Voluntary Assisted Dying: Law? Health? Justice?

Invitational Symposium on Voluntary Assisted Dying.

Hosted by the Law | Health | Justice Research
Centre, UTS Faculty of Law.

Welcome

Since the introduction of plans for Voluntary Assisted Dying and the passing of the Voluntary Assisted Dying Act 2017 (Vic), a 'new moment' in the governance of life and death seems to be opening up within the Australian context.

With the opening of this new moment, we believe there is an opportunity for critical scholars on topics related to or 'adjacent' to the questions that Voluntary Assisted Dying raises to bring their existing expertise to bear on the emergence of this new regime.

We hope that this symposium will provide colleagues with an opportunity to air and workshop a range of critical perspectives on Voluntary Assisted Dying itself and on practices 'adjacent' to Voluntary Assisted Dying. We hope that this scholarly exchange will highlight what we should be paying attention to as Voluntary Assisted Dying becomes a reality in Australia. Most of all, we hope that the day will be a stimulating and enjoyable day of scholarly exchange and a chance to meet and support colleagues working on interesting questions.

Preparation

To prepare for the symposium please ensure that you have notified David Carter of any dietary, accessibility or other requirements that you may have. Information relating to the location of the symposium and directions is provided below.

Papers will be pre-circulated. Please do set aside some time to read and think about the papers presented by colleagues. The papers being offered for this symposium are nearly all an early draft, and so thoughtful and supportive engagement with these papers on that basis will be welcome.

Please review the listing of papers and discussants below, noting which paper(s) you are nominated as a discussant for. Whilst the discussant provides a key role in introducing the paper and leading discussion of it, other colleagues should also take care to prepare comments or queries as they read each paper.

Symposium Structure & Discussant Roles

Each paper has an allotted time of 30 minutes for discussion and workshop on the day. The process for each paper will be the same:

Author introduction - 2 minutes – each author will provide a very brief introduction to their paper, focusing perhaps on the motivation or context for their writing, or raising any questions or queries that they would like colleagues to consider in addressing the their discussion or feedback.

Discussant Response - 12 minutes or less – each paper has a nominated discussant. This discussant will prepare a structured introduction and comment on the paper. It would be appreciated if each discussant follow the three stage structure set out below for their discussion. What the discussant chooses to add to this structure is of course at their discretion.

Attendees Discussion - 15 minutes total – The final fifteen minutes will be dedicated to a discussion amongst attendees. This includes any response or comment, prompts or clarification that the paper's author might wish to offer.

Discussant Response Structure

There is a tradition in our Faculty of having a set of discussant questions to guide works-in-progress seminars. They are not rigidly applied, however, we have found that working through the following structured questions provides a helpful introduction to the paper and common structure that lightens the load of those attending the seminar.

We ask that you attempt to structure your discussant contribution by way of these three questions or 'moves' before moving onto other commentary or discussion that you feel is appropriate.

- **First, restate the paper.** What does it say? Reflect as accurately as possible what the author has written as you read/interpreted it. By itself, this can often be extremely helpful – letting the author know what came across to the reader.
 - Prompt - What appears to be the central issue/puzzle that the paper seeks to address? How would you state the paper's central argument or thesis? Are there more than one? How does the author develop the argument? Offer a brief summary of the paper. In what debates/discussions does it seek to intervene? Who is the author writing against? For? How would the author complete the sentence: "Until now, everyone has thought _____ but now we should think _____."
- **Second, identify the scholarly intervention.** What is the main contribution of this piece to the existing literature? What appears to be the author's purpose in developing this piece and why would/should others want to read it? What mode of scholarly intervention is this? What modes of argumentation does it use?
 - Prompt - Some potential scholarly interventions: Proposing a new take on a well-established empirical claim, line of reasoning, or doctrine; Intervening in a theoretical, jurisprudential, or political debate on the basis of new evidence or a new approach; Interdisciplinary: advocating a new or renewed interdisciplinary project or intervening in two disciplines simultaneously in an original way; Retelling or unsettling a settled historical narrative: recovering possibilities that have been overlooked...
 - Prompt - Some modes of argumentation: Uncovering problematic assumptions underlying particular theories, doctrines, and policies with which they disagree; Highlighting unresolved gaps, conflicts, and ambiguities in existing arguments or proposals; Focusing on structural biases and blind spots that existing approaches ignore; Bringing new (or old but forgotten) theories, theorists, personal narratives, and/or empirical methods to bear on familiar problems; Presenting new data or a new analysis that challenge(s) existing empirical findings.
- **Third, offer constructive feedback.** How can the author's project be improved, her or his intervention strengthened?

