those two medical opinions, if the procedure is necessary to meet imminent risk to the child's life or health, consent can be given. I think it was the Hon. Mr Burdett who expressed the view that the parents of a child who is living in a stable home environment should be told of that child's treatment whether it involves an abortion or any other medical procedure. I find it difficult to contest that assertion. I have no difficulty with that. Not only the Hon. Mr Burdett but also the Hon. Mr Lucas put forward that view. In an ideal situation where there is a stable family environment I believe that it is highly desirable not only that the parents are involved in the consultation with the child but also that they support the child in whatever the best choice might be.

However, that is the situation in an ideal world. The reality, and one only has to go to some of the kids' shelters or drop in centres around Adelaide to realise this, is that there are very many situations that are far from ideal. It is a quite different thing, and sometimes a quite dramatically different thing, when the child is not in the situation of a stable family environment. Tragically, in 1985 that is all too common and it is all too common around the world. If one accepts that that is the situation, then by extension we can argue, and I do argue, that we do not believe that a child at home should be denied a similar right to privacy, provided the medical practitioners are able to certify that the children are capable of giving informed consent. In that situation they should not be denied a right to privacy and the right to determine their own treatment.

The Hon. R.C. DeGaris: There is also a right in a stable home.

The Hon. J.R. CORNWALL: That is one of the points that I am making. If you extend that right of privacy to one area for a 15 year old, then it is perfectly legitimate, in my submission, to extend it across the board. The other point that has been made by one or two speakers, and by some community groups, is that the Bill will allow children to go behind their parents' backs to get medical attention. It is the case in practice that in circumstances where parental consent for an under 16 year old is not given there are usually good reasons, the two major ones being that the parent is not available or, in the event that one or both parents are available, they will not provide consent. In those circumstances, under the proposed legislation two doctors (not one, but two) must take the step and decide, in the absence of that parental consent or effective consent from the child, whether the child's health or life is at risk.

This, of course, gets back to the basic premise that I made at the outset about the importance of children getting the

health care that they need—not the health care that the parents think they should have. The doctors would not take that step lightly and would certainly try to involve parents, if that is feasible. That is the situation that would pertain in an average family doctor's consulting rooms.

I turn now to the matter of the possibility of a conscience clause in the Bill. This matter was raised by the Hon. Ian Gilfillan and, I think, also by the Hon. John Burdett. They raised the question of submissions that had been made to them, principally, I think, by the Jehovah's Witnesses and the Christian Scientists, that they wanted a provision for a family member to be able to object to treatment on religious or conscientious grounds. That, of course, would literally be taking a step backwards in allowing one person to impose their standards or beliefs on the life of another.

The Bill is about personal integrity and the ability of a person to decide as far as possible their own fate. One can never be sure whether a person's religious or conscientious beliefs are as stated by another individual. This, of course, does not override any stated objection by a patient, and we are talking here about adult patients in particular. There is no question, on all the advice that I am given, that communication to a doctor, or clear evidence of an objection, for example a medic alert message or a signed form carried on or by the person, would be admissible and clear evidence of an objection.

If an objection is clearly made by a patient, or clearly displayed by a patient, even if that patient is unconscious a doctor must respect those wishes under this legislation. In the absence of clear evidence to the contrary, of course, it is advisable for doctors to steer on the side of caution and treat the patient. The Bill certainly does take account of the objections that I have canvassed. If it is clear to the doctor by statement from the patient, or by clearly documented evidence, then the doctor must respect that wish. I repeat that that is the effect of the Bill as it applies and as it extends the existing law to the treatment of adults in emergency circumstances.

However, in the case of children the wishes of another person, especially where death is a possibility, are unimportant in the decision to treat or not to treat. In fact, that has been the position with the Emergency Medical Treatment of Children Act for more than a decade. In summary, if persons feel strongly enough about their objections to treatment, that is, if adults feel strongly enough about their personal objections to treatment, then they should take definite and definitive measures to ensure that this fact is made known directly to doctors treating them, either by communicating that or by taking the precaution in case they find themselves in an emergency situation or in case they are unconscious at any time, of either carrying documentation to that effect, or by wearing a medic alert type identification.

The other question that was raised by both the Hon. Ian Gilfillan and the Hon. Rob Lucas concerned the difficulties that might arise in the event of treatment, particularly emergency treatment, that had to be rendered in an outback or remote situation. That is adequately covered in the Bill, on my advice, in clauses 5 (4) and 5 (5). If one turns to clause 5 (5) *(d)* one sees that subclauses *(a)*, *(b)* and *(c)* prescribe the circumstances that would exist for the purposes of subclause (4). We then see the following:

> *(d)* unless it is not reasonably practicable to do so having regard to the imminence of the risk to the minor's life or health, the opinion of the medical practitioner referred to in paragraph *(c)* is supported by the written opinion of one other medical practitioner.

Therefore, where it is not reasonably practicable to do so, having regard to the imminence of the risk of the minor's life or health in a remote type situation, for example, then that contingency is covered in clause 5 (5) *(d)*.

Mr Gilfillan also raised with me the question of financial responsibility for treatment rendered to minors—those under the age of 18 years. Specifically, the onus for payment is covered in the South Australian Health Commission Act. It is spelt out quite clearly that that is a parental responsibility. However, there are now two major arrangements that have been made over and above that. The first is that separate Medicare cards will be issued on application to minors down to the age of 14 years. There was considerable comment about that, I am sure that honourable members will recall, at the time of the introduction of Medicare. The second point, of course, is that treatment is now free under the Medicare arrangement—free of direct charge at the point of delivery at a metropolitan public hospital.

An honourable member: What about dentists?

The Hon. J.R. CORNWALL: Quite clearly, that is covered under the existing law. There is a parental responsibility up to the age of 18 years. There is no Medicare in this area, if they attend at a private dentist, leaving aside the school dentist service, the Dental Hospital or community dental clinics. Clearly, where the treatment is provided free of direct charge, there is no direct financial responsibility devolving upon anyone. Quite clearly, where it is delivered by a private dentist on a fee-for-service basis, under the existing law the responsibility for the treatment devolves directly on to the parent or parents.

Finally, the Hon. Mr Burdett asked why the word 'treatment' in the original Bill was altered to 'procedures'. That is purely a drafting amendment which was suggested and urged by Parliamentary Counsel, presumably because it is neater and it covers a wider range of procedures, literally.

Bill read a second time.

The Hon. J.C. BURDETT: I move:

That this Bill be referred to the Select Committee on the Mental Health Act Amendment Bill, 1984-1985.

When the Hon. Anne Levy spoke to this Bill during the second reading debate she said:

> I maintain that it is quite unnecessary to have another Select Committee on this topic. No controversy has been raised since this Bill was introduced several months ago. I have not received one complaint about the legislation, and I doubt whether other members have received more than the most token amount of opposition to it.

The Hon. Anne Levy: Are you doubting my word?

The Hon. J.C. BURDETT: I am simply reading what the Hon. Ms Levy said. She continues:

> The only opposition of which I am aware comes again from the Festival of Light. I know of no other group in our community that has expressed opposition. It would seem to be quite unnecessary to refer the matter yet again to a Select Committee, which would go over the same ground as the previous Select Committee covered, probably not as thoroughly because there is obviously no concern in the community about this matter.

I am not doubting the Hon. Anne Levy's word; I am saying that my experience has been quite to the contrary. The Festival of Light has not been in touch with me, except to say that it was having a protest on the steps of Parliament House. Other substantial and responsible groups in the community have certainly been in touch with me and have expressed grave reservations and objections to the Bill. I am simply saying that the Hon. Anne Levy's experience—which is her own experience—has not been mine. I suppose that that is not very surprising. I expect that people who object to the Bill would not contact the Hon. Anne Levy but, instead, may have contacted me or other members.

The Hon. J.R. Cornwall interjecting:

The Hon. J.C. BURDETT: The Catholic Archbishop of Adelaide expressed grave reservations. The Catholic Women's League wrote a letter to the Minister objecting—

The Hon. J.R. Cornwall: They didn't understand the Bill.

The Hon. J.C. BURDETT: I do not know why the Minister says that they did not understand the Bill.

The Hon. C.M. Hill: That's an insult.

The Hon. J.C. BURDETT: Yes, it is an insult.

The Hon. J.R. Cornwall: No, it's a plain statement of fact.

The Hon. J.C. BURDETT: It is a plain statement of fact that they wrote to the Minister and to me expressing objections to the main thrust of the Bill in regard to minors below the age of 16 years and consent in that area to medical and dental treatment. Members of the medical profession told me, when I met with them and discussed this subject, that at the present time they have no problem with regard to consent to medical procedures. They said they were not prepared to oppose the Bill but that they could not see any reason for it. At present they have no problems with it, and they see no reason why the Bill should have been brought forward.

The main point in regard to a Select Committee is as I have said in my second reading speech, namely, that there has been one working party in regard to consent to medical and dental procedures. Arising from the working party has been one report which has led to the introduction of two Bills: this Bill and the Mental Health Act Amendment Bill. Both Bills deal with the same subject: the question of consent to medical and dental procedures—this Bill in regard to the community at large and the other Bill, the Mental Health Act Amendment Bill, in regard to consent to medical and dental procedures of persons who are mentally ill or mentally handicapped.

It seems to me that, as the Minister himself has quite properly and reasonably referred to a Select Committee the question of persons who are mentally ill and mentally handicapped because of objections which have been raised, this Bill also should be referred to the same Select Committee, because reservations, objections, and so on have been raised. The question of consent to medical and dental procedures in regard to both sections of the community was one single issue. For those reasons, I commend my motion to the Council.

The Hon. R.J. RITSON: I support the motion. I will do so with my usual brevity and I hope with at least half my usual wit. One of the things I learnt at school was to count to at least 22. I can count the numbers and I know the fate of this Bill: it will almost certainly pass in virtually its present form by courtesy of the Australian Democrats. I hope that in due course they can explain themselves to aggrieved parents. I supported the second reading of the Bill and will support its third reading in due course because it contains a number of good points, which I think are long overdue.

