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**Subject:** VAD submission  
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To whom it may concern,

Thank you for the opportunity to contribute to this important consultation on the possible introduction of Voluntary Assisted Dying (VAD) in the Northern Territory. I write with deep respect for the committee, aware of the sensitivity of the issues involved and the profound experiences of people facing end-of-life situations. My submission is not intended to diminish the pain or suffering that many experience, but rather to raise some significant concerns about the proposed legislation, and to urge careful consideration of safeguards and alternatives.

#### 1. Concern about the taking of human life

At its heart, VAD involves the intentional ending of a human life by means of a lethal substance. While this may be framed as an act of compassion, I am troubled by the normalisation of the deliberate taking of life as a response to suffering. Life itself is a profound gift, and to legislate for its active ending risks undermining the inherent value and dignity of every person, particularly the most vulnerable. We must be careful that in seeking to reduce suffering, we do not unintentionally erode the foundations of care and respect for human life on which our society is built.

#### 2. Conscientious objection provisions

If VAD were to become legal, it is crucial that strong and unambiguous provisions are made for conscientious objection. These provisions should apply both to individual healthcare workers and to entire institutions. Doctors, nurses, aged-care workers, and hospitals should not be compelled, directly or indirectly, to participate in or facilitate assisted dying if doing so conflicts with their ethical, moral, or religious convictions. This is not only a matter of protecting professional integrity but also of ensuring a genuinely pluralistic society in which different moral viewpoints are respected. A lack of clear protections could place undue pressure on healthcare professionals and institutions, undermining their freedom of conscience and their commitment to the principle of “do no harm.”

#### 3. Protection against elder abuse and disability discrimination

Elder abuse is already an under-reported and deeply concerning issue in our community. The introduction of VAD creates an added risk that vulnerable elderly people might be subtly pressured—whether financially, emotionally, or psychologically—into considering assisted dying, even when it is not their true desire. Similarly, people living with disabilities, whether physical or mental, may internalise a sense that their lives are less valuable or less worth living, particularly if VAD is presented as an option for them. For these groups, legalisation carries significant dangers of abuse and neglect, and I urge the committee to ensure that, at the very least, the strongest possible safeguards are established to protect those at risk of coercion.

#### 4. Inequity of palliative care access in the Northern Territory

Perhaps the most pressing concern in the Northern Territory context is the uneven access to high-quality palliative care. In many regions, particularly remote and Indigenous

communities, palliative care services are limited, under-resourced, or altogether absent. Without equitable access to the very best palliative and end-of-life care, the introduction of VAD risks offering people an illusory “choice.” It is not a genuine choice if one option (assisted dying) is readily available while another (comprehensive palliative support) is not. True compassion would prioritise investment in palliative care, ensuring that all Territorians—regardless of where they live—can receive the medical, emotional, and spiritual support they need at the end of life.

Conclusion

I urge the committee to weigh carefully the serious ethical, social, and practical concerns raised by the introduction of VAD. My prayer is that we reaffirm the dignity of every human life, protect the conscience of healthcare workers and institutions, safeguard the vulnerable against abuse, and address the inequities in palliative care access before considering legislation that would allow assisted dying.

Thank you for taking the time to hear these concerns. I trust that in your deliberations you will give full consideration to the voices of those who seek to uphold the sanctity of life while advocating for compassionate care for the suffering.

Regards,  
Joshua Kuswadi  
Rector  
St Peter's Nightcliff

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