Importantly, we ask that you consider carefully any contribution that aims to explain what you may have written or how you would have intervened in the same debate or literature. Given the multidisciplinary nature of the seminar, this will likely have little value for another author. The offering of material from your home discipline or providing a contrasting reading from your home discipline, however, may well be a way of supporting the author's own intervention.

Programme

Time	Paper/Event	Author	Respondent
0900 - 0930	ARRIVAL: Coffee and Tea will be served upon arrival.		
0930	WELCOME	Daniel Fleming David Carter	
0945		Daniel Fleming	Hamish Robertson & Joanne Travaglia
1015		Jessica Ison	Marc Trabsky
1045		Nigel Zimmermann	Penny Crofts
1115	BREAK Refreshments will be provided		
1130		David Carter	Jessica Ison
1200		Courtney Hempton	Nigel Zimmermann
1230		Marc Trabsky	Dan Fleming
1300	LUNCH Lunch will be served		
1330		Hamish Robertson & Joanne Travaglia	Courtney Hempton
1400		Miranda Kaye, Tracey Booth & Jane Wangmann	Nola Ries
1430		Nola Ries	Miranda Kaye
1500	BREAK Refreshments will be provided		
1515		John Anderson	David Carter
1545		Penny Crofts	John Anderson
1615	WRAP-UP & DISCUSSION		

Location & Practical Information

The location for the symposium is:

*Dr Chau Chak Wing Building
Building (UTS Business School)*

Building 8, Level 12,

**Business School
Boardroom**

*14-28 Ultimo Road, Ultimo
NSW 2007*

Directional signage will be placed in various locations on the ground floor of the UTS Business School Building to assist wayfinding.

If you require some assistance or directions, please do not hesitate to call David on 0405 094 579.

Dean's Office - Level 12 - Room 08.12.071

Dean's Meeting Room - Level 12 - Room 08.12.030

Faculty Boardroom - Level 12 - Room 08.12.092

Ph: 9514 3541 or 3505

Abstracts

Participant	Paper Abstract
Dr Daniel Fleming	<p>The Compassionate State? ‘Voluntary Assisted Dying’, Neoliberalism, and a Virtue Without an Anchor</p> <p>On the 28th November, 2017, the Victorian Minister for Health and Ambulance Services, Jill Hennessy, published a Twitter post which read “Victoria... the compassionate state. ✓ #VAD #assisteddying #springst”. The Tweet remained pinned to Hennessy’s account (meaning that it was the first post seen there) until October 2018. It followed the marathon debate in the Victorian parliament – lasting more than 100 hours – which culminated in the passing of the “Voluntary Assisted Dying Act 2017”. This Act makes it legal in Victoria for individuals who meet certain criteria and have followed a set process to end their own lives by consuming a lethal substance or, in certain cases, have that substance administered to them by a doctor. It will come into effect on the 19th of June, 2019.</p> <p>This article focuses not on the ethical issues surrounding the newly legal interventions that the Act legalises, referred to by the <i>Cambridge Textbook of Bioethics</i> as ‘physician assisted suicide’ and ‘euthanasia’. Commentaries which analyse the ethics of these acts already abound. Nor does the article in substance seek to grapple with the tragedy of those who die in pain or without adequate care: that indeed is a crucial moral question, globally, which equally tragically is circumvented when the fact of inadequate care is used as a bait-and-switch argument to propose only one solution to it. Instead, it presents an analysis of the use of the term ‘compassion’ in Hennessy’s Tweet, which itself is reflective of the language and thrust of political and public sentiment following the VAD debate.</p>
Dr David Carter	<p>A Criminal Legal Biopolitics: The case of Voluntary Assisted Dying</p> <p>The <i>Voluntary Assisted Dying Act 2017</i> (Vic) is an instrument of the criminal law. Its ‘legal mechanics’ operate by a withdrawal of criminal sanction from particular acts that would otherwise represent some manner of criminal offence against the person, whilst enacting a series of new criminal offences that bring with them the most serious criminal punishment available to the contemporary Australian state – imprisonment for the term of natural life. Upon this foundation of criminal legal sanction is a complex regulatory apparatus fashioned, the purpose of which is – legally speaking – to define in detail what is and is not an offence against the criminal law. The criminal-legal nature of the VAD regime is often overlooked. In this paper, I review the VAD regime as an instrument of the criminal law. I focus upon its structuring by the figure of the criminal sanction in particular. I do so in order to examine how its biopolitical effects are articulations of a specifically criminal legal biopolitical sanction. I argue that formal juridical instantiation of criminal law in the guise of the <i>Voluntary Assisted Dying Act 2017</i> (Vic) operates in a ‘bio-political register’ while the criminal sanctions produced by it play a ‘tactical’ biopolitical role as an ‘apparatus for the differential distribution of death within a population to be governed’.</p>