As the Minister of Health pointed out, I have praised that section of the Bill which rationalises the emergency treatment of children. That is something that must be broadened in the manner achieved in this Bill. I think it is unfortunate that an issue with social and ideological connotations has been tacked on to it. I will deal with that matter very briefly. The question of non-urgent consent to treatment of minors is extremely complex, and its very complexity is the reason why the Bill should go to a Select Committee. In closing the second reading debate the Minister said that the medical profession had been wallowing in the miry mists of common law, or words to that effect, and he was now going to give them certainty. If we look at clause 5, where the legal component of a minor is described, we find that a minor has to be capable of understanding the nature and consequences of the procedure.

Those words 'nature' and 'consequences' are subject to court argument and, in the realm of statutory interpretation, have been argued up hill and down dale and enriched many lawyers, whether they have argued the words in this sort of context or in relation to the McNaghten Rules. I have had a quick chance to have a discussion with an eminent lawyer—the Hon. Mr Burdett—who is of like mind with me and who believes that they give no more certainty in their interpretation than was ever there under the common law.

The Hon. Mr DeGaris, referring to the question of legal competence, was correct when he said that it is a very complicated question. Merely a signature on a form, stating that a patient understands the nature and consequences of the procedure, is no conclusive evidence that the patient in fact understands the nature and consequences. Similarly, it is not so that, just because a doctor believes that a person is making a silly decision, the person is not competent. It is possible for a person to understand the nature and consequences of an act and for the nature and consequences of the act to have an absurd or dangerous result, but if the person has the understanding that person is entitled to choose a foolish course of action.

The Hon. Mr Blevins will recall that Professor Somerville explained this in great detail when the question of consent was discussed before the Select Committee that was investigating the Natural Death Bill. I do not want to exhaust these arguments, but I point to the confusion and difficulties surrounding the whole question of what is legal competence and what is informed consent. It is well recognised by most doctors now that the simple little slip of paper that the clerk or nurse gives people to sign on their admission to hospital may not be worth the paper that it is written on if a patient subsequently alleges assault or some other tortious complaint against the doctor on the basis that the patient did not give informed consent when signing that form.

I do not have the answers to that. What I have said may be partially inaccurate in legal terms, but it indicates the complexity of the thing, and I do not think that the Minister has given the medical profession the certainty that he would wish to give them by bringing this Bill before the Council.

The question of parents' rights is a thorny one because parents' rights over children are probably limited. They have duties and a caring responsibility towards children. I argue that parents have a duty to counsel and support children in times of adversity and that, in order to provide that counselling and support, they need to know the problem that the children have, whether it is a health, social or psychological problem. If we create a statutory right to secrecy, which is what this Bill does, for children younger than 16 it may be that those children will be denied the support, comfort and understanding that would come from parents.

It is fairly common knowledge to people who have any sort of understanding of human behaviour and family structures that children of the age of 14 or so generally become somewhat remote from their parents as they go through the psychological and hormonal traumas of growing up and do not really know how supportive their parents can be when the chips are down until the chips are down. So, it is fairly common to have a slightly rebellious, uncommunicative teenager who thinks that mum and dad do not know anything and who does not confide in them easily. Yet, in many instances when real trouble strikes the child suddenly discovers that mum and dad are really the goods and turn up trumps when the chips are down. So, both parties are probably done a disservice if this secrecy is encouraged: children may be denied the support that would be there even though they do not think that it would be there—which is why they may be tempted to take advantage of the secrecy—and parents may be denied the opportunity to do their duty by their children.

That is a complicated matter of behavioural science. In describing it, I was rather iffy because in order to really understand the family dynamics of these sorts of situation one would need to take evidence from experts in the field—again, a function more suited to a Select Committee than the Committee stage of this Bill at 9.30 at night. For example, in what position is a doctor placed if he considers that it is in the child's best interests to consult the parents? The Bill in clause 5 gives the minor a right of secrecy. There is a provision that the medical practitioner must consider the proposed treatment to be in the best interest of the health and well-being of the minor. Incidentally, there is nothing in the Bill that prevents a doctor from declining to perform the treatment, anyway, as it is not an urgent treatment, and doctors can choose their patients just as well as patients can choose their doctors. If a doctor considers as a result of the consultation that it is really in the best interests of the child to consult with the parents, and if he considers from his knowledge of the family and of the child's personality that it would be extremely good for the child for the parents to be informed and to offer some support, is he now in breach of some statutory obligation by divulging that to the parents?

The PRESIDENT: Perhaps this is more relevant to the Committee stages than it is to the motion moved by the Hon. Mr Burdett.

The Hon. R.J. RITSON: Thank you, Mr President, for drawing that to my attention. I am attempting to display the complexities rather than give answers. I am saying that we have these problems that are sufficiently complex to go to a Select Committee. The complexity of the matter is the whole argument why the Bill ought to go to a Select Committee. I do undertake to be brief by the average standards of this Chamber.

The question of tortious liability of a doctor who chooses to tell a parent of a child's condition is one of the complexities that I cannot answer easily. In normal circumstances, where the parent was considered the guardian of the child in this matter, I could not imagine that the doctor would be subject to any tortious liability for a breach of professional confidence if he advised the parent of the child's condition, but if this Bill were passed would the child be entitled to that secrecy?

The Hon. J.R. Cornwall: There is no mention of secrecy, but of privacy.

The Hon. R.J. RITSON: Yes, privacy. In Committee, because I am sure that the Bill will not go to a Select Committee, I will ask questions such as that one. Thank you for bearing with me, Mr President. I wish to support the Hon. Mr Burdett by saying that there are many complexities of the same type and scope as are in the mental health legislation that is going to a Select Committee. It would not had been very difficult to collect evidence for both Bills at the same time, but the Democrats have decided, and so be it.

The Hon. J.R. CORNWALL (Minister of Health): I will be very brief: there is not very much to rebut in the arguments that have been advanced. Also, I do not believe that the hearts of the Hon. Mr Burdett and the Hon. Dr Ritson were really in the arguments that they were advancing. The fact is that they have been victims of Lower House pressure in the joint Party room.

The Hon. J.C. Burdett: Absolute rubbish!

The Hon. J.R. CORNWALL: The Hon. Mr Burdett's logic and conscience are apparently somewhat different from what they were six or seven years ago, but I will say no more about that.

The Hon. Mr Burdett when asked to tell us about all the groups who had approached him said he had some discussions with the Catholic Archbishop, presumably His Grace Archbishop Faulkner. His Grace Archbishop Gleeson has unfortunately been ill for some time and as everyone knows has now, I am happy to say, had successful coronary bypass surgery. The Hon. Mr Burdett said that he had been contacted by the Catholic Women's League. The League wrote to me too. There was clearly some misunderstanding and some misinterpretation of the nature of the Bill at a fairly basic level.

In fact, after consultation with my legal services people I replied to the Catholic Women's League. I have heard nothing since and that was a considerable time ago and one has to presume that they were reasonably well satisfied by the explanation. I have not received any representations from the AMA at all, one way or the other, and I see a fair bit of their office bearers these days. The situation with the AMA is, as I understand it, that the Hon. Mr Burdett had them in on another matter and as virtually a throwaway line in parting he asked about their view on the consent to medical and dental procedures legislation and asked, 'What do you think about that?'

The Hon. J.C. Burdett: Not true.

The Hon. J.R. CORNWALL: It is. The honourable member related that story to us in regard to another matter before the Council prior to Christmas. As a throwaway line they said that they did not really think they needed it. That is hardly being lobbied in a serious way by the AMA. The fact is that as far as the churches are concerned, I have regular contact with the heads of all the major churches. I have particularly had dealings and negotiations with them over in vitro fertilisation, embryo transfer and artificial insemination by donor.

It has been my good fortune to converse and consult at some length in recent months with representatives of the Catholic Church, the Anglican Church and the Uniting Church in particular. It is perfectly true that they have expressed interest in this legislation, but one could hardly say that they have stormed the barricades or protested on the steps of Parliament House.

In fact, once the spirit and intent of the legislation was explained to them they realised that, far from being some sort of plot or attack on the sanctity of the family, it was—as I said in my second reading reply—a genuine attempt with respect to minors at least and a realistic attempt to allow them to have access to the health care that they need and not merely to the care that their parents say that they can have. On all the evidence that is available, it seems to me to be fairly widely accepted.

Let me deal just briefly with a couple of more serious arguments of the Hon. Dr Ritson, who said that the phrase 'nature and consequences' would be open to legal interpretation. That is about the thinnest argument I have ever heard. I know of no legislation that has ever been passed in this or any other Parliament that is not open to legal interpretation through the courts. As legislators we try very hard to give legislation the certainty that the public needs and clearly wants. However, under our system—it is a very good system until we can find something better—any legislation is open to interpretation through the legal system.

Of course, that is not only a thin argument: it is a spurious one and one on which we need spend no more time. The Hon. Dr Ritson also talked about a parent's rights and duties, and their need to know. I have had a little bit of experience as a parent. I guess like every other parent, that I was no better than an enthusiastic amateur. We only get one try at it and there is no tertiary course in parenting that I know of that is in general application or available to the community, and no post graduate studies that are available. Most of us tend to make mistakes along the way. However,

I think that the majority of parents are caring and loving parents and they most certainly have duties as well as rights.

In a situation where there is trust and confidence between children and parents in a stable nuclear family, parents not only need to know but in the vast majority of circumstances would know. In the event that there are problems that would prevent that flow of information, then I do not believe that we achieve anything by withholding the right to privacy and the right to the best available health care from minors. It was said by the Hon. Dr Ritson that there are circumstances where it may be in the best interests of children for the doctor to consult with the parents. I can find nothing in the Bill proscribing that. If it is considered in the opinion of the medical practitioner that he should consult with the parents in particular circumstances, having weighed that up and having discussed it with the child, I cannot find any specific penalty that would prevent the doctor from doing that.

