VOLUNTARY ASSISTED DYING IN THE NORTHERN TERRITORY

A SUBMISSION BY

THE CLEM JONES GROUP

TO THE LEGAL AND CONSTITUTIONAL AFFAIRS COMMITTEE OF THE NORTHERN TERRITORY PARLIAMENT

15 August 2025

INTRODUCTION

TO: Members of the Legal and Constitutional Affairs Committee of the Northern Territory Parliament:

- **Dr Tanzil Rahman MLA, Member for Fong Lim (Chair)**
- **Matthew Kerle MLA, Member for Blain (Deputy Chair)**
- **Oly Carlson MLA, Member for Wanguri**
- **Kat McNamara MLA, Member for Nightcliff**
- **Dheran Young MLA, Member for Daly**

The Clem Jones Group continues the community, philanthropic, and business interests of the late Clem Jones AO (1918-2007) who was Lord Mayor of Australia's biggest municipality, the Brisbane City Council, for a record 14 years from 1961 to 1975.

Many Territorians may remember Clem Jones for his work as chair of the Darwin Reconstruction Commission from November 1975 helping to rebuild the NT capital following the devastation inflicted upon the city by Cyclone Tracy on Christmas Eve 1974.

They may also recall his later participation in the Can-Tiki expedition, helping to sail a beer can raft to Singapore to generate worldwide publicity sending the message that the rebuilt Darwin was reopened for business.

Clem left instructions that those overseeing his estate should pursue the introduction of voluntary assisted dying (VAD) laws across all Australian states and territories.

In his life Clem was always seeking a fairer society, one in which all individuals could access the same opportunities and have the right to make meaningful choices for themselves – an outlook that, together with his experiences watching friends and loved ones die, that made him a passionate advocate for VAD laws.

In line with his wishes the Clem Jones Group has supported legislative reform efforts in jurisdictions across Australia and are pleased to note that all state and the ACT have passed their own VAD laws.

We trust that the Committee will respond to community support for VAD laws by recommending their adoption by the NT Parliament.

In doing so we should all also look forward to a time when medical research has delivered more effective treatments or cures for many of the conditions which currently necessitate VAD laws to relieve the intolerable suffering of individuals.

I wish you well in your important work and approve the public release of this submission.

Your sincerely,

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OVERVIEW

At the outset we wish to urge the Committee to recognise the broad approach of the so-called "Australian model" of voluntary assisted dying (VAD) that has evolved as VAD laws have been drafted, debated, and passed by all state parliaments and the ACT Parliament since 2017.

As shown by the operation of state VAD laws, those who seek access to a VAD scheme are already dying from a terminal illness or neurological condition and are simply exercising their right to make their own decision to die on their terms and to free themselves from intolerable suffering.

Expert evidence provided to other inquiries has highlighted the therapeutic effect on terminally ill Australians in simply having the right to apply to access VAD and have their application approved, even if they ultimately decide against proceeding with voluntary assisted dying.

The rights of those who hold personal objections to voluntary assisted dying are respected in all VAD laws and are encompassed in specific provisions dealing with conscientious objections, but also more generally in the simple word "voluntary".

Those who oppose voluntary assisted dying need never seek access to it. But they should not prevent others from doing so.

We believe that another simple fact to bear in mind in any discussion of voluntary assisted dying is that any VAD scheme operating in the NT will not cause a single extra death. But it will relieve or avoid a lot of suffering.

The Committee should also note that VAD laws elsewhere in Australia also establish strict operational and monitoring procedures, an expert oversight body, and penalties for breaches.

CJG recommendation 1:

We ask the Committee to recognise in its deliberations:

- **that existing Australian VAD laws do not give open access to voluntary assisted dying but do provide another end-of-life option to those with a terminal illness or neurological condition and experiencing intolerable suffering,**
- **that because of its voluntary nature opponents of VAD should not be allowed to impose their views on others, and**
- **the fact that any NT VAD law will not cause a single extra death but will relieve a lot of intolerable personal suffering, and**
- **that VAD laws elsewhere are the subject of strict legislated operational and monitoring processes which should also be a feature of any NT VAD law.**

PUTTING PATIENTS FIRST

The Clem Jones group looks forward to seeing a VAD Bill presented to the NT Legislative Assembly for consideration by the Territory's 25 MPs and trust that such a Bill will be approved by a majority of MPs.

We wish to take this opportunity to make a point that we believe all NT MPs should consider.

VAD Bills in other parliaments in Australia have been the subject of a conscience vote. The same should apply in the NT Parliament.

It is important that regardless of the official policy on voluntary assisted dying adopted by the parties represented in the NT Legislative Assembly, and regardless of the personal views any individual MPs hold against VAD, that all NT MPs recognise that seeking access at end of life to voluntary assisted dying is a choice that Territorians once enjoyed and should be able to exercise again.

