

House of Assembly—No 90

As laid on the table and read a first time, 11 February 2016

South Australia

Voluntary Euthanasia Bill 2016

A BILL FOR

An Act to provide for choices at the end of life.

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The Parliament of South Australia enacts as follows:

Part 1—Preliminary

1—Short title

This Act may be cited as the *Voluntary Euthanasia Act 2016*.

5 2—Commencement

This Act will come into operation—

(a) on a day to be fixed by proclamation; or

(b) 6 months after the day on which it is assented to by the Governor,

whichever is the sooner.

10 3—Interpretation

(1) In this Act—

eligible person—see section 10;

medical practitioner means a person registered under the *Health Practitioner Regulation National Law* in the medical profession (other than as a student);

15 *psychiatrist* means a person registered under the *Health Practitioner Regulation National Law* as a specialist in psychiatry;

request for voluntary euthanasia means a request for voluntary euthanasia to be administered made in accordance with this Act;

unbearable and hopeless suffering—see section 4;

20 *voluntary euthanasia* means the administration of drugs, in accordance with this Act, to bring about the death of a person who has made a request for voluntary euthanasia;

voluntary euthanasia request form means a voluntary euthanasia request form that complies with any requirements set out in the regulations for the purposes of this definition (including, to avoid doubt, a requirement that the form be in a prescribed form).

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- (2) For the purposes of this Act, a reference to a consultation, examination or assessment of a person by a medical practitioner or psychiatrist will be taken to include a reference to a consultation, examination or assessment undertaken remotely by means of a system or scheme of a kind specified by the regulations.

4—Unbearable and hopeless suffering

- (1) For the purposes of this Act, a person will be taken to be subject to *unbearable and hopeless suffering* if—
- (a) the person is suffering from a medical condition (whether terminal or not); and
 - (b) the person is subject to mental or physical suffering or both attributable wholly or in part to the medical condition; and
 - (c) the suffering is unbearable to the person, determined in accordance with subsection (2); and
 - (d) the suffering is hopeless, determined in accordance with subsection (4).
- (2) In determining whether a person's suffering is *unbearable*, the degree to which a person's suffering is bearable or unbearable is to be determined subjectively, and need not meet an objective standard.
- (3) The question of whether a person's suffering is bearable or unbearable cannot be challenged or questioned in any proceedings seeking to prevent or delay the administration of voluntary euthanasia to an eligible person.
- (4) A person's suffering will be taken to be *hopeless* if there is no reasonably available medical treatment that would reduce or relieve the suffering to a level bearable to the person (and the nature, availability and potential effectiveness of such medical treatment is to be determined objectively).

5—Impaired decision making capacity

- (1) For the purposes of this Act, a person will be taken to have an *impaired decision making capacity* in respect of a decision to make a request for voluntary euthanasia if the person is not capable of—
- (a) understanding any information that may be relevant to the decision (including information relating to the consequences of making the decision); or
 - (b) retaining such information; or
 - (c) using such information in the course of making the decision; or
 - (d) communicating his or her decision in any manner.
- (2) For the purposes of this Act—
- (a) a person will not be taken to be incapable of understanding information merely because the person is not able to understand matters of a technical or trivial nature; and
 - (b) a person will not be taken to be incapable of retaining information merely because the person can only retain the information for a limited time; and
 - (c) a person may fluctuate between having impaired decision making capacity and full decision making capacity.