Finally, the other reason why the Government and I reject the idea of referring this Bill to a Select Committee is that we already have a Select Committee established under my Chairmanship looking at amendments to the Mental Health Act, particularly as they affect consent to medical treatment and procedures for the intellectually disabled. This is a very vexed area, and I believe that the Select Committee will have its work cut out to bring in an intelligent report between now and the Budget session. Indeed, if this whole matter was further opened up—and opened up quite unnecessarily—it would be extremely unlikely that any proposed Select Committee taking all those things on board would complete its work between now and the next election. It is an open secret that we are going to have an election some time between October this year and April next year, and I do not see how in those circumstances we could possibly get through a Select Committee on both these matters, especially when it is extremely important that the Select Committee on the Mental Health Act Amendment Bill complete its work in time for the Budget session so that any legislation arising out of that can pass this Parliament.

The time is passed when we need any longer consider in any greater depth or breadth the matters that are canvassed in the legislation before us. Therefore, I urge honourable members to oppose the motion to establish a Select Committee.

The Hon. J.C. BURDETT: In response, I thank honourable members for their contributions to the debate. My comments in regard to the Catholic Archbishop of Adelaide were in regard to Archbishop Gleeson and not Archbishop Faulkner. I have equal respect for both of them of course. Despite his illness my contact was with His Grace Archbishop Gleeson. The Catholic Women's League did not misunderstand the Bill. They stated two concerns in their letter to the Minister. The first concerned minors under the age of 16 years and recommended that they should not be able to consent. The second matter was briefly and perhaps too briefly stated in regard to consent in country areas. The Minister has told me that some time ago he responded to their letter, but on Wednesday of last week I spoke to the President of the League and she had not received a response at that time.

The Hon. R.I. Lucas interjecting:

The Hon. J.C. BURDETT: Regarding our meeting with the AMA, this was not a throw-away line or a secondary matter: it was the main matter that we asked the AMA to see us about, as the Hon. Robert Lucas recalls and has said by way of interjection. We asked them to see us primarily about that matter and secondly about the Nurses Bill, which was under discussion at that time. Even though we had asked to see them about that matter, the President and the Vice President who came to see us were very reserved and very unenthusiastic about this Bill. They made quite clear that they did not think it was necessary and that there were not any problems, but they were not prepared to oppose it. But it was not a throw-away line. That was the main matter about which we asked to see them.

We simply seek to refer this Bill to the same Select Committee that will consider the Mental Health Act Amendment Bill. I do not agree with the Minister that that will make the task of that Select Committee too long or too great. If, as has been said, most of the issues have been gone through previously, presumably there will not be a great deal of evidence on this matter. It seems to me, as I have said before, that because the Minister has seen the need to set up a working party on consent to medical and dental procedures, because this working party has produced one report, and because the Government in its wisdom has seen fit to present that report to Parliament in two Bills, namely, the Mental Health Act Amendment Bill and this Bill, the proper course is to put this Bill and the other Bill to the same Select Committee.

The Council divided on the motion:

Ayes (9)—The Hons J.C. Burdett (teller), M.B. Cameron, L.H. Davis, Peter Dunn, K.T. Griffin, C.M. Hill, Diana Laidlaw, R.I. Lucas, and R.J. Ritson.

Noes (11)—The Hons Frank Blevins, G.L. Bruce, B.A. Chatterton, J.R. Cornwall (teller), C.W. Creedon, M.S. Feleppa, I. Gilfillan, Anne Levy, K.L. Milne, C.J. Sumner, and Barbara Wiese.

Majority of 2 for the Noes.

Motion thus negatived.

In Committee.

Clauses 1 and 2 passed.

Clause 3—'Interpretation.'

The Hon. J.R. CORNWALL: I move:

Page 1—

Line 20—Leave out 'includes any act done' and insert 'means any procedure carried out'.

Line 26—Leave out 'includes any act done' and insert 'means any procedure carried out'.

A stylistic drafting change has been recommended by Parliamentary Counsel and I commend the amendments to the Committee.

Amendments carried; clause as amended passed.

Clause 4—'Application and effect of Act.'

The Hon. J.R. CORNWALL: I move:

Page 2, line 1—After 'This Act' insert ', other than section 7,'.

A drafting change was recommended after the introduction of the original Bill, and I commend the amendment to the Committee.

Amendment carried; clause as amended passed.

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

The Hon. R.I. LUCAS: I want to clarify the Minister's response to an issue raised by the Hon. Mr Gilfillan. I take it from what the Minister said that the responsibility for the payment of significant dental work, whether for bands, bridge work, and so on, rests with the parents of a 15, 16 or 17 year old who incurs debts for dental work, irrespective of whether the child is living in a stable domestic situation or whether the parents and the minor have come to a parting of their ways by the minor no longer living at home or because the parents have specifically expelled the minor. In those circumstances, as well as in a domestic situation, would the responsibility still rest with the parents?

The Hon. J.R. CORNWALL: The position is that under the common law any minor has a responsibility to pay for certain basics such as food. The advice I am given is that in the event that a minor who was not living in the parental home in particular attended at a dentist who was a private

practitioner, then the dentist would be wise to make some inquiries about methods of payment in advance because it might be, particularly where the child was not in the home, that he or she could be liable under common law for payment of the account.

The Hon. R.I. Lucas: The parent?

The Hon. J.R. CORNWALL: No, the minor.

The Hon. I. GILFILLAN: Does the Minister feel that, in the circumstances we are talking about with a dental procedure for a person between the age of 16 and 18 years, if that person was living away from home, under the common law that person could be held legally responsible for the debt? If the person was living at home, would the parent be legally responsible for the debt?

The Hon. J.R. CORNWALL: The general rule is that under the common law a child can be held responsible for debts incurred by him or her for necessary items. I cannot see why this is being pursued with such great vigour. The situation, as I understand it, is that with a family dentist a relationship has formally been established over a number of years and the dentist knows the parents. My dentist certainly does, and when my secondary school children attend for treatment he knows them on a first name basis and knows very well that, these days at least, he is going to get paid.

It is also the case, and I conducted a private practice for 20 years so I know a bit about bad debts and liabilities in a practical sense, that if somebody presents himself needing urgent treatment, whether 16 or 66, then one can do no more than pursue it to a reasonable degree. One cannot literally withhold treatment in an emergency situation, or a situation where a patient is distressed. This is speaking from a dentist's point of view, so the question of whether or not a person gets paid becomes a little bit dicey. One of the hazards of being in private practice is incurring a number of bad debts.

The Hon. I. GILFILLAN: This is not the case of the dentist who is known but of the minor who wants gold capping and goes to a dentist who is not known to him or her but who undertakes the procedure. That person may well, in common law, and under certain circumstances, be responsible for payment. However, my understanding is that, in fact, the legal debt is incurred by the parents, who may have no knowledge of the procedure, or of the dentist, but who are legally responsible for the debt incurred.

The Hon. J.R. CORNWALL: The position there is that, ultimately, in the event that the dentist sued the parent, there would be a reasonable chance of recovering the debt. However, that was ever so with a whole range of basic goods and services.

The Hon. I. GILFILLAN: You have changed your story so that the 16 or 18-year-olds now covered in subclause (1) can make those decisions as if that minor is of full age but, as I understand, in current circumstances that minor cannot make that decision if of full age. It appears that you are giving a power to a person of 16 to 18 years of age that they do not have now.

The Hon. J.R. CORNWALL: Quite frankly, Mr Gilfillan is confusing consent with liability. This Bill addresses the question of consent. The question of liability to pay is entirely different. There is a whole range of circumstances that we could argue in this Parliament for a month as to debts incurred by minors and parental liability. If the contention is that under this we are going to have all sorts of 16-year-old children rushing off to the dentist and their parents suddenly getting bills for $500 or $1 000, quite frankly I think that the Hon. Mr Gilfillan underrates the good sense of the dental profession or any other professional in private practice. The fact is that a prudent professional person, if there is any doubt, satisfies himself in advance that he at least has a reasonable chance of being paid and tries to satisfy himself in advance about who is likely to accept liability for payment. That is just the good conduct of a private practice.

The Hon. R.I. LUCAS: I raised a matter during the second reading debate in respect of the Hon. Anne Levy's remark about a minor breaking a leg in a remote area of the State. The Minister referred me to clause 5 (5) *(d)*. I guess that the operative phrase, if I interpreted the Minister's response correctly, is 'unless it is not reasonably practicable to do so'. I will go through two examples to clarify the situation. The advice I have had is that the four prescribed circumstances numbered *(a)* to *(d)* in clause 5 (5) need to exist together for there to be prescribed circumstances.

If that is the case, let us look at the example of, say, a 15-year-old in a remote area who breaks a leg and is unconscious. Clearly, *(a)* is then operative because the minor is incapable of giving effective consent. Let us assume *(b)*, that there is no parent around. Therefore, *(b)* is operative. Let us assume *(c)*, that the medical practitioner carrying the procedure decides that it is necessary to meet imminent risk to the minor's health. Therefore, *(a)*, *(b)* and *(c)* are operative, as is *(d)*. There is no other medical practitioner within 200 miles, so I therefore presume that *(d)* comes into effect, which is the reason for the Minister's response in his reply during the second reading debate. The Minister's response was that in that situation *(a)*, *(b)*, *(c)* and *(d)* all exist and that therefore it is a prescribed circumstance and the doctor can go ahead and do what he or she wills, because it is a prescribed circumstance. Having gone through that with the Minister nodding his head in agreement—

The Hon. J.R. Cornwall: Assuming someone with reasonable diligence and competence.

The Hon. R.I. LUCAS: It is all assumed. I will take a different example of a 15-year-old in the same remote area who breaks a leg and is not unconscious. Therefore, in my view, *(a)* would not be operative because the minor is not incapable but is capable of giving effective consent. Therefore, *(b)*, *(c)* and *(d)* all exist because the parents are not present, the doctor wants to get to work and there is no other doctor within 200 miles.