To that end we ask all NT MPs to acknowledge that the vote they cast if and when a VAD Bill is presented to them is not about them, but it is about giving eligible Territorians the right to choose or reject VAD.

Therefore even MPs who may never seek to access VAD themselves based on their personal beliefs, can maintain that position while voting to support a VAD Bill that puts that choice in the hands of their constituents.

CJG recommendation 2:

We ask the Committee to recognise that voluntary assisted dying regimes should focus on patients and their rights, needs, and wishes which would enable even those who hold a personal objection to VAD, including MPs, to support an NT VAD law.

To reinforce the patient-centric approach to VAD legalisation, a VAD law for the NT should be anchored in the type of principles expressed in VAD laws in other Australian jurisdictions.

For example, Section 5 of the Queensland *Voluntary Assisted Dying Act 2021* outlines the principles underpinning the legislation, including:

(a) human life is of fundamental importance; and
(b) every person has inherent dignity and should be treated equally and with compassion and respect; and
(c) a person's autonomy, including autonomy in relation to end-of-life choices, should be respected; and

(d) every person approaching the end of life should be provided with high quality care and treatment, including palliative care, to minimise the person's suffering and maximise the person's quality of life; and (e) access to voluntary assisted dying and other end of life choices should be available regardless of where a person lives in Queensland; and
(f) a person should be supported in making informed decisions about end-of-life choices; and
(g) a person who is vulnerable should be protected from coercion and exploitation; and
(h) a person's freedom of thought, conscience, religion and belief and enjoyment of their culture should be respected.

We recognise that such principles need to take account of each state or territory's unique demographic, geographic, and economic characteristics.

CJG recommendation 3:

We urge the Committee to recommend that any NT VAD law should reflect the type of patient-centric principles underpinning VAD laws elsewhere that are appropriate for the Northern Territory.

In line with our view that patients are the most important element in the VAD process, we believe they should be fully informed of all their end of life options.

Therefore we urge the Committee to recommend that any NT VAD law should enable medical practitioners and nurse practitioners to initiate conversations about VAD with patients and not rely on patients being sufficiently informed to raise the topic themselves.

The first state VAD law passed in Victoria in 2017 did not enable doctors to freely raise VAD with patients. South Australia's *VAD Act* has a similar provision but other jurisdictions do not.

The recent five-year review of the law in Victoria has seen the government move to scrap that so-called "gag clause" and bring the state's VAD law into line with most other jurisdictions by enabling doctors to raise VAD with patients provided other end-of-life options such as palliative are also outlined to them.

CJG recommendation 4:

We urge the Committee to recommend that any NT VAD law enables relevant medical professionals to freely raise VAD as an end-of-life option for potentially eligible patients along with other available options.

Individuals seeking access to voluntary assisted dying must also be free to pause their request, to abandon the approval process, and also be free to decide against using VAD even after their application is approved.

This type of flexibility can offer patients the comfort of knowing they can resume the application process, that they can walk away from it without repercussions, or that they can gain approval but are never compelled to undertake voluntary assisted dying.

CJG recommendation 5:

We recommend that any NT VAD law include provisions existing in other Australian VAD laws giving VAD applicants the right to pause or abandon their request, or for those who do secure approval to reject the use of VAD if they so desire.

PREVIOUS CONSIDERATION

The Clem Jones Group made a submission (No.15) to the Expert Panel in which we supported the introduction of VAD laws in the Northern Territory.

We acknowledge statements by Dr Tanzil Rahman MLA, chair of the Legal and Constitutional Affairs Committee of the Northern Territory Parliament Committee that the current inquiry would do its best to consult "as widely as possible" and to "gather information to supplement existing materials".

We therefore do not propose to canvass in full the information and arguments previously submitted to the Expert Panel which, as existing material, is available to the Committee.

However, we will repeat where necessary some of the relevant information or arguments contained in our previous submission.

A significant benefit to the Committee is the fact it is conducting its inquiry in the wake of extensive similar inquiries held in all states and the ACT which have addressed and rejected the arguments and tactics employed by VAD opponents in their unsuccessful efforts to thwart community expectations.

These inquiries canvassed questions broadly similar to the four key questions posed by the Committee to assist in the framing of submissions to its current inquiry.

But there was also great similarity in the arguments put forward to all previous inquiries by opponents of VAD, and we seek to briefly mention some of theme.

There is no slippery slope

For example, as we submitted to the Expert Panel, previous inquiries throughout Australia have all comprehensively rejected the so-called "slippery slope" argument used by VAD opponents. *(See pages 9-11 of the CJG submission No.15 to the NT Expert Panel)*

Opponents wrongly claim that legalising VAD means people other than the terminally ill experiencing intolerable suffering such as people with a disability or a mental illness or simply the elderly or infirm who express a view of being tired of life will eventually be able to access VAD or will have VAD forced upon them.