6—Relationship to other Acts

- (1) Unless the contrary intention expressly appears, this Act applies despite the provision of any other Act or law.
- (2) Nothing in the *Criminal Law Consolidation Act 1935*, the *Consent to Medical Treatment and Palliative Care Act 1995* or the *Controlled Substances Act 1984* or any other Act or law prevents—
- (a) a medical practitioner from prescribing or supplying, or a pharmacist or other person from selling, dispensing or supplying, a prescription drug or drug of dependence for a purpose relating to the administration of voluntary euthanasia in accordance with this Act; or
- (b) a person from assisting (however described) in the administration of voluntary euthanasia in accordance with this Act.
- (3) Nothing in this Act prevents a person from giving an advance care directive under the *Advance Care Directives Act 2013* that makes provision for the future administration of voluntary euthanasia to the person (however, if a person who has given such an advance care directive also makes a request for voluntary euthanasia under this Act, then the request for voluntary euthanasia made under this Act will be taken to prevail).
- (4) For the purposes of the *Coroners Act 2003*, the death of a person brought about by the administration of voluntary euthanasia is a reportable death (within the meaning of that Act).
- (5) For the purposes of the *Health Practitioner Regulation National Law (South Australia) Act 2010* and the *Health Practitioner Regulation National Law*, a failure by a medical practitioner to comply with this Act will be taken to constitute proper cause for disciplinary action against the medical practitioner.
- (6) Nothing in this Act renders lawful voluntary euthanasia administered other than in accordance with this Act.

Part 2—Object and principles

7—Object

The object of this Act is to reform the law—

- (a) to allow adult persons of sound mind to formally request that their suffering be ended at the time of their choosing by the administration of voluntary euthanasia in accordance with this Act;
- (b) to ensure that participation in the making of a request for voluntary euthanasia (including by gathering information), and the administration of voluntary euthanasia, in accordance with this Act does not amount to a criminal offence or cause a person to suffer any other discrimination or liability;
- (c) to ensure that participation in the administration of voluntary euthanasia in accordance with this Act does not amount to a criminal offence or cause a person to suffer any other discrimination or liability;

- (d) to ensure that the arrangements that a person may make under this Act to bring his or her suffering to an end are, and should be implemented as, a medical issue;
- (e) to protect those persons who decline to be involved in the making of requests for, or the administration of, voluntary euthanasia by ensuring that those persons do not suffer any discrimination or liability.

8—Principles

The following principles must be taken into account in relation to the operation of this Act:

- (a) subject to the laws of the State, every person has the right to choose how he or she should live his or her life;
- (b) an adult person of sound mind is entitled—
- (i) to make lawful arrangements in respect of the end of his or her life should his or her suffering become unbearable and hopeless; and
- (ii) to bring about the end of his or her life should their suffering become unbearable and hopeless;
- (c) medical practitioners and other persons should be able to provide assistance to persons wanting to make and implement lawful arrangements in respect of the end of their suffering without exposing themselves to civil or criminal liability or other detriment;
- (d) the arrangements that a person may make under this Act to bring his or her suffering to an end are, and should be implemented as, a medical issue.

Part 3—Voluntary euthanasia

Division 1—No offence to provide medical information about voluntary euthanasia

9—No offence to provide medical information about voluntary euthanasia

Despite section 13A of the *Criminal Law Consolidation Act 1935*, or any other Act or law, a person incurs no criminal or civil liability by—

- (a) providing medical information in relation to voluntary euthanasia; or
- (b) selling or supplying medical equipment (not being a drug used in the administration of voluntary euthanasia) to be used for a purpose relating to the administration of voluntary euthanasia.

Note—

Section 13A of the *Criminal Law Consolidation Act 1935* makes it an offence to aid, abet or counsel the suicide or attempted suicide of another.

Division 2—Making a request for voluntary euthanasia

10—Who may make a request for voluntary euthanasia

A person (an *eligible person*) may make a request for voluntary euthanasia if he or she—

- 5 (a) is a competent adult; and
- (b) is subject to unbearable and hopeless suffering; and
- (c) does not, at the time of the request, have an impaired decision making capacity in respect of a decision to make a request for voluntary euthanasia; and

10 **Note—**

See section 5 for the meaning of having an impaired decision making capacity.

- (d) has lived in the State for a period of not less than 6 months immediately preceding the making of the request.