On my understanding of that situation, *(a)* does not apply because the minor is capable. If in my previous example the minor is unconscious, the Minister has agreed that *(a)* applies. However, in my present example, which is a quite common occurrence in a remote area—and the Chairman would be well aware of young lads coming off horses, bikes or tractors in remote country areas and perhaps breaking a limb—it is my view that *(a)* does not apply. Therefore, a 'prescribed circumstance' does not exist.

It appears from the drafting, if that is the case, that a doctor in a remote area would require a second written consent. I hope that that is not the case. I suppose the question in that situation, which is not at all fanciful because it could easily happen in remote areas, is whether the Minister's response during the second reading debate still stands.

The Hon. J.R. CORNWALL: Quite clearly, clause 5 (2) applies in that situation.

The Hon. I. GILFILLAN: I have a further question on clause 5 (3), which indicates that a parent can have total responsibility without the consent of a minor less than 16 years. The example that I gave during the second reading debate—which I do not think was responded to by the Minister—is that there could be a request for an abortion on a minor less than 16 years against that individual's will. Clause 5 (3) provides:

> The consent of a parent 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 purposes

as if the minor had consented to the carrying out of the procedure and were of full age.

My understanding of the meaning of that clause is that a parent can and is given authority to make a full decision for medical procedures that can be imposed on a minor without any referral or any condition that a minor gives his or her consent. Is that possible under clause 5 (3)?

The Hon. J.R. CORNWALL: This comes down to the question of the relationship between a child as a patient, the doctor and the parents. I guess the Hon. Mr Gilfillan is alluding to a 15 year old girl whose parents are trying to force her to have a pregnancy termination. In the event that the 15 year old girl were resisting that, I would think that the doctor would be in very severe trouble if he were to collude with the parents to forcibly carry out that procedure. That is certainly my advice.

The Hon. R.J. RITSON: I have several questions to put to the Minister. How does the Minister hope to educate the medical profession in the legal niceties of the nature of informed consent so that the opinions, whether written or otherwise, which they give on this matter will bear some relation to what one hopes is the law? Does the Minister see a problem in this area? We already have, for example, in the case of termination of pregnancy, where the indication is psychiatric, procedures being carried out on the psychiatric opinion of two gynaecologists. I see a problem with the meaning of the words 'nature', 'consequences', and 'best interests'. Would the Health Commission envisage circularising doctors with considered legal advice as to how they should interpret that part of the Statute when forming their opinions?

The Hon. J.R. CORNWALL: The simple if somewhat flippant answer as to how we intend to educate the medical profession regarding their legal rights and responsibilities would be 'with great difficulty'. It is a fact that years after the proclamation and operation of the Mental Health Act very many doctors, particularly GPs, are scarcely aware of the existence of the Guardianship Board. In fact, one or two cases crossed my desk recently where GPs acted contrary to the Mental Health Act and had no knowledge of the fact that a patient was under a guardianship order. No legal action has been taken because of a number of circumstances which I will not describe here. I am serious when I say 'sometimes with great difficulty'. Therefore, we are addressing the legal matter of educating doctors in three ways: first, we are upgrading intern training so that all first year residents will have a comprehensive course in what I suppose could be called jurisprudence; the second is through continuing education.

I am sure the Hon. Dr Ritson would be aware that SAPMIA is alive and well and conducting numerous courses sponsored by the Minister of Health and the South Australian Health Commission, as well as conducting courses in its own right. SAPMIA is very much an alive and vigorous organisation, and I take this occasion to pay a tribute to it. For example, it has organised a national symposium on drug and alcohol abuse, which starts tomorrow. At this point we have over 200 registrants and three international speakers. It is no stranger to organising medical education. It extends through various tiers, and it is very interested in running an on-going series of post-graduate medical education seminars and courses in selected country areas as well as the rather larger seminars and courses that it runs from time to time in the metropolitan area.

The continuing education framework is certainly there, and it is a forum which we intend to use. I am also very pleased to tell the Committee that it is my intention to sponsor a major seminar on health law later this year. I would not want to be tied down to the exact date, but I believe that we should be able to conduct the seminar some time in July. It will be an Australian first, and it will be a major seminar. We have a senior lawyer working on the project almost full time at this moment.

In summary, we are upgrading intern training, expanding continuing education, particularly sponsoring SAPMIA, and the major initiative will be a seminar on health law later this year. The other thing, which has just been pointed out to me, is that two of the specific recommendations of the working party on consent to treatment concerning increasing professional and public awareness were *(a)* that funding be allocated to provide in-service training for interns and continuing education for medical practitioners on the practice and the law relating to informed consent (so, that has been taken up as a specific recommendation); and *(b)* that guidelines prepared by the working party be adapted for use by hospitals. Again, through hospital contact, there will be an on-going education process. It is a very important matter, and I thank the honourable member for raising it.

The Hon. R.J. RITSON: I thank the Minister for his answer. Wearing my other hat, as a registered practitioner, I look forward in due course to receiving through the mail some educative material that will explain that part of the Bill to me.

The next point that I want to pursue is the nature of the doctor-patient relationship in a case where the patient is a minor who is considered able to consent within the terms of this Bill in spite of that patient's minority. In raising this, I presume that the doctor-patient relationship has some contractual basis or some implied contractual basis.

One of the elements of the contract, at least implied, is the question of professional confidence. The Minister said during his closing of the second reading debate that there would not be any problem of breach of confidentiality in a case where a practitioner, believing himself to be acting in the best interests of the patient, informed the parent of a minor who was competent to give consent of the nature of the treatment? Why did the Minister say that? Is there something uniquely different about the relationship between a doctor and a consenting patient under this Bill that does not exist between a doctor and an adult patient who gives consent? I am concerned about that because mention was made from the Minister's side of the Chamber during the second reading debate of the right to privacy of a minor giving consent to medical treatment. I would like an explanation of why a minor differs in his right to professional secrecy, having been held to be competent to consent, *vis-a-vis* an adult patient.

The Hon. J.R. CORNWALL: That was a fairly tortuous way of putting it. Maybe the Hon. Dr Ritson will have to help me if my answer seems inadequate in the circumstances. There is no legal prohibition on the doctor from consulting with the parents if in his professional opinion that is a desirable course of action, just as there is no legal prohibition on a doctor consulting with a spouse if in his professional opinion that is a reasonable course of action.

The Hon. R.J. RITSON: I take that point immediately. I am not entirely ignorant of medico-legal matters: I recall that during my undergraduate training we had examinations in a subject called forensic science, which included lectures and grave warnings about consulting a spouse without the spouse's permission. Indeed, cases were brought up where spouses sued successfully for large sums of money for breach of confidence. One example was given of a doctor who on the golf course made some remark to a friend—I forget the exact circumstance—that he had done a pregnancy test on the man's wife, or something like that. The spouse had been sterilised, or there was an equivalent giveaway of the situation, which led to a divorce and a big lawsuit about a breach of confidentiality.

I must question the Minister's last statement seriously. I do not believe, unless he can give me a better reason, that there is no common law restraint or tortious liability in a doctor going to a patient's spouse just because he believes of his own motion that that is in the interests of the patient. I do not believe that he is entitled to: if it goes wrong he is in jeopardy of legal action. I would like a much better explanation of professional confidence than the Minister has given me so far.

The Hon. J.R. CORNWALL: The basic answer to that is that it is an ethical problem, not a legal problem. I would have thought that it is hardly ethical for a doctor to banter round on the golf course the fact that he conducted a PV on a golfing partner's wife one, two or three days previously, or about any other procedure, for that matter. That is a question of taste and ethics. I am not talking about that at all; I am talking about a situation where a competent and concerned medical practitioner, having weighed up all the pros and cons of a situation, makes a professional judgment that a spouse or a parent ought to be informed. That surely, provided that the doctor is acting in an ethical manner, should not present a legal problem.

Situations can arise where some sort of a case, perhaps, could be made out for a breach of contract, but in the vast majority of situations we are talking about ethics rather than the law. Certainly, nothing in this Bill would prevent a medical practitioner, after due consideration, from consulting with the minor's parents. The spirit and intent of the Bill is that the child is entitled to privacy, certainly, just as an adult is entitled to privacy, but if the ethical consideration is such that the doctor, acting in good faith and with due competence, believes that he should consult with either parents or spouse my advice is that it would be proper to do so.

The Hon. R.J. RITSON: I remain completely unconvinced that there is no common law tortious liability that a doctor could risk by breaching confidentiality. If damages followed, I believe that tortious action would follow equally surely.

The Hon. J.R. Cornwall: It certainly wouldn't be under this legislation.

The Hon. R.J. RITSON: No. The reason that I asked the question is that the Bill is silent on the matter and I ask the Minister to clear that up because it introduces a new element: a minor who previously would not have had that sort of contractual arrangement. These minors cannot contract to buy a car.

The Hon. J.R. CORNWALL: That is just not so: there have been contractual arrangements under common law for decades.

The Hon. R.J. Ritson: For 14 year olds?

The Hon. J.R. CORNWALL: Yes.

The Hon. R.J. RITSON: I said that they cannot contract to buy a car. If I am wrong in that, correct me.

The Hon. J.R. CORNWALL: We are talking not about motor cars, but about medical consent.

The Hon. R.J. RITSON: The Minister keeps interrupting me and exhibiting wilful blindness in allowing me to develop this argument. I know that the Bill is silent on the matter of the doctor-patient relationship.

The Hon. J.R. CORNWALL: I am in grave danger of developing myopia from over-indulgence at the moment. I really cannot follow the point that the honourable member is trying to develop, as having any relationship to clause 5.

The Hon. R.J. RITSON: I take grave exception to the Minister's remarks.

The Hon. J.R. CORNWALL: I could have taken grave objection to the honourable member's, too, but I did not. Let us not get into that.