VAD laws passed in Australian states and the ACT do not provide the wide access to voluntary assisted dying claimed by those who oppose VAD.

VAD opponents also try to argue that "the slippery slope" will mean features of some end-of-life laws in overseas jurisdictions will somehow automatically flow into Australian laws.

They point to what they view as undesirable aspects of laws in European nations, North America, or elsewhere and claim such features will be incorporated in local VAD laws.

The truth is that any VAD laws approved by the Northern Territory Parliament will be a product of the Northern Territory Parliament.

In simple terms, what happens in Europe or North America in terms of their VAD laws, stays in Europe or North America. It is simplistic, misleading, and untrue to suggest otherwise.

Any changes in future years to NT VAD laws passed by the NT Parliament following this Committee inquiry will be a matter for members of a future NT Parliament to consider and as such will be proposed and accepted or rejected in a transparent manner with public input.

CJG recommendation 6:

We urge the Committee not to waste its time entertaining so-called "slippery slope" arguments promulgated by some VAD opponents because such arguments are misleading, not based on fact, and have been comprehensively rejected as such by inquiries in other Australian jurisdictions.

Inflammatory and erroneous claims

Likewise, we advised the Expert Panel that VAD opponents consistently attempt to mislead legislators by conflating voluntary assisted dying and suicide. *(See pages 11-13 of the CJG submission No.15 to the NT Expert Panel)*

Majority findings in VAD inquiries throughout Australia, as well as those overseas, and leading mental health and suicide-prevention organisations have previously criticised and dismissed this tactic.

They point out that suicide is an irrational act that ends a life prematurely whereas VAD is a choice made in a rational manner by a person already dying as a means to end prolonged suffering.

Any use of the term "suicide" in the context of a discussion of VAD should be rejected as it is both misleading and disrespectful to those impacted by genuine incidents of suicide.

VAD opponents will also present the Committee with bogus statistics to suggest that VAD laws, where enacted, have caused suicide to "become acceptable" leading to a "suicide contagion".

None of their claims is true and parliamentary inquiries have found no link between VAD and trends in suicide figures that support their baseless claims.

CJG recommendation 7:

We urge the Committee to dismiss claims that will inevitably be put to it by VAD opponents to the effect that voluntary assisted dying is "suicide" and that the Committee should also reject any claims that VAD laws spark a "suicide contagion" because all such claims have previously been examined by other parliamentary inquiries and found to be factually incorrect.

VAD laws in all states and the ACT, apart from Victoria's *VAD Act* explicitly declare that VAD is never to be regarded as suicide.

We examined this issue in detail in our previous submission to the NT Expert panel. *(See pages 11-13 of the CJG submission No.15 to the NT Expert Panel)*

The inclusion of this clear declaration in legislation not only represents a statement of fact, but also helps ensure VAD does not adversely impact or nullify life, health, or funeral insurance policies of a person whose death occurs as a result of the proper and legal administration of a VAD substance and that any such death is not deemed to be a "reportable death" needing coronial investigation.

That provision should be included in any NT VAD law.

CJG recommendation 8:

We believe that an NT VAD law – like most other Australian VAD laws – must explicitly state that VAD is not suicide, that it should not be viewed or treated as such, and that VAD will not nullify life, health, or funeral insurance policies of a person whose death occurs as a result of the proper and legal administration of a VAD substance under a regulated VAD scheme and that any such death should not be regarded as a "reportable death" needing coronial investigation.

A related issue to misleading "suicide" terminology used by VAD opponents is the existing conflict between Commonwealth laws aimed at preventing suicide and state VAD laws. We address this issue on page 7 of this submission when dealing with the Committee's key questions.

THE COMMITTEE'S KEY QUESTIONS

The Committee has provided four key questions to help focus the framing of submissions. They are:

1. Do you support making VAD legal in the NT?
2. What eligibility criteria should a person need to meet before they can access VAD?
3. How could the NT make sure that an eligible person can access VAD in a safe and effective way, including people living in remote areas, and Aboriginal and Torres Strait Islander people?
4. How could the NT monitor the process to ensure VAD is delivered safely and effectively?

We take this opportunity in our submission to answer these questions.

Key question 1: Do you support making VAD legal in the NT?

The Clem Jones Group notes that the Legal and Constitutional Affairs Committee's current inquiry follows the 2024 report on previous consultations by the former NT Government's Expert Advisory Panel on voluntary assisted dying (VAD) co-chaired by Vicki O'Halloran AO CVO and Duncan McConnel SC.