**Dr Hamish
Robertson &
Professor Joanne
Travaglia**

Population ageing is one of the defining demographic trends of the mid-21st century.

Both high and many low to middle income countries are progressing towards mass population ageing, meaning that the number, and often the proportion of, older people in these societies is growing. Old age has very mixed position in late capitalist societies where personal consumption and financial independent are primary values. In addition, the majority of advanced ageing is a predominantly female experience. This makes older people in general a vulnerable group in and out of healthcare systems. The growing research on elder abuse informs this understanding and positioning of older people and the aged experience. While affluent older people are not free from abuse, those with fewer resources may be subject to a variety of personal and systemic interventions that place them at greater risk. Many healthcare interventions, such as palliative care, are represented as being scientific and evidence-based, but they exist in a context of variable levels of evidence and a corresponding raft of political and social beliefs, policies and practices. Ageing in general is not highly valued except when it is 'successful', meaning that vulnerable older people with rising levels of dependency may be pressured to engage in a variety of interventions, including advance directives, living wills and palliative care. Along with other 'technologies' (policies, practices, implicit and explicit values) these 'interventions' can life or death implications for the individual older person. It is in this volatile context that we begin our discussion of palliative care as a necropolitical technology, one to be keenly monitored and inquired on as the process of population ageing progresses.

Dr Deborah Debono

Making visible the potential implications of workarounds in relation to voluntary assisted dying

One approach to improving safety and quality in healthcare is to standardise practice. One approach to achieve standardisation of practice is via regulation. Policies, rules and guidelines proliferate in healthcare. At the same time, healthcare professionals are required to adapt, predict, adjust and compensate for shortcomings and barriers to delivering care. They need to continuously re-assess, re-prioritise, re-adjust and respond to changing situations and demands. Doing so creatively often involves workarounds – behaviours or actions implemented to circumvent a perceived or actual hindrance in order to achieve a goal, or to achieve it more easily. Workarounds, also referred to as shortcuts, deviations, situational violations, 'quick fixes', innovative solutions, 'patches' and 'temporary fixes', are ubiquitous in healthcare. Research demonstrates that healthcare providers use workarounds to circumvent perceived barriers to being 'good' at their jobs. However, because they are not organisationally sanctioned, workarounds are often hidden from formal accounts of how care is delivered. The point is not that workarounds are always 'good', 'bad', 'safe' or 'unsafe' but rather that their use needs to be made explicit and understood from the perspective of those who use them.

Dr Nola Ries

Australia's population is ageing and more people are living with dementia and other conditions that affect the ability to make decisions about healthcare and other personal matters. The concept of supported decision-making posits that adults have the right to make decisions for themselves and people with cognitive impairments should receive appropriate supports to maximise their decisional capacity. The United Nations Convention on the Rights of Persons with Disabilities promotes supported decision-making and some laws and policies in Australia are changing to adopt this approach. To date, supported decision-making initiatives have focused on younger people living with intellectual disability and there has been less attention to the views and needs of older people. This paper will address this gap in several ways. First, it will report data from a cross-sectional NSW survey that examined the views of people aged 60 and older attending hospital outpatient clinics about supported decision-making (n=180), including perceived benefits and drawbacks of having a legally appointed supporter. Second, it will critically review recent legal and policy initiatives on supported decision-making, with a focus on older people living with cognitive impairment and decisions about healthcare matters. Finally, it will consider the place of supported decision-making in the end-of-life context, including choices about medically assisted dying.