11—How to make a request for voluntary euthanasia

- 15 (1) An eligible person may make a request for voluntary euthanasia in accordance with this section.
- (2) Before making a request for voluntary euthanasia, an eligible person—
- (a) must be examined and assessed by a medical practitioner in accordance with section 12; and
- 20 (b) must be independently examined and assessed by a second medical practitioner in accordance with section 13; and
- (c) must, if either medical practitioner so requires, be examined and assessed by a psychiatrist in accordance with section 14.
- (3) Subject to this section, the following requirements must be satisfied in respect of a
- 25 request for voluntary euthanasia:
- (a) the request must be made by the eligible person completing, as far as is appropriate, a voluntary euthanasia request form and presenting the form to the medical practitioner referred to in section 12;
- (b) the request cannot be made until any report required under section 13 or 14
- 30 has been received by the medical practitioner referred to in section 12;
- (c) in the case of a request referred to in subsection (4), the voluntary euthanasia request form must be accompanied by a certified copy of the audio-visual record and a copy of any certificate required under that subsection;
- (d) the request must be witnessed in accordance with section 15;
- 35 (e) the request must comply with any other requirements set out in the regulations.

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Part 3—Voluntary euthanasia

Division 2—Making a request for voluntary euthanasia

(4) Despite subsection (3)(a), a request for voluntary euthanasia may, in the case of an eligible person who is unable to read or write or both, or who is not reasonably fluent in English, be made in accordance with the following provisions:

5 (a) the request must be made by the eligible person making an oral request to the medical practitioner referred to in section 12 (whether with the assistance of an interpreter or other person or otherwise);

(b) an audio-visual record of the making of the request for voluntary euthanasia must be made;

10 (c) in the case of an eligible person who is not reasonably fluent in English—any information required to be given to, or by, the eligible person under this Act must be given with the assistance of an interpreter in relation to a language in which the person is fluent;

15 (d) in the case of an eligible person whose ability to read or write or otherwise communicate is limited by an illness or disability—any information required to be given to, or by, the eligible person under this Act must be given with the assistance of a person (the *person assisting*) who is able to effectively communicate with the eligible person;

Note—

A person suffering from aphasia, for example, might be such a person.

20 (e) the interpreter, person assisting or the medical practitioner must—

(i) complete a voluntary euthanasia request form on behalf of the eligible person (and in such a case the form will be taken to be the eligible person's request for voluntary euthanasia); and

25 (ii) certify that the voluntary euthanasia request form accurately reproduces in English the information supplied by the eligible person in the course of making the request;

(f) the interpreter or person assisting must certify that the information required to be given to the person under this Act was given to, and appeared to be understood by, the eligible person;

30 (g) the making of the request for voluntary euthanasia must otherwise comply with the requirements set out in subsection (3).

(5) On a request for voluntary euthanasia being made, the medical practitioner must, on the appropriate part of the voluntary euthanasia request form, certify that he or she is of the opinion that—

35 (a) any requirements under this Division have been satisfied in respect of the request for voluntary euthanasia; and

(b) the request for voluntary euthanasia appears to genuinely reflect the wishes of the eligible person; and

40 (c) the eligible person appeared to understand the nature and implications of the request for voluntary euthanasia; and

(d) the eligible person is the subject of unbearable and hopeless suffering; and

Note—

Section 4 sets out how this is to be determined.

- (e) the eligible person was not acting under any form of duress, inducement or undue influence (including that due solely to a perception or mistake on the part of the person) in relation to his or her request for voluntary euthanasia.

12—Preliminary examination and assessment by medical practitioner

- 5 (1) For the purposes of section 11(2)(a), an examination and assessment of a person by a medical practitioner must comply with the following provisions:
- (a) the examination and assessment must occur at a consultation initiated by or on behalf of the person;
- 10 (b) the medical practitioner must satisfy himself or herself that the person is the subject of unbearable and hopeless suffering;
- (c) the medical practitioner must give to the person the following information in writing:
- (i) a diagnosis and prognosis of his or her illness, injury or condition;
- 15 (ii) information explaining the forms of treatment that are reasonably available to treat his or her illness, injury or condition (if any) and the risks associated with such treatment;
- (iii) information setting out the medical procedures that may be used to administer voluntary euthanasia and the risks associated with the procedures;
- 20 (iv) any other information required by the regulations for the purposes of this subsection.
- (2) If the medical practitioner reasonably suspects that—
- (a) the person is not of sound mind; or
- 25 (b) the decision making ability of the person is adversely affected by his or her state of mind; or
- (c) the person is acting under any form of duress, inducement or undue influence (including that due solely to a perception or mistake on the part of the person) in relation to his or her wish to request voluntary euthanasia,
- 30 the medical practitioner must refer the person to a psychiatrist for examination and assessment in accordance with section 14.
- (3) A person may be assisted in the course of an examination or assessment under this section by an interpreter or other person.