We also note that the Expert Panel's first recommendation in its report to government stated:

> *The NT should implement VAD legislation that is broadly consistent with VAD legislation in other Australian States and Territories.*

The circumstances leading to the Committee's current inquiry are regrettable – namely, the scrapping almost three decades ago by the Federal Parliament of the original *Rights of the Terminally Ill Act*. (RTI Act).

The action by federal MPs on both sides of the Federal Parliament to support the *Euthanasia Laws Act 1997* to block any move to pass VAD laws in the ACT and to override and destroy the world-leading VAD law pioneered by former NT chief minister Marshall Perron and passed by a 15:10 vote of democratically elected Territory MPs was reprehensible.

It is indeed sobering to consider the number of people negatively impacted over the many years since then who could have sought comfort through VAD at the end of life.

The 2022 move by the then Federal Parliament to legislate to overturn the ban on the NT VAD law and to remove the prohibition on the NT and the ACT even considering their own VAD laws was a welcome but belated initiative.

We therefore hope the Committee will recommend *how* a VAD scheme can be legislated in the NT not *if* one should be considered.

CJG recommendation 9:

We urge the Committee to recognise that a VAD law governing a VAD scheme in the NT will:

- **correct the current inequitable and unjust position resulting from the previous federally imposed ban on NT VAD laws, and**
- **enable Territorians meeting eligibility criteria to join Australians in all states and the ACT in making a free and informed personal choice to seek access to a regulated voluntary assisted dying scheme.**

We believe that the VAD laws passed in all states since 2017 and the operation of VAD schemes for various periods in all states strengthens the case for the NT to have its own VAD laws.

In no Australian jurisdiction has there been evidence of the claimed yet false and deliberately overblown effects of VAD laws that were peddled at the various inquiries that led to the adoption of those laws.

The supposedly frightening consequences of legislating a regulated VAD scheme such as those we noted on pages 3 and 4 of this submission simply have not materialised.

The real and measurable outcome of such laws in all states has been the embrace of voluntary assisted dying by those already facing death but who now have an added option at the end of life. The uptake of VAD in all states in itself proves its value as a humane and now mainstream public policy.

CJG recommendation 10:

We support making VAD legal in the NT and urge the Committee to recommend the drafting of a VAD Bill as soon as possible and its submission to the Northern Territory Legislative Assembly for consideration by NT MPs.

Key question 2: What eligibility criteria should a person need to meet before they can access VAD?

VAD laws passed in all states and the ACT have similar eligibility requirements for anyone seeking access to VAD.

They require an applicant for VAD to be an adult (at least 18 years old) with a terminal illness or neurological disorder who has decision-making capacity, is acting voluntarily and without coercion, and meets specific residency requirements for the relevant jurisdiction.

State VAD laws contain eligibility criteria covering incurable conditions that are advanced, progressive, will cause death, and which cause intolerable suffering to the patient.

State laws then impose a time frame for a patient's life expectancy – six months in the case of terminal conditions, or 12 months for a patient with a neurodegenerative condition. In Queensland's VAD law a 12-month period applies to both.

We believe that the most recent VAD law passed by an Australian parliament – the Australian Capital Territory's *Voluntary Assisted Dying Act 2024* – improves upon those existing state laws by not imposing an estimated time frame for a patient's expected death.

By not imposing such a time frame the ACT law recognises the fact that medical practitioners themselves acknowledge that it is difficult to set with precision any time periods covering the rate of deterioration in the condition of a person suffering a terminal illness or progressive illness that will ultimately lead to their death.

It is not uncommon for some terminally ill patients to live far longer than an initial prognosis and doctors rightly caution against accepting such time frames as being absolute.

The 2022-2023 annual report of Victoria's Voluntary Assisted Dying Review Board summed up the reality of the situation when it stated: "It is recognised that prognostication is not an exact science."

We have advocated previously against the inclusion in state VAD laws of arbitrary time frames which we consider represent an unfair impost on medical practitioners as well as being a potential barrier to those seeking access to VAD.

There will always be individuals who are denied access to VAD by arbitrary time frames and who may end up suffering more if they deteriorate to a state in which they cannot proactively seek access to VAD.

We believe that the unrelievable suffering experienced by a person — either a terminally ill individual or one with a neurodegenerative condition — as determined by that person should be the overriding clinical criterion on which the timing of access to voluntary assisted dying should be based.

CJG recommendation 11:

We maintain that any NT VAD law should not further qualify by way of arbitrary prognosis periods the eligibility criteria for access to VAD by a patient who meets the accepted age, competence, and residential requirements mentioned above and who is experiencing intolerable suffering as a result of having been diagnosed with a terminal illness or neurological condition that on its own or in combination with one or more other diagnosed conditions that will cause their death.

There are similarities in the processes for patients seeking access to VAD outlined under VAD laws in each state and the ACT.