The Hon. R.J. RITSON: Obviously, this debate is fruitless. I hope that the Minister will enjoy reading his remarks in *Hansard.*

The Hon. ANNE LEVY: I inform the Hon. Dr Ritson that when the Select Committee was held on this topic a number of years ago the AMA representatives who came to that committee recognised that the question of consent had nothing to do with confidentiality, that it was a separate issue, and that the legislation in no way changed the existing situation, whatever the situation might be.

The Hon. R.J. Ritson: I agree.

The Hon. ANNE LEVY: It was not being changed at all. Furthermore, I think that the AMA representatives and all the medical practitioners except one who came before the committee felt that confidentiality of the patient, if the patient wished it, must be respected. Only one medical practitioner felt that in certain circumstances he might go against the wishes of his patient and consult or inform a relative.

The Hon. J.R. Cornwall: It's still an ethical situation.

The Hon. ANNE LEVY: Yes, it is an ethical situation and not a legal one. The AMA was of the opinion, as were all other medical practitioners bar one, that the confidentiality ethic was one that no doctor should break.

The Hon. R.J. RITSON: I thank the Hon. Anne Levy for her comment. It is the cornerstone of my argument. Of course the Bill is silent on the issue of confidentiality. Of course the ethic is one of confidentiality at all times. I still disagree about the legal issue: ethical issues become legal issues and become the subject of litigation. I will let that pass. My point is that here is a whole group of people—they could be nine years old (Mozart was composing symphonies at that age)—who will have the legal competence and intellect to make the decision. But there is the other dimension of parental concern where the practitioner may feel strongly that, whatever the person thinks he wants and even though he is capable of understanding and wanting what he thinks he wants, nevertheless the parents have a role.

I was really asking whether, if the doctor then went to the parent and said, 'Look, your child is in this sort of trouble or that sort of trouble and I think you should know,' he would be in the same ethical and, I still maintain, legal situation as the doctor doing that in a relationship with an adult patient in discussing it with the spouse. There is a new combination of events. There is the minor who previously could be discussed with the parent with impunity and perfect ethical propriety, but now that is not so.

The Hon. ANNE LEVY: I would dispute this. The Bill has nothing to do with the ethics of confidentiality. Consent or non-consent refers to whether a medical practitioner can be charged with assault and battery. Whether the medical practitioner tells the parents or not has nothing to do with whether he is going to be charged with an assault and battery. The Hon. Dr Ritson raises an interesting question, but I do not see that it has anything to do with this legislation, which is concerned only with consent in regard to being charged with assault and battery. Professional ethics and confidentiality are extremely interesting questions, but I do not believe they have anything to do with this Bill.

The Hon. R.I. LUCAS: For the benefit of my many country friends I will return to the line of questioning with which I dealt earlier concerning the example of a 14 year old or 15 year old who breaks a leg in a remote area. In his final response the Minister said that clause 5 (2) applies. Not being as well versed as the Minister in the Bill I scurried to my copy of the Bill and reread the provision and, for the benefit of many readers of *Hansard,* I note that clause 5 (2) says that in that particular case the medical practitioner

would have to get a written consent from another medical practitioner in the example I referred to.

The Minister's response to my question was that in a remote country area where a boy or girl came off a bike, a horse or a tractor and broke a leg, clause 5 (2) operates. Really, the Minister is saying that a doctor at, say, Kimba cannot perform the medical procedure on the lad with the broken leg without first getting written consent from another medical practitioner. It is incredible that the effect of this Bill can impinge on the quality of health care available to people in remote areas in the way indicated by the Minister.

As I indicated in my second reading speech, this is not a problem in the metropolitan area where we have a medical practitioner a mile down the road and where a written opinion from another medical practitioner can be obtained perhaps within 10 minutes, but many people in South Australia might take one hour to get to the first medical practitioner. If one lives on a farm or pastoral property it might take one or two hours to get to a medical practitioner. If one has a broken arm or leg the effect of the Minister's Bill results in the doctor saying, 'I am sorry, I cannot do anything for you. The Parliament has just passed a law which provides under clause 5 (2) that I must have the written consent or opinion of another medical practitioner. Just hold fire in the surgery with your broken leg and I will contact a medical practitioner another two hours away and get a written opinion. We will wait for Australia Post to deliver it and in perhaps two or three days we will fix up the limb.'

The Hon. I. Gilfillan: Perhaps if the patient knocks himself out—

The Hon. R.I. LUCAS: Yes. The Hon. Mr Gilfillan raises my earlier example. The way out is for the person to knock himself out and render himself incapable of delivering consent. Perhaps the doctor could do it for him as part of the service.

The Hon. I. Gilfillan: That would be unethical.

The Hon. R.I. LUCAS: Yes. If one was unconscious it would be all right. I do not want to go on about this but I hope the Minister will see that people in remote areas do not have the same access to medical facilities as people in the metropolitan area have. It is not easy to get a second written opinion in the country. Will the Minister look at an amendment to that provision to cover our friends in remote areas where access to a second medical opinion could delay treatment that is urgently needed?

The Hon. J.R. CORNWALL: I am unable to say now whether that argument is purely pedantic or whether it raises a genuine problem. However, it might be desirable if I consult further with Parliamentary Counsel and others. I thank the Hon. Mr Lucas for raising this matter. I am amazed that he does not have an amendment on file: he must have been extraordinarily busy lately.

Progress reported; Committee to sit again.

STATE DISASTER ACT AMENDMENT BILL

Adjourned debate on second reading (resumed on motion).

(Continued from page 2650.)

The Hon. K.L. MILNE: I feel very strongly that disaster funding should be on a national basis, not a State basis, because bushfires, earthquakes and epidemics of disease do not necessarily stop at State borders. This large country, which goes from the tropics to cold climates, has earthquake and bushfire areas and, as a whole, should be insured. We should get rid of voluntary funding. There are various ways of raising funds: Lord Mayors funds, charitable funds and other funds.

The Hon. M.B. Cameron interjecting:

The Hon. K.L. MILNE: I will put it another way. I believe that we should no longer rely on charitable funding. The honourable member is quite right. I did not mean that we should eliminate private donations from people wishing to participate in a fund. However, we should not rely on these donations, because it causes inevitable delays between the occurrence of a crisis and when the money becomes available. Administration is always difficult and often inefficient. There are very often selective decisions which cause untold trouble between families, groups, towns, and so on. Trouble is caused between those who are insured and do not get charitable moneys or get money late when priority is given to those who are not insured and have been paid a premium for protection. There should be a system of funding a scheme where everyone affected by a disaster should have compensation, with everyone paying something.

The Hon. M.B. Cameron interjecting:

The Hon. K.L. MILNE: Yes, that may be, but, if the fund is big enough to enable permanent staff to be employed, a matter to which I will come in a moment, the people will at least have done it before. When people are suddenly asked to handle large amounts of money, the pressures are enormous, and a system where staff is permanent will overcome many of the mishaps that we have had in the past. If we do not want to collect by private or Government donation, how should we collect the money? On a Federal basis it is easy to collect it as a very small amount per head on tax returns. Where people do not pay income tax they obviously have very little or nothing to insure, and they should not be asked to pay. In the State fund we could collect the money on water rate or land tax notices, or something of that kind. If everyone contributes, the amount paid by each person will be very small. A small percentage of people donate money to a bushfire fund. I believe that we should have a funding system where everyone contributes, rather than an insurance system where people are encouraged to pay premiums to insurance companies for fire insurance.

The system whereby people are asked to insure themselves does not work because not everyone does so. A surprising number of people in the community do not believe in insurance. A better system is for everyone to be levied a small amount for a disaster fund because disasters will continue to happen in Australia. At a certain level insurance companies can come in and insure the fund above that level.

The Federal Government tried to introduce a national scheme saying that there would be a consortium of insurance companies to insure the whole of Australia and that there would be an intensified education programme to make sure that everybody was encouraged to insure. That broke down because it was not solving the problem; it was simply perpetuating it. People knew that and did not go on with it. It would not have worked, anyway, and there would still be the problem of some people who had fully insured, some who had partly insured and some who had not insured at all. Then there is the problem that one cannot leave out in the cold the person who has not insured.

If a very small amount is collected from everyone annually, with an exemption for those people who have little or nothing to lose, a big fund can soon be built up, even in a small State like South Australia. If everyone eligible to pay paid $1 to start with, one would probably have at least $500 000 in a year. The Government may have to subsidise the fund for a while, but it would soon be self-perpetuating. The fund could be invested and the income from it would support the necessary staff, finance the new equipment, training and publicity and, hopefully, the cost of compensation in a disaster. The fund should not be available for Governments to raid because Governments have been

inclined to raid funds in the past—the Housing Trust and the State Superannuation Fund are good examples.

Of course, after the fund reached a certain level the contributions could be decreased. I do not think that we would ever pay nothing because of the increased population and inflation, but it could certainly be decreased. In that way we could all contribute to State natural and social disasters instead of continuing the present haphazard system, which this Bill perpetuates. The Government should say where the money is to come from, but it just says that there is to be a fund, assuming that nothing will happen until there is a disaster. I think that is stupid. We should have funds available before a disaster occurs, and it is an absolute certainty that there will be a disaster, either flooding of the Torrens, another bushfire epidemic or something else.

Subsections (5) and (6) of new section 22a should be deleted, and I will propose that in Committee. Those new subsections provide that money in the fund can be used only for the disaster for which it was provided or donated, and that is really producing money at the wrong end: we are waiting until the disaster happens and then producing money. To say that that money can be used only for that disaster is the suggestion. We may or may not get more than we need, so that provision is foolish. There should be a fund to cover any disaster that is likely to occur in the State, such as a tidal wave.

The Hon. C.J. Sumner: How will you fund it?

The Hon. K.L. MILNE: As I said earlier, a very small levy on the water rate notice, not on the amount of the water rates, could finance a fund of that kind. That is preferable to a levy on income tax, such as the Medicare levy. The contribution would be small. The amount would be so small if everyone contributed that it would not be noticeable. Many people who have little income, such as pensioners, would not be asked to contribute.