13—Examination and assessment by second medical practitioner

- 35 (1) For the purposes of section 11(2)(b), an examination and assessment of a person by a second medical practitioner must comply with the following provisions:
- (a) the medical practitioner must be independent of both the medical practitioner referred to in section 12 and the person;
- (b) the medical practitioner must examine the person;
- (c) the medical practitioner must satisfy himself or herself that—
- 40 (i) the person is the subject of unbearable and hopeless suffering; and

- (ii) the medical practitioner referred to in section 12 has complied with the provisions of section 12(1)(c);
- (d) the medical practitioner must give to the person the following information in writing:
 - (i) his or her diagnosis and prognosis of the person's illness, injury or condition;
 - (ii) information explaining the forms of treatment that are reasonably available to treat the person's illness, injury or condition (if any) and the risks associated with such treatment.

- (2) As soon as is reasonably practicable after an examination and assessment, the second medical practitioner must provide to the medical practitioner referred to in section 12 a written report setting out whether or not, in his or her opinion—
- (a) the person is of sound mind; or
 - (b) the decision making ability of the person is adversely affected by his or her state of mind; or
 - (c) the person is acting under any form of duress, inducement or undue influence (including that due solely to a perception or mistake on the part of the person) in relation to his or her wish to request voluntary euthanasia.
- (3) If the report provided by the second medical practitioner sets out that he or she is of the opinion—
- (a) the person is not, or may not be, of sound mind; or
 - (b) the decision making ability of the person is, or may be, adversely affected by his or her state of mind; or
 - (c) the person is, or may be, acting under any form of duress, inducement or undue influence,
- the medical practitioner referred to in section 12 must refer the person to a psychiatrist for examination and assessment in accordance with section 14.
- (4) A person may be assisted in the course of an examination or assessment under this section by an interpreter or other person.

14—Examination and assessment by psychiatrist

- (1) For the purposes of this Part, an examination and assessment of a person by a psychiatrist must comply with the following provisions:
- (a) the psychiatrist must examine the person;
 - (b) the psychiatrist must assess whether or not—
 - (i) the person is of sound mind; and
 - (ii) the decision making ability of the person is adversely affected by his or her state of mind; and
 - (iii) the person is acting under any form of duress, inducement or undue influence (including that due solely to a perception or mistake on the part of the person) in relation to his or her wish to request voluntary euthanasia; and

- (iv) the person genuinely appears to understand the nature and implications of a request for voluntary euthanasia; and
- (v) the person genuinely wishes voluntary euthanasia to be administered to him or her.

- 5 (2) As soon as is reasonably practicable after an examination and assessment, the psychiatrist must provide to the medical practitioner referred to in section 12 a written report in respect of the matters referred to in subsection (1).
- (3) The validity and legality of an assessment of a psychiatrist under this section cannot be challenged or questioned in any proceedings seeking to prevent or delay the administration of voluntary euthanasia to an eligible person.
- 10 (4) A person may be assisted in the course of an examination or assessment under this section by an interpreter or other person.