All states and the ACT have VAD processes that include assessments against specific eligibility criteria, the involvement of at least two medical professionals in assessing patients, requirements for those medical professionals involved in delivering VAD to be satisfied that a patient is acting of their own free will and without coercion, and requirements for patients to make separate and informed requests for VAD.

All such laws are designed to place the interests of the individual approved to access VAD at the centre of the process.

CJG recommendation 12:

We ask the Committee to recognise that the interests of eligible patients seeking to access voluntary assisted dying are paramount, and that any NT VAD law should broadly reflect the processes outlined in laws elsewhere in Australia, namely the assessment by two medical professionals of patients to ensure they are acting in an informed manner free from coercion, that patients make three informed choices to proceed with the VAD process, and that such provisions do not hamper or unnecessarily delay the process.

The key feature of eligibility criteria in Australian VAD laws has been a person's intolerable suffering as a result of terminal illness or neurological condition.

Naturally, these criteria would be evident in some applicants for VAD who have a disability or have experienced a mental illness. Such individuals should be able to seek access to VAD but not solely because they have a disability or a mental illness.

CJG recommendation 13:

We ask the Committee to recognise that that a physical disability or mental illness alone should not be sufficient grounds on which a person may seek access to voluntary assisted dying nor should they be used to refuse them the right to seek access to VAD subject to eligibility tests.

Key question 3: How could the NT make sure that an eligible person can access VAD in a safe and effective way, including people living in remote areas, and Aboriginal and Torres Strait Islander people?

The initial reviews already completed of the first years of operation of Victoria's and Western Australia's VAD laws have identified a need to make their states' populations more aware on their respective VAD schemes and the legal frameworks in which they operate.

Wider and deeper public knowledge of voluntary assisted dying and how a VAD scheme works can, in our opinion, help it work more effectively and safely as people would be more aware of their rights and obligations under the VAD law and regulations.

We suggest that the NT learn from the Victorian and WA experiences – which may well be repeated in other jurisdictions' reviews as they occur – and pre-empt any similar problems by conducting a major Territory-wide public information campaign in association with the development of training and accreditation systems prior to the start of any VAD scheme.

Such an effort should include specialised and targeted information campaigns for Aboriginal and Torres Strait Islander communities.

CJG recommendation 14:

We suggest that public information campaigns outlining the facts on voluntary assisted dying and how a VAD scheme works targeted at specific individual communities should be conducted across the NT in the lead-up to the start of any such scheme to ensure the lack of awareness noted by reviews in Victoria and WA is not repeated in the NT.

Use of telehealth

Given the geographic spread of the NT and its numerous remote communities, there is a real and urgent reason to address the Albanese Government's inexplicable failure to resolve a legal conflict between the Commonwealth *Criminal Code Act 1995* and state voluntary assisted dying (VAD) laws that is:

- causing problems for medical practitioners and health professionals,
- adversely impacting the delivery of VAD services, and
- causing unnecessary distress to terminally ill Australians.

Since the 2017 passage of Victoria's *Voluntary Assisted Dying Act*, all states and the ACT passed their own VAD laws and all states have since started delivering VAD services.

All state VAD laws – except Victoria's – explicitly state that VAD is not suicide, in line with its accepted legal status in other jurisdictions. But concerns have been held about a potential conflict with provisions of the *Commonwealth Criminal Code Act 1995* in relation to use of a carriage service – telephone, email, internet etc – when telehealth facilities are employed in discussing or assessing voluntary assisted dying (VAD) applications.

As a result there has been hesitancy among medical professional to engage with patients via telehealth channels to discuss VAD or progress applications seeking access to VAD under state laws.

The problems caused by not resolving the conflict between VAD laws and the Commonwealth Criminal Code have been highlighted by the independent VAD review boards in all states. We do not intend to canvass full details of this problem in this submission, but can provide additional details if desired by the Committee.

In short, the Albanese Government promised to resolve the problem that is affecting terminally ill Australians across the nation and those working to deliver VAD services. Yet in its first term the government took no action despite having the opportunity to do so through a simple Private Member's Bill proposed by the Independent MP for Curtin, Kate Chaney, which was allowed to languish.

With no action taken in its first term, the need for amending legislation is now more urgent than ever to remove problems facing terminally ill patients, their families and medical professionals, and those involved in delivering VAD services.

The current and seemingly ongoing – yet easily resolved – impasse should not be used as a reason to defer or oppose an NT VAD law. However we see a role for the Committee to highlight the legal conflict in its report and to urge action at the federal level.

It is not only states of larger geographic spread that are affected, since even VAD applicants and patients and their doctors in smaller states and even in capital cities may need to use telehealth services.

A VAD scheme in the NT will need to employ telehealth services, so a resolution of this issue as soon as possible is desirable.