The Hon. R.C. DeGaris: Why water rates?

The Hon. K.L. MILNE: I am talking about a levy calculated on some other basis. We would not necessarily levy the lot on someone who is paying high water rates, although water rates do not fluctuate very much. Country people should be contributing as well. I am sure that we could work out how it could be collected.

The Hon. R.C. DeGaris: How about a rate on all existing property values?

The Hon. K.L. MILNE: Property owners have a very distinct obligation to contribute to a fund, but a levy would have to be included in rents. People who are privileged to live in expensive rental accommodation should contribute.

The Hon. R.C. DeGaris: The levy would be about .1 per cent or $4 in $40 000. It would be pretty hard to adjust the rent on that.

The Hon. K.L. MILNE: That is right, but they could pay their part of the levy. I am not afraid of sitting down to work out the detail. My point is that funds should be available before a disaster occurs, because it is delay that causes so much difficulty. Under the present system when a disaster occurs money is collected laboriously, either by the Government, through the Lord Mayor's fund or through other funds, and that really is not satisfactory. That method covers comparatively few people.

The Bill does not overcome the gap between the disaster and the money coming in or the unfairness in regard to those who are not insured and who often get priority treatment over those who are insured. I ask the Government to review the funding situation and to defer the passage of this Bill until it can come up with something better.

What they have done with the funding is old-fashioned, inequitable and inefficient, just as has been the past. In this Bill the Government has not taken the step forward that I am sure it is intending to do. I support the second reading and the principle of this matter, but I just wish that we could run that extra mile and get the funding right this time.

The Hon. C.J. SUMNER (Attorney-General): I thank honourable members for their contributions to the debate. The Hon. Martin Cameron raised some very important issues which I believe need to be considered at least. Whether or not those matters can be specifically addressed in this Bill, I am not in a position to say. However, I believe that further consideration should be given to them.

Once again the Hon. Mr Milne expanded on a topic that he has discussed in this Council on previous occasions, namely, the method of funding reparation of damage due to natural disasters. In the past the honourable member has advocated the establishment of a national disaster fund, but now that that has not come to realisation he has turned his attention to whether the State can establish such a fund. It is an interesting idea, of course, but the question remains as to who will contribute to the fund. If it is to be a pre-disaster fund, established in some way, clearly it would be a charge on the general community, and one would have to ask at what stage the fund would be considered to be sufficiently adequate, buoyant, to no longer require imposition of the charge.

Further, one would have to determine how and on whom the charge would be imposed. Would it be imposed on the general community? Would it be considered that those people who are in the areas that are more prone to natural disasters (for instance, the Hills, where bushfires commonly occur), should pay an additional premium to take account of the fact that a natural disaster is more likely to occur? The question remains as to whether they should pay a different rate. There are a number of issues which are important but which I do not believe can be considered.

The Hon. R.C. DeGaris: It is also hard to determine exactly what is a State disaster.

The Hon. C.J. SUMNER: That is true; I agree with the Hon. Mr DeGaris. Whilst I think these issues are important, I am not sure that they can be properly addressed in the context of this Bill. However, there were issues raised by the Hons Mr Cameron and Mr Milne. I appreciate the support of honourable members for the Bill and I suggest that the second reading be passed. During the Committee stage I will attempt to respond to the questions raised.

Bill read a second time.

In Committee.

Clause 1 passed.

Progress reported; Committee to sit again.

CONSTITUTION ACT AMENDMENT BILL

Adjourned debate on second reading (resumed on motion).

(Continued from page 2642.)

The Hon. C.J. SUMNER (Attorney-General): In replying to this debate I would like to make one issue clear—that is, that the reason for this Bill being introduced by the Government was an attempt to clarify the Constitution Act with respect to the President's vote. The Hon. Mr DeGaris, in his contribution, pointed out that the President did not have a deliberative vote at all; he had no vote, apart from a casting one, and could not express concurrence or non-concurrence with the passage of a Bill in any way until 1973. Therefore, there should not be any dramatic arguments from honourable members opposite that, somehow or other, the Government is hell bent on taking away the President's right to vote. The Bill was introduced to clarify the Constitution Act with respect to the President's deliberative vote.

The deliberative vote did not exist for the President prior to 1973, and it is quite clear from the debates that occurred in 1973 that it was not the intention of the Parliament at that stage to give the President a deliberative vote on all Bills.

The Hon. J.C. Burdett: I don't agree with that.

The Hon. C.J. SUMNER: The Hon. Mr Burdett interjects and says that he does not agree. Obviously he has not read the *Hansard* record.

The Hon. J.C. Burdett: I have.

The Hon. C.J. SUMNER: Then he has not read it closely enough, because it is quite clear that the person who introduced the Bill made it clear that the concurrence or non-concurrence by the President to the second or third reading of a Bill was worded in that way because that is the wording used in section 8 of the Constitution Act. Concurrence or non-concurrence deals with those issues relating to where a constitutional majority is an absolute majority of this Council.

The Hon. J.C. Burdett: I don't agree with that at all.

The Hon. C.J. SUMNER: The honourable member does not agree, but in not agreeing he is flying in the face of all the facts that have been put to this Council, and he knows it. However, if he wants, for political purposes, to run his own line, that is up to him. Any honest appraisal of the current Constitution Act and any consideration of the Parliamentary debates of that time, will indicate that the intention of the Legislature in 1973 was to give the President a deliberative vote, in effect, on those matters requiring an absolute majority.

That interpretation is supported not just by debates, but supported by the opinions of three Queens Counsel, including the Solicitor-General (that advice was tabled in this Parliament), including the opinion of Mr J.H. Doyle, QC, of the Adelaide Bar, and further reinforced by the opinion of Mr Castan, QC, of the Victorian Bar. The Bill was introduced to clarify the interpretation of the Constitution Act. There is no doubt at all as to what was intended. We do not believe that there is any doubt about the interpretation of the legislation and we have tabled opinions in support of that.

The Hon. J.C. Burdett: One.

The Hon. C.J. SUMNER: No, three: the three opinions are tabled.

The Hon. R.C. DeGaris: They are all tabled. You still have not answered why the words 'any Bill' are there.

The Hon. C.J. SUMNER: That is because it refers to any Bill, but it has to relate back to concurrence or non-concurrence. That is the effect of the opinions. The Hon. Mr DeGaris may be a bush lawyer and have his own views. All I am saying is that it is clear on the basis of those opinions that that was the position under the current Constitution Act. It was clearly the position as far as intention of the Legislature at the time was concerned, as evinced by statements of the then Premier. That has been backed up by the opinions of the three QCs I have mentioned.

The Hon. K.L. Milne: Why do they differentiate between constitutional and any other matter?

The Hon. C.J. SUMNER: That is quite simple: because until 1973 the President did not have a deliberative vote on anything. He had a casting vote only. That is perfectly consistent with the Westminster system and the position in many other Parliaments. Until 1973 the President could exercise only a casting vote. With the change in the voting system for the Upper House, the introduction of the proportional representation system and the likelihood that a particular Party might win a majority in one election and get six out of 11 in the Legislative Council, win a majority in the next election and get six out of 11 and therefore end up after six years with 12 out of 22, if the President had only a casting vote, then there is no way that that Party could get an absolute majority on a Bill dealing with the Constitution for which an absolute majority is required under the Constitution Act. So, one would have a permanent stalemate.

It was introduced to give the President the capacity to express concurrence or non-concurrence with a Bill relating to the Constitution that required an absolute majority. That is clear from the debates as well: that was the rationale of the legislation. It was the Government's desire that this Bill would resolve that problem of interpretation. It is clear that it will not be resolved because the Hon. Mr Gilfillan and the Hon. Mr Milne have decided that that is not the proper interpretation. It is quite clear that that is not open on the debates in the Parliament in 1973: it has not been on the basis of the three opinions that I have tabled, but if honourable members want to put that point of view and vote that way I suppose that there is not much that one can do about it.

The Hon. I. Gilfillan: Don't you want a Labor President to have a vote?

The Hon. C.J. SUMNER: That is a different issue. I am trying to clarify the existing legislation. That is what the Bill was introduced to do. I am saying that, on the basis of the Parliamentary debates and the legal opinions we have obtained, the President did not have a deliberative vote prior to 1973 and that, in effect, he now has a deliberative vote on Bills dealing with the Constitution which require an absolute majority. That is the preferred position on the basis of the evidence put forward. No evidence to the contrary has been put forward. Certainly, no opinions have been tabled by members opposite. The issue arose only because the President purported to use his vote on the Maralinga Land Rights Bill.

The Hon. R.C. DeGaris: Will the Government pay for opinions?

The Hon. C.J. SUMNER: I do not know that the honourable member needs to be paid for his opinion. It did not occur to me that the Liberal Party was on its last legs as far as funds are concerned or, indeed, that the President was. In fact, the Government offered to pay the President's costs when the matter might have been litigated. I am saying that, to the present time, I think that is the preferred position as far as the interpretation of the Constitution Act is concerned, with reference to Parliamentary debates and the legal opinions that have been tabled.

The Hon. R.C. DeGaris: You really have only one option. My suggestion will solve the problem.

The Hon. C.J. SUMNER: I cannot accept the honourable member's suggestion. There are two issues, really. The first is, 'Should in principle the President have a deliberative vote?' I do not think honourable members have divorced that from the second question, 'Does the existing legislation give the President a vote?' It is my view that the latter question should be answered in the negative, for the reasons that I have outlined in this Council on two or three occasions.

The Bill was designed to clarify that legislative intent. If there is a different issue that honourable members are debating, such as, 'Should in principle the President have a vote?', that is a different question! The problem is that the issues have become confused in this debate. I concede that with respect to the question of 'Should in principle the President have a deliberative vote?', the majority view in the Council is that he should. However, that is not the question that really stood for determination. The question was, 'Under the existing legislation what was the intention of Parliament?' It is clear that it was not the intention of Parliament to give the President a deliberative vote. He did not have a deliberative vote prior to 1973. The 1973 legislation did not change it except with respect to Constitutional Bills. In some

respects I think the issue has been confused by honourable members. I do not believe that they have honestly addressed that distinction.

