

Dear VAD Committee members,

I'll never forget my experience as a television journalist back in 1995, interviewing a senior palliative care nurse in Alice Springs. Although she wouldn't agree to go on camera due to her government position, she clearly told me *"there are **no circumstances** in 1995 that we cannot manage pain for those with a terminal illness"*.

That was 30 years ago. Much has changed in the suicide-by-euthanasia space since then, for one, the concept has even been watered down to "voluntary assisted dying". More importantly, we now have the benefit of three decades of hindsight, not just in the Territory, but worldwide. Surprisingly to some, even the most ardent jurisdictions have had pause for thought, if not second thoughts altogether.

The assessment of voluntary assisted death doesn't appear to have been an unbiased process in the Northern Territory right from the very beginning. Whilst having the best of intentions, Chief Minister Marshall Perron admitted later his motivation for promoting the legislation was for a personal concern for a close relative of his and (according to the Australian Nursing and Midwifery journal) his "own legacy as a politician". Hardly an objective view. Another extraordinary lapse of objectivity came in the cover letter from the "independent" VAD report to NTG last year it stated (précised here):

***"Although it is not within the Panel's Terms of Reference*** we believe ...  
... that there should be legislation to enable...a person to...  
access voluntary assisted dying in preparation for their end-of-life."

Hardly an independent or dispassionate opinion when a body openly exceeds its mandate in its final report to government. But of course, this is an emotive topic and as humans we find it hard to navigate the subject of VAD when it involves life and death itself. There is no more serious consideration in fact. Which is why governments around the world are gradually eliminating capital punishment understanding that the state should never have the right, whatever the circumstance, to take the life of one of its citizens. As a trifecta of sorts, it was recently announced that Professor Ben White, a long-term proactive supporter of VAD in many different ways, is now leading the legal advice to your committee and drafting legislation before you even report. While I'm sure it's not the case, all of this adds up to a perception of a "Yes Minister" kind of report. In other words, only ask the questions you need... to get the answers you want.

In a recent ADF blog (Frontline April 16) , Captain Lisa Wordsworth brought home how much a single life means to her, and to all of her ANZAC predecessors: *"It is precisely because military service deals in life and death that these values matter so deeply. Soldiers are trained to use force, but they are equally trained to weigh its consequences. Killing, when required, is governed by rules, ethics, and the constant awareness of its cost. This is what separates the soldier from the barbarian..."*

I would further suggest placing a high value on every human life is what separates us from civilisation and barbarism. It is no coincidence that individual lives have little value in countries like Iran, North Korea and Afghanistan.

Our Anzacs suffered an undignified death so we could live a dignified life.

So what have other Parliamentarians found who've approved this extremely serious legislation over the last three decades? Of course, as is often the case with society-altering law, many scoffed about the "slippery slope argument". "The Pandora's box". But were they right after all? Big promises are made about not just maintaining high levels of palliative care side-by-side VAD, but increasing it in fact. Self-Suicide levels were guaranteed to drop. Is that the experience here and overseas?

The US peer-reviewed research gate publication 282609275 found that "legalizing physician assisted suicide was associated with a 6.3% increase in suicides...and no decrease in non-physician assisted suicide."

In another peer-reviewed US paper quoted in Science Direct article S00114292122000551

"we find evidence that legalisation of assisted suicide is associated with a significant *increase* (my emphasis) in total suicides. The increase is observed most strongly for the over-64s and for women...In sum, we do not find any support either for the suggestion that legalising assisted suicide might reduce total suicides or that it will reduce unassisted suicides."

It would appear from the above that VAD makes suicide more acceptable to vulnerable people.

A report in the Bio Ethics, UK magazine, Professor David Albert Jones found that despite promises initial promises from government "countries and states where VAD is legal end up spending less on palliative care than jurisdictions that don't have VAD. For example:

Between 2012 and 2019 the four European countries with assisted death/suicide (Belgium, the Netherlands, Luxembourg and Switzerland) increased palliative care provision by 7.9%, while the twenty non-assisted death/suicide countries in Western Europe increased palliative care support by 25%.

In 2022, New South Wales committed to spend an extra \$743 million on palliative care over five years when VAD was legalised. However, in 2023 this decision was reneged on and the palliative care budget was cut by \$249 million in one year, resulting in cuts to palliative care staff and services. At the same time NSW provided \$97 million in new funding for VAD.

Does VAD guarantee a "good death". Not by any stretch compared to a controlled-pain death under palliative care services. Ingestion of a lethal substance does not ensure that death occurs quickly, peacefully and uneventfully. Oregon 'Death with Dignity' Annual reports show unpredictable time to death and unwanted effects including seizures, vomiting, regurgitation, and regained consciousness. Death may not occur in all cases. In 2023 half of the 67% of people with data available took more than 53 minutes to die, with the longest time to death being 137 hours (5.7 days).

In Australia no peer-reviewed outcomes are currently available, as would be mandatory for any other treatment. The 2022-23 Victoria Voluntary Assisted Dying (VAD) report mentions prolonged deaths after oral assisted suicide in neurological patients and suggests 'practitioner administered VAD' (euthanasia) would be preferable in these cases.