CJG recommendation 15:

We urge the Committee to use its report to highlight the inexplicable failure of the Albanese Government to resolve the legal conflict between the *Commonwealth Criminal Code Act* and state and territory VAD laws and to urge the passage of a simple amending Bill to remove the current obstacles the conflict poses to VAD applicants, VAD patients, and medical professionals.

Aboriginal and Torres Strait Islander communities

In various Australian jurisdictions, opponents of voluntary assisted dying have attempted to block its adoption at the stage of parliamentary inquiries by alleging that Aboriginal and Torres Strait islander communities do not support VAD, and would be adversely affected by its interdiction by staying away from mainstream health services or facilities in which VAD is offered.

Typical was Catholic Health Australia which claimed in its submission to Queensland's initial parliamentary inquiry: "*VAD legislation is particularly dangerous for vulnerable members of the community including: the elderly and frail, marginalised groups such as non-English-speaking Australians, prisoners, homeless, mentally and physically disabled, those living alone without supportive families, and Aboriginal and Torres Strait Islander peoples. These groups face increased susceptibility to abuse, mixed messaging, misinformation, and pressure from others.*"

(See Page 52 – Report No. 34, 56th Parliament Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, March 2020)

Since the Queensland VAD scheme began its operations in January 2023 no evidence of such an impact on any of the groups mentioned including Aboriginal and Torres Strait Islander communities has been cited by the independent Queensland VAD Review Board.

As far back as 1996 when the Federal Parliament was debating legislation to override and overturn the NT's original VAD laws, claims were made that Aboriginal people were avoiding health facilities because of the mere existence of a VAD scheme.

The 1996 report to the Senate Legal and Constitutional Affairs Committee inquiring into the *Euthanasia Laws Bill* that scuttled the NT VAD laws considered evidence about the operation over the *Rights of the Terminally Ill Act.*

The report stated: "*The Northern Territory Government denied that there had been any decrease in the use of medical facilities by Aborigines, and provided the Committee with statistics in support of this assertion. This information related to hospital separations, emergency evacuations to hospital from remote communities and non-emergency travel to hospital under the Patient Accommodation Travel Scheme. No clear decrease was shown in relation to any of these categories since 1995.*"

(See paragraph in 5.65 on page 52 of the March 1997 report by the Senate Legal and Constitutional Legislation Committee, Consideration of Legislation Referred to the Committee – Euthanasia Laws Bill 1996)

We do not seek to dismiss nor diminish any negative perceptions of VAD currently held by some people in Aboriginal and Torres Strait Islander communities.

But we ask the Committee to note the efforts by VAD opponents to magnify anti-VAD attitudes – note solely within Aboriginal and Torres Strait Islander communities – in an effort to prevent the advent of NT VAD laws.

We also ask the Committee to note that such attitudes and concerns, once examined by cross-party or other inquiries elsewhere, did not prevent the recommendation of VAD laws by those inquiries, nor the drafting and enactment of VAD schemes in all states and the ACT to benefit the wider population in all of those jurisdictions.

CJG recommendation 16:

We believe that while some members of Aboriginal communities in the NT may hold views on VAD that prevent them personally supporting it, any such view by any individual or group should not be used as an excuse to withhold from the wider NT population the legislated right to seek access to VAD.

Victoria's mandated five-year review of its VAD scheme mentioned above included a stand-alone independent review conducted by a specialist Aboriginal-owned research and evaluation firm, Karabena Consulting, to ensure culturally sensitive consultations about the operation of the state's VAD Act took place with Aboriginal elders and community members.

In summary, the Karabena Consulting review found low awareness of VAD and limited tailored information and support for Aboriginal and Torres Strait Islander people and people from multicultural communities.

These findings reinforce the need for tailored information programs we suggested in our recommendation No. 14.

Conscientious objections

VAD schemes in other jurisdictions operate to protect the rights of patients but also to protect the rights of those who hold a personal objection to VAD which prevents them being involved in its delivery.

The conscientious objections of such individuals and entities must be respected in any NT VAD law as they are in laws elsewhere.

However, such objections must never be allowed to inhibit access to VAD for those who choose it as their preferred end-of-life option. In particular, medical professionals with personal objections to VAD must be required by any NT VAD law to refer patients seeking VAD to an alternative professional who supports the VAD process.

Similarly, entities hold a conscientious objection to VAD and who care for or house patients seeking access to VAD must be required by any VAD law to make arrangements for such individuals to have access to VAD.

CJG recommendation 17:

The Committee must recommend that conscientious objections to VAD are dealt with in the NT in ways similar to those in other jurisdictions to ensure no patient seeking access to VAD is unable to do so.

Key question 4: How could the NT monitor the process to ensure VAD is delivered safely and effectively?

A safe and effective NT VAD scheme can be achieved by following the lead of laws already operating or approved to begin operating in other Australian jurisdictions.