15—Requirements for witnessing request for voluntary euthanasia

- 15 (1) Subject to this section, a request for voluntary euthanasia may be witnessed by any competent adult person (whether or not the witness is related to, or known by, the eligible person to whom the request relates).
- (2) The following persons cannot witness a particular eligible person's request for voluntary euthanasia:
- 20 (a) a medical practitioner or psychiatrist who examines or assesses the eligible person under this Division;
 - (b) a person who is a direct beneficiary of, or who otherwise has a direct interest in, the estate of the eligible person;
 - (c) a person who is the owner or operator (however described) of a hospital, hospice, nursing home or other institution for the care of the sick or infirm in which the eligible person resides, or an employee or agent of such a facility;
 - 25 (d) any other person declared by the regulations to be included in the ambit of this subsection.
- (3) A request for voluntary euthanasia must be witnessed in accordance with the following provisions:
- 30 (a) the request for voluntary euthanasia must be made in the presence of the witness;
 - (b) the witness must, on the appropriate part of the voluntary euthanasia request form and in the presence of the medical practitioner referred to in section 12, certify that—
 - 35 (i) he or she witnessed the making of the request for voluntary euthanasia; and
 - (ii) he or she is not a person who cannot witness the eligible person's request for voluntary euthanasia; and
 - (iii) the request for voluntary euthanasia appears to genuinely reflect the wishes of the eligible person; and
 - 40 (iv) the eligible person appeared to understand the nature and implications of the request for voluntary euthanasia; and

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(v) the witness is of the opinion that the eligible person was not acting under any form of duress, inducement or undue influence (including that due solely to a perception or mistake on the part of the eligible person) in relation to his or her request for voluntary euthanasia;

5 (c) the witnessing of the request must comply with any other provisions set out in the regulations.

(4) A person witnessing a request for voluntary euthanasia may be assisted by an interpreter or other person.

16—Revocation of request for voluntary euthanasia

10 (1) A person who has made a request for voluntary euthanasia may revoke the request at any time.

(2) A written, oral or any other indication of the revocation of, or of a person's wish to revoke, a request for voluntary euthanasia is sufficient to revoke the request (whether or not the person is mentally competent when the indication is given).

17—Duration of request for voluntary euthanasia

A request for voluntary euthanasia—

(a) has effect from the time the medical practitioner to whom the request is made completes the certification required under section 11(5); and

(b) remains in force until it is revoked in accordance with this Act.

20 Division 3—Administration of voluntary euthanasia

18—Authorised methods of administering voluntary euthanasia

(1) This Act authorises the administration of voluntary euthanasia to a person by the following means:

25 (a) by a medical practitioner administering drugs in concentrations likely to end the eligible person's life;

(b) by the person self-administering drugs in concentrations likely to end his or her life.

30 (2) For the purposes of this or any other Act or law, a person's request for voluntary euthanasia will, in the absence of evidence to the contrary, be taken to constitute any consent necessary for the administration of voluntary euthanasia to the person.

19—Administration of voluntary euthanasia by medical practitioner

(1) A medical practitioner (whether or not he or she is the medical practitioner referred to in section 12 in respect of a particular request for voluntary euthanasia) may administer voluntary euthanasia to a person if—

35 (a) the person—

(i) is competent; and

(ii) has lived in the State for a period of not less than 6 months immediately preceding the administration of voluntary euthanasia; and

(iii) is capable of communicating his or her decisions; and

(b) the person has made a request for voluntary euthanasia that is in force; and

(c) the person confirms that he or she wishes voluntary euthanasia to be administered; and

5 (d) more than 48 hours have passed since the person made the request for voluntary euthanasia.

(2) A medical practitioner may be assisted in relation to the administration of voluntary euthanasia by an interpreter or such other persons as he or she thinks fit.

20—Self-administration of voluntary euthanasia

10 (1) A person may self-administer voluntary euthanasia if—

(a) he or she is competent; and

(b) he or she has lived in the State for a period of not less than 6 months immediately preceding the administration of voluntary euthanasia; and

(c) he or she has made a request for voluntary euthanasia that is in force; and

15 (d) more than 48 hours have passed since he or she made the request for voluntary euthanasia.

(2) A person self-administering voluntary euthanasia may be assisted by such other persons as he or she thinks fit.

21—Person etc may decline to administer or assist in administration of voluntary euthanasia

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(1) A medical practitioner may decline to administer voluntary euthanasia on any grounds without prejudice to the medical practitioner's employment or any other form of discrimination.

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(2) A person may decline to assist in the administration of voluntary euthanasia on any grounds without prejudice to the person's employment or any other form of discrimination.

