

Purpose of this submission

The Pharmaceutical Society of Australia (PSA) makes this submission to the Legal and Constitutional Affairs Committee inquiring into the potential model and implementation of VAD legislation in the NT. PSA's submission is informed by the roles, expertise, professional practice experience and perspectives of pharmacists.

About PSA

The Pharmaceutical Society of Australia (PSA) is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 40,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists in helping Australians to access quality, safe, equitable, efficient and effective health care. PSA believes the expertise of pharmacists can be better utilised to address the health care needs of all Australians.

PSA works to identify, unlock and advance opportunities for pharmacists to realise their full potential, to be appropriately recognised and fairly remunerated.

PSA has a strong and engaged membership base that provides high-quality health care and are the custodians for safe and effective medicine use for the Australian community.

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists. PSA provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.

In the NT, there are approximately 252¹ registered pharmacists working in community pharmacies, hospitals, aged care facilities, Aboriginal Community Controlled Health Organisations, primary health networks, universities, government departments and agencies, and within other private sector organisations.

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¹ Pharmacy Board of Australia statistics Canberra June 2025 at: [Pharmacy Board of Australia - Statistics](#)

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Background about pharmacists

The practice of pharmacy is governed and supported by a comprehensive framework of legislation, and professional and ethical standards. PSA is the profession's standards-setting body and custodian of the *National competency standards framework for pharmacists in Australia*.² PSA develops, maintains and promulgates its own suite of documents, including: *Code of ethics for pharmacists*,³ *Professional practice standards*,⁴ *Clinical governance principles for pharmacy services*,⁵ and various guidelines to support professional practice activities and pharmacist-delivered health services. The pharmacist workforce is fundamentally committed to person-centred care, evidence-based practice, collaborative team care arrangements and quality improvement.

Pharmacists practise in a wide range of settings within health care, aged care and disability care. The accessibility of pharmacists as frontline healthcare professionals in the community provides significant value to patients, carers and the public. They support timely access to care and medicines, provide advice on public health information, deliver preventive health care including vaccinations to individuals, assist in improving health and digital literacy, and triage care and refer to other healthcare practitioners to facilitate the best possible care.

PSA is the custodian of the Code of Ethics for pharmacists. The current Code is currently under review and consultation with the profession but will continue to guide pharmacists in matters such as conscientious objection. Pharmacists who do not wish to participate in matters where they have an objection are required to ensure patients have information on how to access a pharmacist that can provide the support the patient requires.

PSA believes health services must not impede access to VAD at their services:

- Access to VAD should not be compromised
- The setting of care shouldn't be a barrier to a person's access to appropriate care for their health
- Clinicians should individually have a right to conscientious objection
- Clinicians who opt in or out of providing and supporting people's access to VAD should not be discriminated against. Health services should not assume or expect staff, including clinicians, to adhere to the same beliefs as the health service

² National competency standards framework for pharmacists in Australia. Canberra: PSA; 2016. At: www.psa.org.au/wp-content/uploads/2018/06/National-Competency-Standards-Framework-for-Pharmacists-in-Australia-2016-PDF-2mb.pdf

³ Pharmaceutical Society of Australia. Code of ethics for pharmacists. Canberra: PSA; 2017. At: www.psa.org.au/wp-content/uploads/2018/07/PSA-Code-of-Ethics-2017.pdf

⁴ Pharmaceutical Society of Australia. Professional practice standards. Version 6. Canberra: PSA; 2023. At: www.psa.org.au/wp-content/uploads/2023/07/5933-Professional-Practice-Standards_FINAL-1.pdf

⁵ Pharmaceutical Society of Australia. Clinical governance principles for pharmacy services. Canberra: PSA; 2018. At: www.psa.org.au/wp-content/uploads/2019/05/PSAClinicalGovernancePrinciples2018_FINAL.pdf

- People should not be prevented from accessing VAD in the place of their care whether this is acute, respite or residential care.

In primary care, pharmacists can be readily accessed through the network of more than 40 community pharmacies in the Northern Territory, and over 250 pharmacists. Additionally, there is an established outreach of pharmacist services through NT government contracted pharmacy services that have reach across the Territory. This is in addition to the highly trained hospital pharmacy workforce.

Response to Consultation Questions

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

VAD is a legal clinical option for some patients with intractable suffering towards end-of life in all other Australian jurisdictions. It enables dying in a place and time that can be chosen by that patient. In responding to this consultation, PSA focusses on the potential and likely impacts on the pharmacist and pharmacy technician workforce, the practicalities of delivering a VAD service for the NT population, and patient access if legislated. PSA's considerations are underpinned by:

- Consideration for optimised medicines management
- To ensure pharmacists' professional obligations are protected with adequate support to dispel those obligations

PSA supports a dedicated VAD pharmacy service that is co-located with a care navigator service. This prevents barriers to access to VAD, from:

- conscientious objection
- workforce capacity constraints
- fragmentation of care through an interdisciplinary care team.