Such laws must balance the need to safeguard patient interests, but also protect those involved in the delivery of VAD services.

Training of health professionals and others

Once an NT VAD law is passed by the Legislative Assembly there should be – as occurred in other jurisdictions – a suitable period in which those health professionals seeking to be involved in the delivery of a VAD scheme can access information, training, and accreditation programs. This period in most states has been 18 months, but can be shorter as the Expert Panel concluded.

Naturally, such programs will need to encompass other individuals and entities such as organisations operating facilities accommodating people at end of life, even those such as faith-based entities not delivering VAD services but who still must fulfil specific obligations under a VAD law.

We suggest that the NT Government begin planning and preparations for delivering the required information, training, and accreditation programs prior to what we hope would be the parliamentary approval of a VAD law.

Such an approach could ensure that the period between the passage of the law and a VAD scheme's start of operation can be minimised.

We suggest that such a preparation process, especially the design of training programs, should involve the expertise available through the Australian Centre for Health Law Research (ACHLR) based at the Queensland University of Technology (QUT) in Brisbane which has been involved in similar projects elsewhere. *(See also page 10 of this submission)*

CJG recommendation 18:

We urge the Committee to recommend that the start of development of programs and materials for the education, training, and awareness of medical professionals and others to be involved in or affected by the delivery of an NT VAD scheme should begin in anticipation of the passage of a VAD law by the Legislative Assembly to ensure the timely start of operation of a VAD scheme, and that such preparation make use of the expertise available at the Australian Centre for Health Law Research (ACHLR) based at the Queensland University of Technology (QUT) .

An independent review board

All states and the ACT have incorporated into their voluntary assisted dying schemes an independent oversight board or commission comprised of suitably qualified professionals.

The VAD review boards, which vary in size among jurisdictions (a mandated minimum four members in Tasmania up to nine members in SA and Queensland) meet regularly to monitor the operation of VAD laws and the VAD scheme operating in their jurisdiction, and liaise with the government through their responsible minister.

In addition, all such boards review all completed VAD cases and publish regular reports on their findings in relation to the operation of their respective VAD schemes with most issuing half-yearly reports in the early days of their schemes and annual reports thereafter.

We believe it is important that VAD review board members are initially appointed to terms of differing lengths – staggered terms of sufficient length to ensure no loss of corporate knowledge , eg: it would be a distinct disadvantage to have all initial board members appointed for the same term, meaning they would all retire at the same time as would their replacements.

The composition of the boards generally reflect the social, cultural, and geographic characteristics of their jurisdiction and the people who work within or are treated by its health care system.

This characteristic would be important in the NT to ensure representation of Aboriginal and Torres Strait Islander and multicultural communities.

CJG recommendation 19:

We support the establishment of an independent voluntary assisted dying review board comprised of suitable qualified individuals as has occurred in other jurisdictions, with its members reflecting as far as possible the nature of the NT community, with the terms of appointment structured to ensure a reasonable maximum retention of corporate knowledge, and with the board having responsibilities similar to those in other jurisdictions to oversee and report on the operation of any NT VAD law and VAD scheme and

Regular reviews

Another way to ensure ongoing safety and effectiveness of a VAD scheme would be to have regular reviews of any NT VAD laws.

All states and the ACT have mandated an initial review of their VAD laws:

- Victoria – in the fifth year of operation (completed)
- WA – after two years of operation (completed)
- Tasmania – after three years of operation (October 2025)
- NSW – after two years of operation (November 2025)
- Queensland – after three years of operation (January 2026)
- SA – after the fourth but before the fifth year from start of operation (January 2027)
- ACT – after three years of operation (November 2028)

But existing VAD laws in only four jurisdictions require ongoing reviews of their VAD laws:

- WA – no more than five years after initial review
- Tasmania – every five years after initial review
- NSW – at intervals of no more than five years
- ACT – every five years after the initial review.

Since the completion of the initial review of Victoria's *VAD Act* the Victorian Government has proposed amending the Act to ensure ongoing reviews every three years.

We consider that regular reviews, preferably parliamentary reviews enabling public input, are essential to ensure Territorians are given opportunities to have an ongoing voice in the operation of a VAD scheme and its overarching VAD law and regulations.

We note recommendation No.21 of the Expert Panel which supported regular reviews of any VAD laws and stated:

> *The first review of the operation of the NT VAD legislation should be delivered as soon as practicable after the third anniversary of its commencement. After that, reviews should be conducted at five year intervals.*

We support initial reviews after three years of VAD schemes commencing operation, but suggest a five-year period between subsequent reviews following the initial review to be too long.

We believe all VAD laws should be reviewed at least every three years to enable them to more readily incorporate beneficial ideas from other jurisdictions, accommodate advances in medical science and treatments that may affect decisions by individuals considering seeking access to VAD, or to address in a timely manner potential problems that may arise within the operation of their schemes.