(3) The administering authority of a hospital, hospice, nursing home or other institution for the care of the sick or infirm may refuse to permit the administration of voluntary euthanasia within the institution but, if it does so—

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(a) must take steps to ensure that the refusal is brought to the attention of any person prior to being admitted to, or entering, the institution; and

(b) if a person has been admitted to, or entered, the institution without having been made aware of the refusal—must, if the person so requests, arrange for the transfer of the person to an institution that permits the administration of

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22—Protection from liability

(1) If a medical practitioner or other person—

(a) takes part in, or is otherwise involved in relation to, the making of a request or purported request for voluntary euthanasia in accordance with this Act; or

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- (b) takes part in, or is otherwise involved in relation to, the administration of voluntary euthanasia in accordance with this Act,

the medical practitioner or person—

- (c) incurs no criminal liability (other than in proceedings for an offence against this Act) for an act or omission in so doing; and

- (d) incurs no civil liability for an act or omission in so doing, provided that the act or omission was done or made in good faith and without negligence.

- (2) A medical practitioner or other person who (whether voluntarily or pursuant to a requirement under this Act) advises another person of a reasonable suspicion that a person has revoked a request for voluntary euthanasia—

- (a) cannot, by virtue of doing so, be held to have breached any code of professional etiquette or ethics, or to have departed from any accepted form of professional conduct; and

- (b) insofar as he or she has acted in good faith, incurs no civil or criminal liability in respect of the advice.

- (3) For the purposes of this section, a reference to the civil liability of a person includes a reference to liability arising under disciplinary proceedings or similar proceedings.

- (4) For the purposes of this section, a reference to the administration of voluntary euthanasia includes a reference to the attempted administration of voluntary euthanasia.

23—Cause of death

- (1) For the purposes of the law of the State the cause of death of a person resulting from the administration of voluntary euthanasia—

- (a) will be taken to have been caused by the medical condition primarily responsible for the person's unbearable and hopeless suffering; and

- (b) will be taken not to be suicide or homicide.

- (2) To avoid doubt, this section applies in relation to a finding under section 29 of the *Coroners Act 2003*.

24—Report to State Coroner

- (1) A medical practitioner who administers voluntary euthanasia to a person must make a report to the State Coroner within 48 hours after the person's death.

Maximum penalty: \$5 000.

- (2) A medical practitioner to whom a request for voluntary euthanasia is made must, as soon as is reasonably practicable after becoming aware that the person who made the request has self-administered voluntary euthanasia pursuant to the request, make a report to the State Coroner.

Maximum penalty: \$5 000.

- (3) A report under this section must be in the prescribed form and must be accompanied by—

- (a) a copy of the voluntary euthanasia request form; and

- (b) a copy of any report or other document required to accompany the voluntary euthanasia request form under this Act; and
- (c) any other information required by the regulations.

Part 4—Offences etc

25—Undue influence etc

A person who, by dishonesty or undue influence, induces another to make a request for voluntary euthanasia is guilty of an offence.

Maximum penalty: Imprisonment for 10 years.

26—False or misleading statements

- (1) A person who makes a false or misleading statement in, or in relation to, a request for voluntary euthanasia is guilty of an offence.

Maximum penalty: Imprisonment for 10 years.

- (2) For the purposes of this section, a reference to a request for voluntary euthanasia includes a reference to a request that has been revoked.

27—Certain persons to forfeit interest in estate

If a court finds a person guilty of an offence against section 25 or 26, the court may, on the application of the prosecution, order that the person forfeits any interest that the person might otherwise have had in the estate of the person who made the relevant request for voluntary euthanasia.

Part 5—Miscellaneous

28—Insurance

- (1) An insurer is not entitled to refuse to make a payment that is payable under a life insurance policy on the death of the insured on the ground that the death resulted from the administration of voluntary euthanasia.

- (2) A person is not obliged to disclose a request for voluntary euthanasia to an insurer.

- (3) An insurer must not ask a person to disclose whether the person has made a request for voluntary euthanasia.

Maximum penalty: \$10 000.

- (4) This section applies despite an agreement between a person and an insurer to the contrary.

