Submission for VAD Inquiry

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

I am opposed to of Voluntary Assisted Dying being introduced into the Northern Territory.

All human life has value. Whatever their age, state of health, ability or disability.

Politicians have a duty of care to **ALL** their constituents by providing first class health care, particularly palliative health care.

Assisting people to kill themselves is not health care.

Suicide prevention and Assisted suicide are contradictory terms. One tries to save lives, while the other encourages suicide.

There is the risk of cuts to Palliative Care budgets once VAD is introduced.

e.g. NSW in 2022 committed $743million for Palliative Care over 5 years, when VAD was legalized in 2023 the Palliative Care budget was cut by $249million, resulting in cuts to Palliative Care staff and services.

The number of people who might seek VAD in relation to the entire population of Australia will be in the minority. Therefore, the budget for Palliative Care in each state and territory should be greatly increased as a priority.

Concerns for me regarding VAD include:

Coercive pressure:

Elderly people made to feel guilty for being a cost/care burden to family or the nation.

Pressure from some families impatient to receive their heritance. As has happened in Europe.

Mentally ill people and People with disabilities being offered VAD to avoid the cost of their health care and associated ability aids required for their daily needs, regardless of their age.

Evidence from Victoria shows that since legalizing VAD, there has not been the expected drop in un-assisted suicide. There has been found to be a significant increase in total suicides, particularly with women, 64years and over.

Risk of unsupervised taking of VAD medication could put others at risk of accidental or deliberate death if it gets into the wrong hands.

We need to show our elderly and sick that they are still valued in society. The existence of this scheme will subconsciously send a message that they have nothing to offer society.

Aboriginal people will likely have worse health outcomes because of fear of accessing health services if this scheme exists. Children could be gravely at risk if they inadvertently take the VAD drugs.

e.g. In Queensland, a woman with cancer signed up for VAD however she passed away before the prescribed medication arrived. Her grief-stricken husband took his own life by taking the drugs prescribed for his wife.

Assisted suicide is not risk free and does not guarantee a 'good death'.

Drugs used are not approved and overdosing can result in unpredictable reactions including seizures, vomiting, regurgitation and regaining consciousness. Death has been delayed from one hour, to five days.

In Queensland, two recorded delayed deaths were extremely distressing for each of the families.

In Victoria, a person experienced a prolonged death after the oral dose did not work properly, it was recommended to use IV method to complete the process.

In the USA postmortems on prisoners on death-row who were executed by the IV method showed high levels of fluid retention in their lungs. There is no certainty that VAD patients will not suffer similar distress.

People do not lose dignity when they are in the last stages of an illness or a disease. They need to receive compassionate care in difficult situations. We respect people's dignity by caring well for them.

I personally have witnessed several close friends and family, die a natural death with extreme dignity.

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

Should VAD be introduced in the Northern Territory, people should be at least 18 years old.

People should be mentally competent to consent.

A mental health assessment must be conducted to rule out mental illness is causing the wish to die.

The patient is experiencing intolerable suffering in relation to a terminal diagnosis.

The patient has had access to adequate palliative care services for a minimum specified time.

Other support services have been offered as an alternative to VAD.

In all cases, family needs to be informed and consulted.

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.

Remote areas should be excluded as dying substances should not be allowed in remote communities.

Suicide is at epidemic proportions in remote communities causing great sadness and distress in many communities.

Question 4: How could the NT monitor the process to ensure VAD is delivered safely and effectively.

The oversite boards need to include multiple people who oppose all VAD to ensure adequate scrutiny, as these boards can often act as advocacy groups recommending expanded access to VAD. There should be representation from the Christian community and Aboriginal communities who oppose VAD for belief and cultural reasons.

All requests for VAD to be logged in online to ensure cooldown periods are being adhered to and not just being backdated.

All statistics and timeframes should be publicly available including misuse.