The Hon. K.T. Griffin: We have.

The Hon. C.J. SUMNER: You have not honestly addressed the distinction. If honourable members came to this Council and said, 'Yes, we believe the President should have a deliberative vote because it is a matter of policy that ought to be determined by the Council', that is fine. However, members opposite have attempted to say that, on the interpretation of the Constitution Act at the moment, against all the evidence, the Parliamentary debates and the legal opinions, the President does have a deliberative vote on any Bill at present. On the evidence, I believe that that is not a tenable position. The position as to whether in principle the President should have a vote seems to me, from what I have heard of the debate, to be one that honourable members wish to resolve in the affirmative. In my view, they are going about it in a very peculiar way.

It would appear that the conclusion for the moment is that the President should have a vote. That may be questioned or possibly accepted in the future at some time. That is a matter for the future to determine. My only lament about this is that members have not been prepared to be straightforward and honest in their analysis of the Constitution Act as it currently stands and in the debate in the Parliament that led up to it. Members can hold a view that the President should have a deliberative vote; that is not an untenable position. Presidents do have deliberative votes in some Chambers of the Westminster system, but by no means in all. That issue of principle could be argued.

To confuse the issue and say that the existing legislation gives the President the vote is not a position open to honourable members on the evidence. However, it appears that members have chosen to express their view that the President has a deliberative vote by reference to this Bill and by voting against the Bill at the second reading. The end result will be the conclusion of the Council at the moment that the President does have a vote. Whether that is a question in the Parliament or in another forum in the future will be determined in the future. However, it does appear for the moment—and that may be a view also that is permanently held by the Council—that the President does have a vote.

The Government's intention in the introduction of the legislation was to clarify the position and to try to ensure that what was intended in 1973 was, in fact, implemented. That appears not to be able to be achieved and the Bill will be defeated with the result that, for the moment at least, according to the majority of the Chamber, the President does have a deliberative vote. That position may be accepted or subject to change in the future.

The Hon. I. Gilfillan: If we supported the Bill, would you guarantee to introduce a Bill to give the President a vote?

The Hon. C.J. SUMNER: That is not a matter that has been considered. That issue was not put to the Government during the second reading debate. The end result is likely to be the same, but it is not the direct way of going about achieving what the Hon. Mr Gilfillan apparently wants.

The Council divided on the second reading:

Ayes (9)—The Hons Frank Blevins, G.L. Bruce, B.A. Chatterton, J.R. Cornwall, C.W. Creedon, M.S. Feleppa, Anne Levy, C.J. Sumner (teller), and Barbara Wiese.

Noes (12)—The Hons J.C. Burdett, M.B. Cameron (teller), L.H. Davis, R.C. DeGaris, Peter Dunn, I. Gilfillan, K.T. Griffin, C.M. Hill, Diana Laidlaw, R.I. Lucas, K.L. Milne, and R.J. Ritson.

Majority of 3 for the Noes.

Second reading thus negatived.

CONSENT TO MEDICAL AND DENTAL PROCEDURES BILL

Adjourned debate in Committee (resumed on motion).

(Continued from page 2659.)

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

The Hon. R.I. LUCAS: I move:

Page 2, after line 24—Insert new subclause as follows:

'(2a) The requirement under subsection (2) that the opinion of the medical practitioner or dentist be supported by the opinion of another medical practitioner or dentist does not apply in any circumstances where it is not reasonably practicable to obtain such an opinion having regard to the imminence of risk to the minor's life or health.'

I thank the Minister and Parliamentary Counsel for their assistance in the brief interlude that we have just had and in the drafting of the amendment that is now before the Committee. It covers the situation I outlined earlier with respect to access to medical treatment for people in remote areas where getting a second medical opinion may prove difficult and would result in suffering to the patient. Therefore, I thank the Minister for agreeing to report progress and consulting his advisers and Parliamentary Counsel. The amendment says basically that if it is not reasonably practicable to obtain a second opinion, the medical practitioner does not have to do so. Therefore, in remote areas the medical practitioner would do whatever is required and sensible with respect to a broken leg or broken arm, as would occur now.

During a brief break the Hon. Mr Burdett raised a situation where this amendment could apply to superspecialities; for example, a neurosurgeon who gives an expert opinion where there may be only one or two such experts in South Australia or in the country. If a similarly qualified person with such a superspeciality was required, this amendment may also apply. Nevertheless, that was not the major reason for the amendment; it was to look after people in remote and country areas. I thank the Minister again and urge the support of the Committee for the amendment.

The Hon. J.R. CORNWALL: I support this amendment and thank the Hon. Mr Lucas for drawing it to the attention of the Committee. I congratulate him upon his diligence. It is a very good amendment and I support it enthusiastically.

The Hon. I. GILFILLAN: I give my support for it and it is a relief to know that there will not be a rash of voluntary KOs going around the countryside. Seriously, I think it is a good amendment and it does relieve the anxiety of people in remote areas.

Amendment carried.

The Hon. J.R. CORNWALL: I move:

Page 2, lines 27 and 28—Leave out all words in these lines and insert 'out on the minor shall be deemed to be a consent given by the minor and to have the same effect for all purposes as if the minor were of full age'.

This is a deeming clause and as such is recommended by Parliamentary Counsel for stylistic and practical reasons. I urge the Committee to support it.

Amendment carried.

The Hon. R.I. LUCAS: It is with some pain, having successfully achieved an amendment to one part of this clause, that I rise to place on the record that I will vote against the clause. I agree that the amendment I have moved improves that aspect of the clause. I am not going over the reasons I outlined in the second reading debate. I support many of the important reforms included in the Bill, as I indicated in the second reading explanation. Therefore, subclauses such as 5 (1) I support wholeheartedly but I still have major problems with respect to clause 5 (2) and how it might operate with respect to certain medical procedures

in certain circumstances. I am unable to resolve them by amendment, which is why I strongly supported the concept of a Select Committee, so I, perhaps as a lone voice, intend to oppose clause 5 as it stands before the Committee.

The Hon. I. GILFILLAN: I will not vote against the clause, but if clause 5 (2) *(b)* does not prove to be adequate it may be that we are looking with some anxiety in future for a fuller interpretation in the best interests of the health and wellbeing of the minor. I repeat my earlier concern about clause 5 (3), because it could allow for a parental decision to impose over the will of a minor. I am not fully satisfied by the Minister's explanation that that would not in some cases lead to an unacceptable infringement of the right of the minor. However, I intend to vote in favour of the clause.

Clause as amended passed.

Clause 6—'Emergency medical procedures carried out on persons unable to consent.'

The Hon. I. GILFILLAN: I repeat part of what I said in the second reading debate about the point of view of Christian Scientists. It is more as a matter of clarification for them than as an issue that I want to pursue it. I received a copy of the letter that the Minister has seen containing suggested amendments. As I have now discovered there was an unintentional wording that required that the medical practitioner had to have knowledge and a person or his next of kin objecting to the medical procedure for a person of the Christian Scientist persuasion to be protected from having unacceptable medical procedures.

In fact, what is their earnest wish is that the spouse or next of kin has the legal authority to refuse medical procedure on behalf of the potential patient. These people know that I do not agree with that view and I am not arguing it, but I seek the clarification to which I believe they are entitled. Will the Minister respond to this state of affairs and repeat once again what he has seen as the safeguard for people with a persuasion such as Christian Scientists having adequate protection? He can comment on my remarks but at least it has the chance of being put in the right context.

The Hon. J.R. CORNWALL: Let me make it perfectly clear that we are not willing to accept the proposition that the spouse or next of kin should have the right to deny a lifesaving procedure to the unconscious patient. That is the basic premise. That is an extension of the law that has existed with regard to children under the Children's Medical Emergency Treatment Act for more than a decade. That is the principle. Let us be clear. By this legislation we are reinforcing or moving the position that has existed with regard to children to unconscious adults. I am not prepared, on behalf of the Government, to concede that the spouse or the next of kin ought to have the right to deny a doctor the ability to legally proceed with lifesaving procedures. That is the basic premise.

Let us take that a step further: there are those who fervently believe that faith is better than a blood transfusion. I do not agree with that but I respect their right to hold that view. I respect the right of Jehovah's Witnesses, and Christian Scientists, or anyone else to hold that conscientious belief. The Bill makes clear that any adult person 18 years of age or over who has a firmly held conscientious belief that he or she does not want certain medical interventions to proceed in the event that they are unconscious and in some life threatening situation should take the trouble to do a number of things: first, acquaint one's own medical practitioner, or any other relevant person, of one's desires and directions; secondly, carry on one's person at all times a direction as to what is to happen or be forbidden in the event that one finds oneself unconscious in an emergency medical situation; and, thirdly, wear a Medic Alert bracelet, or something similar, which would rapidly and easily draw to the attention of the attending doctors in the casualty department or in the hospital that they had conscientious objection and, therefore, were not giving permission or were, conversely, forbidding certain procedures to be carried out.

My advice is that under this proposed legislation, if they do those sorts of things, particularly carry the Medic Alert bracelet or carry on their person an instruction at all times, it is quite binding in law and it would be illegal and an offence for any medical practitioner who was aware of the contents of the bracelet or the adequate direction carried on the person to carry out a life saving procedure.

Clause passed.

Clause 7—'Protection from criminal or civil liability in respect to procedures carried out with consent.'

The Hon. R.C. DeGARIS: I have no question to raise on this clause, but I want simply to raise a matter that does not apply to any of the clauses, either. Will the Council permit me to direct a question to the Minister on a general issue of the Bill? If I am out of order, Mr Chairman, please tell me and I can probably move to recommit. The question of the ability of doctors or dentists to bill the parents of a child, even if consent was not given by the parents, has been raised already. I was not in the Council when that matter was discussed. I would like the Minister to explain whether, under the Health Commission Act, there is power for this to apply only to hospital charges, or whether the doctor or dentist can charge for the actual services that he performs on behalf of the minor.