29—Victimisation

- (1) A person commits an act of victimisation against another person (the *victim*) if he or she causes detriment to the victim on the ground, or substantially on the ground, that the victim—

- (a) takes part in, or is otherwise involved in relation to, the making of a request, or purported request, for voluntary euthanasia in accordance with this Act; or

(b) takes part in, or is otherwise involved in relation to, the administration of voluntary euthanasia in accordance with this Act; or

(c) refuses to take part in the making of a request for, or administration of, voluntary euthanasia in accordance with this Act.

5 (2) An act of victimisation under this Act may be dealt with—

(a) as a tort; or

(b) as if it were an act of victimisation under the *Equal Opportunity Act 1984*,

but, if the victim commences proceedings in a court seeking a remedy in tort, he or she cannot subsequently lodge a complaint under the *Equal Opportunity Act 1984* and, conversely, if the victim lodges a complaint under that Act, he or she cannot subsequently commence proceedings in a court seeking a remedy in tort.

10 (3) If a complaint alleging an act of victimisation under this Act has been lodged with the Commissioner for Equal Opportunity and the Commissioner is of the opinion that the subject matter of the complaint has already been adequately dealt with by a competent authority, the Commissioner may decline to act on the complaint or to proceed further with action on the complaint.

15 (4) In this section—

detriment includes—

(a) injury, damage or loss; or

20 (b) intimidation or harassment; or

(c) discrimination, disadvantage or adverse treatment in relation to the victim's employment or business; or

(d) threats of reprisal.

30—Confidentiality

25 (1) A person engaged or formerly engaged in the administration of this Act must not divulge or communicate personal information obtained (whether by that person or otherwise) in the course of official duties except—

(a) as required or authorised by or under this Act or any other Act or law; or

(b) with the consent of the person to whom the information relates; or

30 (c) in connection with the administration of this Act; or

(d) to an authority responsible under the law of a place outside this State, where the information is required for the proper administration of that law; or

(e) to an agency or instrumentality of this State, the Commonwealth or another State or a Territory of the Commonwealth for the purposes of the proper performance of its functions.

35 Maximum penalty: \$10 000.

(2) Subsection (1) does not prevent disclosure of statistical or other data that could not reasonably be expected to lead to the identification of any person to whom it relates.

- (3) Information that has been disclosed under subsection (1) for a particular purpose must not be used for any other purpose by—
- (a) the person to whom the information was disclosed; or
 - (b) any other person who gains access to the information (whether properly or improperly and whether directly or indirectly) as a result of that disclosure.

Maximum penalty: \$10 000.

31—Annual report on operation of Act

- (1) The Minister must, on or before 30 September in each year, cause a report to be prepared on the operation of this Act during the previous financial year.
- (2) The Minister must cause a copy of the report prepared under subsection (1) to be laid before both Houses of Parliament within 12 sitting days after receiving the report.

32—Regulations

The Governor may make such regulations as are contemplated by, or necessary or expedient for the purposes of, this Act.

Schedule 1—Related amendments and transitional provisions

Part 1—Preliminary

1—Amendment provisions

In this Act, a provision under a heading referring to the amendment of a specified Act amends the Act so specified.

Part 2—Amendment of *Advance Care Directives Act 2013*

2—Amendment of section 12—Provisions that cannot be included in advance care directives

- (1) Section 12(1)(a)(i) and (ii)—delete subparagraphs (i) and (ii) and substitute:
 - (i) that is unlawful, or that would require an unlawful act to be performed; or
- (2) Section 12—after subsection (1) insert:
 - (1a) An advance care directive cannot constitute a request for the administration of voluntary euthanasia to a person (however nothing in this subsection prevents a person from expressing his or her preferences or wishes in relation to voluntary euthanasia in an advance care directive).

Part 3—Amendment of *Consent to Medical Treatment and Palliative Care Act 1995*

3—Insertion of section 5

After section 4B insert:

5—Application of Act in respect of voluntary euthanasia

This Act does not apply in relation to medical treatment consisting of, or given in the course of, the administration of voluntary euthanasia to a person in accordance with the *Voluntary Euthanasia Act 2016*.