PSA supports utilising current private pharmacy service providers to provide outreach support using a partnership approach with NT hospital pharmacy services. Any pharmacy service for VAD would extend beyond the supply, storage and disposal of the substance. Pharmacist professional and clinical expertise in ensuring optimal medicine management, deprescribing, education, absorption, family and carer education and that is complimentary to palliative care pharmacy services.

PSA supports requirement to return any used or unused substance to the VAD pharmacy. Considerations about environmental risk and public safety with inappropriate disposal of any medicine can be mitigated with a dedicated pharmacy service to appropriately return and destroy unused VAD substance and medicines that are no longer needed by a patient.

PSA supports the safe supply, provision of information and education, storage and disposal of the VAD substance by pharmacists as for all medicines. This includes the usual process requiring provision of a legal prescription and the relevant clinical and legal confirmation by the pharmacist prior to dispensing.

PSA supports the use of a locked box where the substance is supplied to a patient for self-administration. In the case of practitioner administered, the required substance is supplied directly to the administering health professional.

What are the benefits or challenges you see with a stand-alone VAD service operating separately from existing NT Health services?

Benefits

- Staff are recruited directly for the service and removes concerns for conscientious objection of existing workforce
- A stand-alone service enables a peer support and peer debriefing process within the service.

- A co-located team allows ability to plan together for service delivery. For example, when delivering the substance to a patient, the pharmacist may be accompanied by a health care worker or care navigator rather than a requirement for two pharmacists.
- Minimises the risk of coercion – either for or against access to VAD.

Challenges

- NT is experiencing severe workforce constraints for pharmacists. A recruitment strategy is essential to encourage more pharmacists to live and work in the NT.
- Pharmacists who deliver VAD services to eligible patients are currently not allowed to discuss or counsel patients on how to administer a VAD substance over a carriage service; this can only be done face-to-face. This is an issue for patients living remotely, or who have last minute questions they would like to ask before administering the VAD substance. The Commonwealth *Criminal Code Act 1995* needs to be amended so that patients may receive the appropriate clinical support needed, commensurate with palliative care patients who can access pharmacist support via telehealth, phone, and other messaging services.

What aspects of VAD legislation in other States or Territories do you think should or should not be adopted in the NT?

PSA supports the administration of the VAD substance by trained health practitioners including nurses, authorised health care workers and nurse practitioners following the independent assessment by two medical practitioners.

PSA does not support the “gag clause” that has been implemented in South Australia and Victoria. If legislated in the NT, VAD should be able to be discussed as any other legal clinical option for patients.

PSA supports a VAD service for NT residents with provision for those border communities or with connection to NT land or communities being able to access services in the NT. People should be able to access VAD aligned to their place of usual care.

PSA supports provision for local communities to determine local protocols under any Act.

PSA supports choice by patients for self or practitioner administration of the VAD substance.

PSA supports prognosis without time limits. In particular, a 6 month prognosis may restrict access in NT given existing constraints and barriers in accessing care.

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

PSA supports eligibility criteria that are consistent with other jurisdictions noting the proposed criterion of 12 months prognosis for life expectancy is consistent and workable in an NT context. However, the concept of “not having suffered long enough”, when the diagnosis of a life-limiting condition may cause suffering itself in a way that is intractable for that person and may be emotional and existential suffering that is unable to be treated by traditional means including the use of medicines.

PSA supports continued access to palliative care services with all patients seeking access to and information on VAD also supported by palliative care services. This includes access to pharmacist care to optimise medicine management.

PSA remains concerned the requirement for a diagnosis of a single condition, disease or illness that is likely to cause death. With multiple co-morbidities, there may be no one single diagnosis likely to cause death in the time frame but co-existence of more than one may do.

PSA supports the recommendation that people should be aged 18 years or older to access VAD in the NT.

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

PSA supports the use of telehealth. Without access to telehealth, patients, carers and health professionals are limited in ability for subsequent consultation and clarification relating to the use of the substance. Pharmacists are unable to provide support other than face to face.

PSA supports funding the provision of VAD, including fair and equitable remuneration for all health professionals and healthcare workers in any VAD service noting there is no current MBS item applicable for VAD.

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

PSA supports a mechanism to retrospectively review the decisions made by participating health professionals regarding patient eligibility. Any review must be conducted in a fair and robust way that provides clear guidance and feedback for practitioners.

PSA supports a complaints mechanism that is clear, transparent, sensitive and rapid to minimise further distress through lengthy deliberations and investigations.