Dr Marc Trabsky

The *Voluntary Assisted Dying Act 2017* (Vic) marks a significant reform in end of life care in Australia. The legislation creates lawful means for hastening death for a particular type of person who has 'decision making capacity'. This paper cautions against framing its enactment as a liberating moment in the history of the government of death. The regulation of death, its control by the state and a range of medical, legal and financial institutions, gave rise to a new arrangement of thanato-politics in the eighteenth and nineteenth centuries. Voluntary assisted dying creates a new legal technology for governing death in the twenty-first century. The main concern of this paper is the question of differentiated access to voluntary assisted dying on the basis of social, intellectual and/or financial capital. In other words, it explores whether the legislation could create differential experiences of dying on the basis of class. I will argue that the inextricability of death from capitalism, that is to say the financialisation of death in the twenty-first century, means that only the 'privileged' could potentially be able to access lawful means of dying with dignity.

Courtney Hempton**Practices of (mortal) freedom: 'Voluntary assisted dying' in the Australian state of Victoria**

The *Voluntary Assisted Dying Act 2017* (Vic) comes into effect on 19 June 2019, and Victoria will become the first state in Australia to provide access to lawful 'voluntary assisted dying'. As defined by this legislation, voluntary assisted dying is "the administration of a voluntary assisted dying substance and includes steps reasonably related to such administration" (s 8), "for the purpose of causing a person's death" (s 9). The Voluntary Assisted Dying Act 2017 emerged from a state Parliamentary Inquiry into End of Life Choices, and prescribes the necessary conditions for access to voluntary assisted dying. Drawing on Michel Foucault's account of biopolitics, my aim in this paper is to critically examine the Voluntary Assisted Dying Act 2017, with respect to the notion of 'choice'. What emerges are some of the ways in which the state's approach to voluntary assisted dying – as I contend, contingent on a medicalised rendering of 'the dying' – serves to circumscribe conditions of 'liberation' and practices of (mortal) freedom.

Jessica Ison

Put Down: Animals and death

When discussing euthanasia, the reality of nonhuman animals is often overlooked. We euthanise animals, or “put them down,” without any legal recourse. There is also a growing industry around the loss of pets, including cremation and pet cemeteries. Yet only some animals are afforded a death that is humane. Whilst these animals are afforded a painless death, other animals are killed *en masse* in slaughterhouses, pounds, laboratories and so on. Clearly only some animals are deemed worthy of being killed with compassion. This paper will look at the ways that we construct some animals as worthy of a comfortable death and therefore a comfortable life. It will unpack how Animal Liberation discourse has theorised death and indeed life. Lastly, it will interrogate if this can be applied to how we conceptualise euthanasia in relation to humans.

**Miranda Kaye, Dr
Jane Wangmann &
Dr Tracey Booth**

How do Self-Represented Litigants [SRLs] obtain information when embarking upon and becoming embroiled in family law proceedings?

We have received a large grant from ANROWS (Australia’s National Research Organisation on Women’s Safety) to research the issue of self-represented litigants in family law proceedings in cases where there are allegations of family violence. When we first agreed to give this paper at the symposium, we were hoping we would have interviewed a number of self-represented litigants to discover where and how they access information, whether they use formal sources (such as the family court websites, Legal Aid sites and so on) and/or informal sources (such as friends, websites such as DIY family law, fathers’ rights lobby sites or Singlemum.com.au). However, we have only just started interviewing participants and so have limited results from our study at the time of writing this paper. As a result this paper explores what research we propose to undertake and what other research has found about accessing information as a self-represented litigant with an emphasis on digital information and support. It provides some examples from the very few interviews conducted to date.

The parallels with the issues involved in Voluntary Assisted Dying might be that both areas involve complex intersecting needs for information that have to be navigated by individuals. For example, a person contemplating assisted dying may need to consider the ‘patchwork of prohibition, permission, and quiet clemency’¹ in relation to the differing laws governing voluntary assisted dying. They will have to investigate relevant professionals who may assist them, both in relation to providing health and legal information, but also in navigating the requirements of any laws. Additionally, they will have other affairs to ‘put in order’ so that they ‘do the right thing’ for family and friends.² These may include, amongst other matters, writing a will, completing medical directives, delegating caring obligations for family and pets, life insurance, completing lists or inventories of accounts, contacts, assets and debts, funeral preparations, possibly drafting their own obituary, clearing online histories and securing their digital life and letting others know how to find all relevant information. The sensitivities associated with dying and, particularly, assisted dying, may mean that in a further parallel with survivors of domestic violence, discussing these matters is difficult. Our first interviewee— Fiona, whose story is told below - found that she was unable to talk to any of her friends about the domestic violence that she had suffered for many years.