Three-year reviews would also optimise opportunities, where they arise, for the timely harmonisation of VAD laws across Australian jurisdictions.

We further believe that jurisdictions whose VAD laws currently do not provide for ongoing reviews should amend those laws to mandate three-yearly reviews.

We also see benefits in specifically stating in an NT VAD law that in addition to the operation and effectiveness of the law and any NT VAD scheme, ongoing periodic reviews should also consider eligibility criteria for scheme applicants.

CJG recommendation 20:

We urge the Committee to recommend that any NT VAD law mandates ongoing reviews every three years from the start of a VAD scheme, including a review of eligibility criteria, to ensure the timely assessment and possible incorporation of beneficial ideas from other jurisdictions, as well as to accommodate advances in medical science and treatments that may affect decisions by individuals considering seeking access to VAD, to take advantage of any opportunities to harmonise laws across jurisdictions, and to address in a timely manner potential problems that may arise within the operation of the VAD scheme.

Other VAD laws across Australia include a range of offences and associated penalties for actions including:

- wrongfully inducing a person to seek VAD
- falsifying VAD records or making false statements under VAD laws or regulations
- failing to fulfil reporting requirements
- handling or administering a VAD substance when not authorised to do so
- failing to return a VAD substance.

These and other offences are punishable under the various state and ACT laws by maximum jail terms of five or seven years depending on the jurisdiction.

We suggest these types of offences and penalties are instrumental in deterring wrongful actions and should be included in any NT VAD law.

CJG recommendation 21:

We urge the Committee to recommend the inclusion of appropriate penalties in any NT VAD law for offences similar to those already detailed in laws in other Australian jurisdictions.

We take this opportunity to again point out the need to resolve the legal conflict currently limiting the use of telehealth in VAD schemes detailed earlier, since telehealth is essential to the effective and efficient delivery of VAD services.

AVAILABLE EXPERTISE

We note the 23 July 2025 appointment as specialist legal advisor for the Committee's inquiry of Professor Ben White of the Australian Centre for Health Law Research (ACHLR) based at the Queensland University of Technology (QUT) in Brisbane.

In our view the ACHLR's end-of-life expertise is second to none and lead researchers such as Professor White and Professor Lindy Willmott have played key roles in the development and implementation of VAD laws across the nation.

In 2019 they developed and published a model voluntary assisted dying Bill that drew on the best features of laws around the world.

The Queensland Parliament's cross-party Health Committee in its inquiry into VAD recommended the White/Willmott model Bill as a starting point for the Queensland Law Reform Commission (QLRC) in its own inquiry.

That QLRC resulted in the delivery to the Queensland Government of a draft *Voluntary Assisted Dying Bill 2021* that eventually passed the Queensland Parliament without amendment in a bipartisan 61/30 vote in September 2021.

We applaud the Committee for accessing the experience and knowledge of Professor White and the ACHLR.

We believe that the White/Willmott model Bill, with any amendments deemed necessary following the Committee's inquiry, could form the basis of a new NT law on voluntary assisted dying.

By adopting such an approach the Committee could help advance the timeframe in which a VAD law could be drafted for consideration by the NT Legislative Assembly and hopefully passed to take effect from a date to be determined based on the need to ensure the training and accreditation of those to be involved in a VAD scheme's delivery.

CJG recommendation 22:

The Clem Jones Group recommends that the Committee adopt the model VAD Bill developed by QUT's Australian Centre for Health Law Research as a starting point for an NT VAD law which can ensure such a law and its associated VAD scheme can become operational in a timely manner following its consideration and hopefully its approval by the NT Parliament to take effect from a designated date.

TERMINOLOGY

In conclusion, we return to the history of voluntary assisted dying in Australia and the Northern Territory's landmark *Rights of the Terminally Ill Act 1995* sponsored by former chief minister Marshall Perron and endorsed by a majority of NT MPs to take effect from 1 July in 1996.

Unfortunately, in the nine months it operated before being struck down by a vote in the Federal Parliament only four people could use this pioneering voluntary assisted dying law.

To reinforce this history we believe any new NT VAD law should reflect the terminology of the 1995 legislation.

Other Australian jurisdictions have drafted and passed VAD Acts but they cannot claim the NT's history on the issue.

We believe that identifying a new NT VAD law with reference to the original 1995 law would be fitting.

Such a name would also reinforce the fact that the law applies to people already facing death who have the right to voluntarily choose the manner in which they die to avoid unnecessary intolerable suffering.

CJG recommendation 23:

We urge the Committee to recommend that any VAD law to be considered by the Legislative Assembly be called the *Rights of the Terminally Ill (Voluntary Assisted Dying) Bill* to cement the NT's pioneering role in the adoption and delivery of such humane and compassionate laws.