Medical evidence to a Queensland Coroner's investigation in February 2024 reported evidence of two delayed deaths that were 'very stressful for each family' since the VAD services started in January 2023. The Coroner's report states that 'various people have required the intervention of a health practitioner administering 'iv VAD dosage' to ensure the patient's death', thereby converting oral assisted suicide to euthanasia. These complications are not mentioned in the Queensland's VAD annual reports.

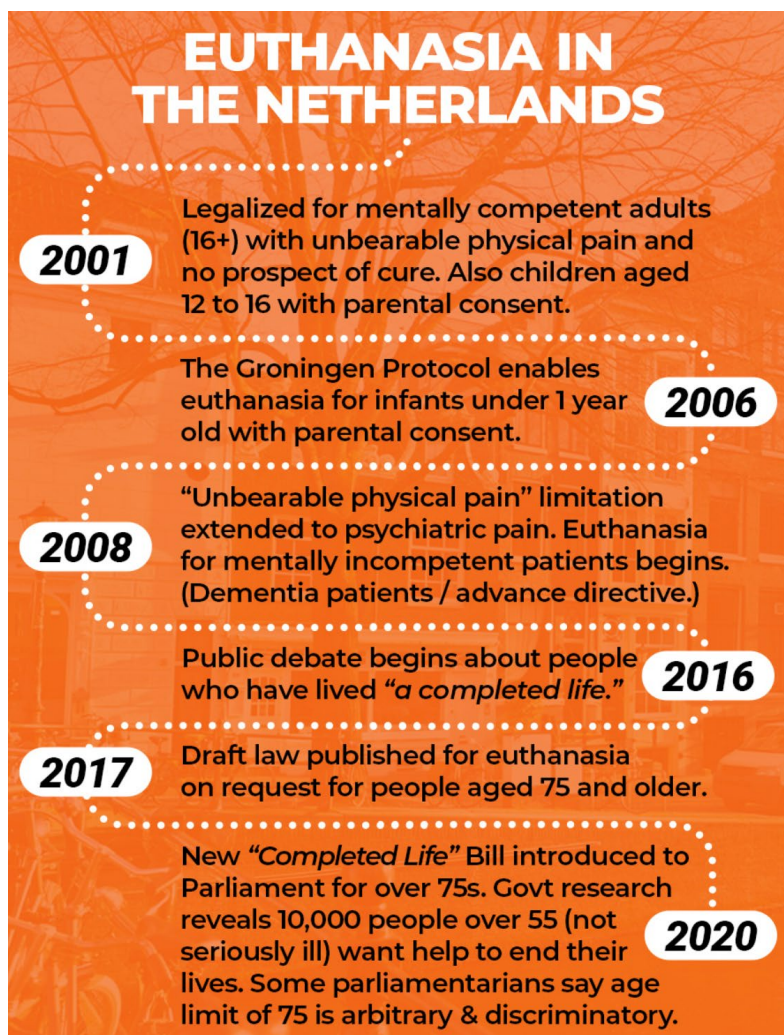
Further:

- the Oregon Health Authority annual report from 2020 shows that 53% of people opting for assisted suicide mentioned the fear of being a burden on family, friends or caregivers as a factor in their decision. The 2019 figure was 59%. This has increased from 25.4% in 2009.
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- Clinical evidence suggests that patients with chronic and terminal illnesses are vulnerable to depression and suicidal ideation, yet with care and support can be helped to value the time that they may have left.
- A review of involuntary euthanasia in Belgium by Raphael Cohen-Almagor was published in the Journal of Medical Ethics in 2015. It found that 1 in 60 deaths in Flanders in 2013 were physician-assisted deaths which had occurred without the patient's explicit request. 1.7% of all deaths. **This means that more than 25% of physician-assisted deaths were categorised as "Hastening of death without an explicit request from the patient."**

Are terminally ill patients mentally competent to make a decision on ending their life?

According to the Canadian Journal of pain and symptom management, volume 45, number 5 2013. "Psychiatric diagnoses are common in up to 50% of patients with incurable conditions. The Canadian National Palliative Care Survey found that 13% of palliative care patients had a diagnosis of major depression. When patients with mild depression, dysthymia, and other depressive disorders were included, the total proportion rose to 44%"

I could go on but perhaps the most convincing argument against "slippery-slope/pandora's box" being a fallacy is the fact sheet below from the Netherlands. If you take notice of nothing else from my submission I urge you to note this. The Netherlands also, of course, gave massive initial assurances of highly-limited use of VAD.



While I have no doubt the Finocchiaro government has nothing but the best of intentions on this, governments change, times change and today we have a very real opportunity to make a statement to the world about the NTs maturity as a jurisdiction, one about courageously leading and not following.

Just as the NT "led" the world with euthanasia it today holds in its hands the ability to correct the demonstrable errors of the past by leading the world *out* of the quagmire of VAD. Such a stance will not go unnoticed and will encourage a global revisiting of this crucial issue. It's time.

Finally in my view, as a principle, **no civilised government should have right to take the life of its own citizens**. No matter how it is dressed-up.

Sincerely, Christopher Tangey

August 14 2025.