¹ Richard Huxtable, ‘Depression and Assisted Dying: Putting the Black Dog to Sleep?’ in Charles Foster and Jonathan Herring (eds), *Depression, Law and Ethics* (Oxford University Press, 2017) 282.

² Daniel Monk, ‘Inheritance Law Matters’ in Beverley Clough and Jonathan Herring (eds), *Ageing, Gender and Family Law* (Routledge, 2018) 192.

Dr Nigel Zimmermann

In the Victoria's Voluntary Assisted Dying (VAD) legislation, a sanitising promise is made to those who suffer: Your pain will be lessened and your autonomy increased. While the Act places bureaucratic restrictions upon those who can access VAD and under what circumstances, the promise is issued full of optimism about how a magnified individual responsibility can result in shared happiness among those involved in the exercise of desiring and enacting one's death. However, Rene Girard argues that the opposite is apparent; contrary to making the end of life easier, euthanasia places a heavy burden on those left behind, and in fact will make death harder, more painful, and ultimately a heavier burden for all of us. Those with fewer resources—spiritual, material, familial and social—will be at greater risk of harm. The nature of responsibility has been passed over by the supporters of VAD because the way that social relationships of mutual and complementary responsibility operate is an inconvenient obstacle to arguments in favour of steps towards euthanasia. Girard's ethical concerns, and the analysis of alterity in Emmanuel Levinas, provides a chilling warning that death, and therefore life, has now become more burdensome for health providers, family and loved ones. When a promise is broken even as it is being uttered, then a promise becomes a lie, and as Girard and Levinas illustrate, violence is a logical and usually unintended correlate.

Professor John Anderson

Elder abuse can be of a nature and reach such a scale that it is of at least equal concern to society as family and domestic violence. Although the enigmatic concept of elder abuse is frequently given a broad definition, in the criminal law context attention has largely been directed towards fraud and financial crimes against older people. This paper will examine the less frequently considered issue of offences against the person, including assaults, detention, deprivation and death. Questions arise as to whether the vulnerability of an older person should be identified as a specific aggravating factor in these offences, or beyond a general aggravating factor in existing offences whether there is scope for the creation of specific offences of elder abuse, including causing the death of an older person. Some case study examples will be explored in the context of the difficulties of evidence gathering and proof for these forms of elder abuse translating to punishable criminal offences. Particular focus will be on inquests where hindsight has revealed disturbing examples of 'hidden' elder abuse and neglect resulting in deaths. This paper will highlight and evaluate the legal complexities and tensions at the intersection of criminal offences against the person and maltreatment of older people.

Dr Penny Crofts

Foreshortening of Life: Gosport Hospital, euthanasia and homicide

After many years of family members seeking to draw attention to the deaths of family members at Gosport Hospital between 1988 and 2000, The Report of the Gosport Independent Panel was released in June 2018. The Panel found that 456 patients died where opioids were administered without appropriate clinical justification. These opioids would usually be prescribed for palliative care. The Panel also found that there may have been a further 200 such deaths, bringing the overall total to more than 650 patients dying as a consequence of this treatment (Graph: page 37). The Report found that 'there was a disregard for human life and a culture of shortening the lives of a large number of patients' (viii). The Report is a scathing record of the actions and failings of individuals and organisations across time, firstly to identify and prevent these deaths and subsequently to adequately investigate and react to the events at Gosport Hospital. Despite these 'shocking findings' (vii), the Report made no suggestions whatsoever of the possibility of criminal prosecutions of any of the people or organisations involved. Events at Gosport highlight the challenges for the criminal legal system in conceptualising this kind of systemic failure as culpable. The Report is highly euphemistic - there is a consistent refusal to label the deaths homicides. Despite the preference for labels such as 'foreshortening of life' the Report is clear that this was not euthanasia. This paper explores fears associated with medical slayings and the intersections and disconnections with euthanasia and unlawful homicides.