The Hon. J.R. CORNWALL: The Health Commission Act, I am told, refers specifically to services rendered by a hospital. It is my instruction (and I have no expertise whatsoever in the law concerning the incurring of debts), that parents can be held liable for debts incurred by minors where those debts are incurred for basic goods. I have a problem with this. I think that I should reply to the member in writing. Frankly, I do not think that it is germane to this legislation in the direct sense. This Bill is concerned with consent.

The Hon. R.C. DeGARIS: I fully realise that the Bill applies to the question of consent, but it raises the question whether, in relation to a child who we are saying can consent to very expensive treatment, say, dental treatment to which the parents do not consent, it is reasonable that we should permit the dentist to collect the fees from the parents who have not consented. I believe that that is germane to this Bill. We must address that question and be sure what is involved.

The Hon. J.R. CORNWALL: I really cannot take that point. Perhaps I am a bit slow witted at 11 p.m., but it seems to me that if a minor behaves recklessly in regard to debts, whether for hire purchase, for Bankcard, for a motor vehicle or for having his teeth capped, the position is that the parents in general terms are liable. However, if the debt is for basic goods a case may be made out for parental liability, in other words, where the parents knew nothing about it and there was no parental consent. Frankly, I am unable to see the difference between a minor acting irresponsibly in regard to having his teeth capped or his acting irresponsibly by running up any other large accounts around town. At present—

The Hon. J.C. Burdett interjecting:

The Hon. J.R. CORNWALL: Perhaps honourable members should turn their attention to the rorts that are going on with Bankcard. They are being handed out to students who are minors and are encouraging them to take credit under Bankcard, but they are not consulting the parents in those circumstances. If honourable members want to embrace the whole question of debt they may do so, but I do not believe that this is the appropriate Bill under which to discuss that matter.

The Hon. J.C. Burdett: Parents are not responsible for that situation.

The Hon. J.R. CORNWALL: Parents are not responsible! Is the honourable member saying that, if my 17 year old daughter goes to a college of advanced education and has to purchase expensive books or equipment and is encouraged to take out a $500 loan under Bankcard, and defaults, I am not liable for that? I would not like my chances if she defaulted.

If honourable members want a debate on the whole question of debts, fair enough, but this Bill is about consent. I really cannot follow the logic. The Bill is about protection for medical practitioners, dentists and for minors in the matter of medical and dental procedures: it is not really about the risks that a private practitioner might take in relation to his being paid. That is a day to day activity. Quite frankly, if we were to concern ourselves unduly with the question of risks and bad debts for professionals in private practice, the whole system would break down.

With regard to parental liability to pay, I again raise the matter of what happens in that case, whether this be in relation to a motor car, a set of capped teeth or anything else. If the honourable member would care to put forward a substantial amendment or address a specific subject, I would be delighted to take it on board. I have difficulty in coming to grips with this question that has been raised, and with relating it directly to a Bill that is about informed consent to medical and dental procedures. I think that the honourable member is taking up this matter with the wrong person and that he ought to refer it to the Attorney-General. I do not think that it is germane to this legislation.

The Hon. R.C. DeGARIS: The reason why I have raised this matter is that the Minister has made statements in this Council previously which I thought were quite inaccurate. The Minister's comments will be read by some people who follow *Hansard*, particularly organisations that note the changes in the law. The Minister said quite clearly in this Council that a person who treats a minor with a very expensive medical or dental procedure then has the right, even though the parents have not given the consent, to place the liability for that debt on the parents. I do not think that the Minister's comments are correct and that is what concerns me. I know that the South Australian Health Commission Act refers to the fact that, in relation to children, hospital charges can be collected from the parents. I do not know of any way in which a medical practitioner or dentist can collect debts for medical treatment that they offer to a minor where no consent has been given by the parents. I do not think that that can be done. I am concerned that what the Minister is saying to the Committee is not the actual position at all.

The Hon. J.R. Cornwall: Well, take it up with the Attorney-General.

The Hon. R.C. DeGARIS: It is not a question of taking up the matter with the Attorney-General. Accurate statements should be made in this Council about exactly what this does. I might be wrong, but I think the Minister's statements are incorrect, and such statements should at least be accurate in relation to the position at law.

The Hon. ANNE LEVY: Have I understood exactly what the Hon. Mr DeGaris has said: if a parent gives consent for a treatment, that would mean at law that the parent was then liable for the debt.

The Hon. R.C. DeGaris: Correct.

The Hon. ANNE LEVY: But if a parent had not given consent the honourable member is suggesting the parent would not be liable for the debt.

The Hon. R.C. DeGaris: That is correct.

The Hon. ANNE LEVY: But if the minor had given consent then neither parent nor minor could take action against the doctor for assault and battery, because the consent involved in this legislation concerns that relating to legal procedures for assault and battery, so that a minor can give consent such that no-one can then take action against the medical or dental practitioner on the grounds of assault and battery. But the honourable member is saying that the consent here has nothing to do with liability.

The Hon. R.C. DeGaris: Yes, that is right. But what concerns me is that the Minister has said that the parents will be responsible, even though the parents have not given consent.

The Hon. K.T. Griffin: They would not be.

The Hon. R.C. DeGaris: But the Minister has said that they will be; that is what concerns me.

The Hon. ANNE LEVY: I always thought that parents were liable for providing necessities for their offspring; that quite young children, for instance, can run up bills for food, for example.

The Hon. K.T. Griffin: The child is liable then, because that is necessity.

The Hon. J.R. CORNWALL: I am pleased that the Hon. Mr Griffin is here, because I think that now the former distinguished Attorney-General is with us we can resolve this. The simple fact as far as I am concerned is that I really do not know. I am the Minister of Health—not the Attorney-General. I know nothing about debts. I know a fair bit about common sense, and I know from my 20 years experience in the veterinary practice that one soon picks out the cockies who do not pay, and if they did not pay one did not work for them and one formally notified them that one would not be available for work from a certain date.

In other words, if they had been notified in writing that I was not available, the next time they rang up they would be told, 'Sorry, I am terribly busy—I am not coming.' The same thing, in the practical sense, would clearly apply to a dentist if a 16 year old presented himself or herself at a dental surgery and for one reason or another wanted an expensive lot of capping done. Surely any sensible dentist would satisfy himself that somebody not only was going to be responsible for payment of that debt but also had the capacity to pay. I will be pleased if the Hon. Mr Griffin can help me with the finer points of interpretation that seem to be bugging the Hon. Mr DeGaris so much. I have to go on the advice I am given (and one lawyer's opinion is as good as another's—and usually different) and I am told that a child is normally held to be financially responsible for necessities.

The Hon. K.T. Griffin: Yes.

The Hon. J.R. CORNWALL: I do not think that the lawyers in the Upper House, at least, are seriously contesting that. My advice is, further, that the matter raised by the Hon. Mr DeGaris and earlier by the Hon. Mr Gilfillan is not really a problem at all. The position would be, as I understand it, that if a child contracts for a service that is not regarded as a necessity—that is, some expensive cosmetic procedure to his or her teeth—then the minor can opt out of that contract, anyway. That is why doctors and dentists usually contract with the parents. So the advice would be for a prudent doctor or dentist (and particularly a dentist), before embarking on an expensive arrangement like that, to make suitable inquiries and to satisfy themselves that finance is going to be readily forthcoming or reasonably forthcoming and, if there is any doubt at all from the professional's point of view, then that professional should contract with the parents.

If, in fact, the minor contracts with the professional supplying the service, the dentist in particular supplying an expensive service, the minor can opt out, anyway, so it would be in that case (and this is different from the advice I gave the Hon. Mr DeGaris previously) the dentist who

was left holding the bag rather than the parent. I would be delighted to have the Hon. Trevor Griffin's opinion, concurrence or comment on this matter, but that is certainly different advice from the advice I tried to pick up and give on the run some 30 minutes or so ago, but as I understand that is the correct position at law.

The Hon. K.T. Griffin: That is right.

The Hon. J.R. CORNWALL: I move:

Page 4, lines 1 to 6—Leave out subclause (2) and insert subclause as follows:

(2) In subsection (1)—

"consent" of a person means a consent as defined in section 3 given or deemed under this Act or any other Act to be given by a person where—

(a) the person is of full age and is otherwise capable of giving an effective consent;

or

(b) the consent is deemed to have the same effect as if the person were of full age or were capable of giving an effective consent.

This amendment seeks to clarify what an effective consent actually is. Again, this is a drafting amendment and I urge the Committee to support it.

Amendment carried; clause as amended passed.

Title passed.

The Hon. J.R. CORNWALL (Minister of Health): I move:

That this Bill be now read a third time.

The Hon. R.I. LUCAS: I rise briefly to place on the record that I will vote against the third reading for the reasons I have already outlined in the second reading and Committee stages of this Bill.

Bill read a third time and passed.

LOCAL AND DISTRICT CRIMINAL COURTS ACT AMENDMENT BILL

Returned from the House of Assembly without amendment.

LEGAL PRACTITIONERS ACT AMENDMENT BILL

Returned from the House of Assembly without amendment.

'KOOROOROO'

The House of Assembly transmitted the following resolution in which it requested the concurrence of the Legislative Council:

That this House resolves to recommend to His Excellency the Governor, pursuant to sections 13 and 14 of the Botanic Gardens Act, 1978, disposal of the house known as 'Koorooroo', in the Mount Lofty Botanic Garden, part section 840, volume 2017, folio 108; and that a message be sent to the Legislative Council transmitting the foregoing resolution and requesting its concurrence thereto.

BAIL BILL

Returned from the House of Assembly without amendment.

STATUTES AMENDMENT (BAIL) BILL

Returned from the House of Assembly without amendment.

ADJOURNMENT

At 11.20 p.m. the Council adjourned until Thursday 21 February at 2.15 p.m.