From: [redacted]
To: LA VAD
Subject: Submission to NT Voluntary Assisted Dying
Date: Wednesday, 13 August 2025 5:13:29 PM

Firstly I provided a more detailed submission to the previous review which should still be available..

This email will succinctly address the 4 key questions:

Question 1.

I support VAD being legal in the NT

Question 2.

It is my view that the Advance Personal Plan is the best route but with a comment that the current NT APP needs urgent review. The template is hard to use currently and there should be more prescriptive with a Yes/No/Don't Know response. It is too open ended at the moment and people need more guidance on what might be acceptable or not acceptable to them eg blood transfusion, long term artificial respiration or !/V feeding or oral/nasal feeding etc. People would choose short term invasive treatments for acute conditions but maybe not for chronic conditions.

<u>With an Advance Personal Plan</u>

The eligibility criteria should not be restrictive when a person has an Advance Personal Plan prescribing their desired end of life. The person's Decision Makers have much more knowledge of the person's wishes than a medico deciding if meet the criteria of eligibility defined in the legislation.

For example in my APP I prescribe that I do not wish to have renal dialysis while the onerous treatment will maintain life the quality of life is not what I wish. I would prefer to slowly die of toxaemia.

While palliative care is a right for all people we should also have the option to end our life how we wish eg with family, pain free etc rather than prescribed conservative standards to enable passage of legislation through the Parliamentary Assembly.

There should not be an artificial arbitrary period of death with a certain time frame eg 12 months. The aim is a compassionate end of life for the person making that decision earlier in their life.

<u>Without an advance Personal Plan</u>

I do not have any comments. Eg who initiates, processes etc

Question 3

VAD is voluntary. It is another medical option. Hypothetical impediments should not be in place based on cultural or remote issues. There must be existing systems in place for treatment options, where, when and who etc.

Question 4

There must be processes in place already to monitor standards for any medical protocol safely and effectively. Systems are in place for S8 drugs management.

Personal Experience

I have personal experience with my aunt who developed serious dementia soon after retirement. She soon progressed into baby like physiological state where she had no recognition of family, was unable to care for herself but survived for another 5 years as a baby but not growing up. She would not have desired life like that and the cost to society was horrendous. I had no financial benefit at all. She was single with no children and had the Commonwealth Public Servant pension (1970s) and there was no ongoing financial liability for the Federal Government after her death. She had considerable input into my childhood both in support and to financially support my birth family.

I believe that dementia should be an option for VAD defined in advance in an APP when certain physiological states were reached eg does not recognise family, cannot speak, cannot eat, cannot shower or toilet etc. This be on an individual basis. While some people might want to kept alive by artificial respiration, I V feeding, oral/naso feeding, urinary catheter etc I do not.

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