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Seminar Participants

Participant	Paper Abstract
Dr Daniel Fleming	<p>St Vincent's Health Australia, Law Health Justice Research Centre UTS</p> <p>Dr Dan Fleming is Group Manager – Ethics and Formation for St Vincent's Health Australia, a role which sees him leading ethics education, advice and strategy as well as supporting formation across the St Vincent's Health Australia network. Dan is an Associate Member of the Law Health Justice Research Centre, and a Visiting Fellow in the Faculty of Law. Dan holds a PhD in moral philosophy and theology, and is the author of over 30 publications in the areas of moral philosophy, theological ethics, moral education, religious education and theology. His forthcoming book <i>Attentiveness to Vulnerability</i> is due to be released in 2018.</p>
Dr David Carter	<p>Faculty of Law, UTS</p> <p>David Carter is a National Health and Medical Research Council Early Career Fellow and Senior Lecturer in the Faculty of Law at UTS. He focuses on the legal, regulatory and governance challenges involved in the delivery of safe, effective and sustainable healthcare services. At present, he teaches and writes on the regulatory practice of health law, public health law and criminal law, applying theoretical and empirical methods in aid of advancing legal and regulatory strategies for reducing the burden of healthcare-related harm and death.</p>
Dr Hamish Robertson	<p>Centre for Health Services Management, Faculty of Health, UTS</p> <p>Hamish Robertson is a Senior Lecturer in the Centre for Health Services Management at UTS. A geographer with experience in health, ageing, disability and multicultural issues, his PhD research was on the geography of Alzheimer's disease. His research focuses on spatial science applications in the health, ageing and disability sectors including spatial visualisation as a tool for collaborative research and analysis. He also writes in the areas of big data, health informatics, 'race', diversity and cultural heritage issues.</p>
Professor Joanne Travaglia	<p>Centre for Health Services Management, Faculty of Health, UTS</p> <p>Jo is the Director of the Centre for Health Services Management at UTS. Her particular interests are the implementation of policy and theory in practice, knowledge creation and management in the public sector, social and organisational origins of errors and adverse events, clinical governance and its enactment, interprofessional and interdisciplinary collaboration and learning, mixed method research, disaster theory and the management of workplace diversity.</p>
Dr Deborah Debono	<p>Faculty of Health, UTS</p> <p>Dr Deborah Debono's research engages with the healthcare sector and practitioners to support translation of evidence into practice to improve outcomes and experiences of consumers and clinicians. Deborah's research contributes to a growing international body of literature related to implementation science, health and organizational behaviour change, patient safety and resilience in healthcare. She is an internationally recognised expert on the use of workarounds healthcare. Identification of workarounds is pivotal to illuminating gaps between how work is imagined to be done (work-as-imagined) and how it is actually done (work-as-done). Understanding these gaps is fundamental to effective implementation of strategies to improve quality and safety of service delivery.</p>

Dr Nola Ries	<p>Faculty of Law, UTS</p> <p>Nola Ries is a cross-disciplinary researcher with expertise in health law and policy. Her work focuses on law, ageing and health, legal aspects of health system reform, and the governance of health research. She is currently an investigator on two NHMRC-funded dementia grants and also leads research projects on elder abuse and the medico-legal aspects of low value healthcare.</p>
Dr Marc Trabsky	<p>Law Trove Law School, La Trobe University</p> <p>Dr Marc Trabsky is a Senior Lecturer at La Trobe Law School, La Trobe University. His research examines the theoretical, historical and institutional arrangements of law and death. He has published on a diverse range of topics, including coronial law and forensic medicine, technologies of registration and repatriation, and institutional frameworks for memorialising, archiving and disposing the dead. His latest book titled <i>Law and the Dead: Technology, Relations and Institutions</i> will be published by Routledge in 2019.</p>
Courtney Hempton	<p>Monash Bioethics</p> <p>Courtney Hempton is a bioethicist with particular interest in the regulation of dying and death. Her current doctoral research focuses on the emergence of law and policy regarding 'voluntary assisted dying' in the Australian state of Victoria, and draws on a Foucauldian account of biopolitics. Connect with Courtney on Twitter @CourtneyHempton.</p>
Jessica Ison	<p>School of Humanities and Social Sciences, La Trobe University</p> <p>Jessica Ison is a PhD candidate and tutor at La Trobe University. She is the Representative for the Institute for Critical Animal Studies Oceania, the co-founder of the La Trobe Animal Studies Association and the coordinator of the La Trobe Violence Against Women Network. Jess is currently working on a project on the representation of lesbians in queer cinema.</p>
Miranda Kaye	<p>Faculty of Law, UTS</p> <p>Miranda studied law at Cambridge and Oxford universities before working at the Law Commission of England & Wales in their family law team. She qualified as a solicitor and practised Family law in London. Miranda then came to Australia and taught in the Faculty of Law at the University of Sydney. After a career break, Miranda joined UTS as a Research Associate and Family law lecturer in 2013. Miranda's main area of expertise is Family law. In particular she is interested in the intersections of criminal law and family law and health law and family law. Miranda also has teaching expertise in health law.</p>
Dr Jane Wangmann	<p>Faculty of Law, UTS</p> <p>Jane's work is primarily concerned with legal responses to domestic and family violence. In particular how law defines, understands and conceives of this harm. Her PhD completed in 2009 in the Faculty of Law, University of Sydney explored the use of cross applications in domestic violence protection order proceedings in NSW. Jane's current research work is exploring the use of typologies of family violence in the Australian family law system, and differences in men and women reported to the police as domestic violence offenders.</p>

Dr Tracey Booth

Faculty of Law, UTS

Tracey is a highly regarded inter-disciplinary researcher both nationally and internationally, and her work crosses criminology, psychology, sociology, and law. The major focus of Tracey's research is the ramifications of the prominence of crime victims in contemporary criminal justice policy for legal processes and laws and her work aims to inform the role of victims in legal procedures such as sentencing and bail. As a socio-legal scholar, she has developed a legal ethnographic approach that seeks to build on theory and legal doctrine with empirical insights in order to create an evidence-base for the development of policy and law reform. Her groundbreaking article "Cooling out victims of crime: Managing victim participation in the sentencing process in a superior sentencing court" won the 2013 Allen Austin Bartholomew Award for the best article in the *Australian and New Zealand Journal of Criminology*. More recently, she is the author of *Accommodating Justice: Victim Impact Statements in the Sentencing Process* (The Federation Press, 2016). Since 2014, Tracey has been a member of the NSW Sentencing Council. The Sentencing Council advises the NSW Attorney-General on sentencing matters and other matters that may be referred to it from time to time.

Dr Nigel Zimmermann

Australian Catholic University

Dr Nigel Zimmermann is Associate Director, Church Policy, at Australian Catholic University (ACU). Nigel received his PhD in theology at the University of Edinburgh, Scotland, holds a degree in Journalism (QUT) and Master's Degrees in theology (Brisbane College of Theology) and bioethics and medical law (St Mary's University Twickenham). He was a Wingate Scholar in the UK, taught theology at the University of Notre Dame Australia and worked in the Archdiocese of Sydney and the Diocese of Broken Bay, before joining ACU in 2016. He has written on contemporary topics facing theology and the Church, and serves on the Executive Committee for the Plenary Council 2020 and the Australian Catholic Life Council. Nigel is author of *Levinas and Theology* (2013), *Facing the Other: John Paul II, Levinas, and the Body* (2015), and *The Great Grace: Receiving Vatican II Today* (editor, 2015). He edited Archbishop Peter A Comensoli's book, *In God's Image: Recognising the Profoundly Impaired as Persons* (2018).

Professor John Anderson

Faculty of Law, University of Newcastle

John Anderson is Professor of Law at the Newcastle Law School, University of Newcastle, NSW. Prior to becoming an academic, he was a senior solicitor/advocate in the Office of the Director of Public Prosecutions (NSW) and maintains strong links with legal practice. He has a national and international profile as a criminal law and evidence scholar with primary research interests in various aspects of the criminal justice system, sentencing and evidence law. He has published several books, book chapters, and scholarly articles in leading Australian and international law journals. He is a chief investigator on assorted research projects including implementing restorative practices and taking action on elder abuse.

Dr Penny Crofts

Faculty of Law, UTS

Doctor Penny Crofts is an Associate Professor at the Faculty of Law, UTS. Penny specialises in Criminal Law and legal constructions of culpability. Her research is cross-disciplinary, drawing upon a range of historical, philosophical, empirical and literary materials to enrich her analysis of the law. Penny recently received an ARC grant entitled 'Rethinking institutional culpability: Criminal law, horror and philosophy'.