As I understand it ......

In May 1995 the Northern Territory Legislative Assembly passed the *Rights of the Terminally Ill Act 1995* (NT), becoming the first jurisdiction in the world to legislate for assisted dying. The provisions in this Act spanned only 21 sections and were published in nine pages. They permitted a medical practitioner who, having received a request from a patient with a terminal illness, experiencing unacceptable pain, and suffering or distress, to terminate that patient's life. There were of course, provisions that acted as safeguards. Between Sept 1996 and March 1997 four people were assisted to end their lives in line with the provision of the Act. There were to be no more. In March 1997 the *Euthanasia Laws Act 1997* was passed which effectively dismantled the Northern Territory law. Since that time there have been more than 40 attempts to enact legislation permitting those suffering with a terminal illness to choose when they die. The number and frequency of Bills that have been proposed suggests that assisted dying is a practice of importance to the Australian community.

https://www.abc.net.au/news/2022-12-02/territory-rights-bill-nt-voluntary-assisted-dying-next-steps/101722436

A panel undertook extensive public consultation between August 2023 and April 2024 to hear Territorians' views on how potential VAD legislation should be developed and implemented. This was guided by five community discussion guides and one clinical discussion guide. This consultation process included: an online survey, receiving **1,396 responses; 98 written submissions,** public community forums, stakeholder round tables and meetings with topic experts, including **56 organisations.** The panel prioritised engaging with Aboriginal and Torres Strait Islander Territorians and organisations, as well as rural and remote stakeholders. They conveyed a strong body of opinion, expressed during the consultation period, that **there should be legislation to enable a person,** whilst they still have capacity to express in an advance personal plan/health directive, a wish **to access voluntary assisted dying in preparation for their end-of-life.**

The stated purpose of yet another Consultation Paper, issued in July 2025, is to seek further input on the potential model and implementation of VAD legislation in the NT as proposed in the 2024 Expert Panel Report. Part 2 of this Consultation Paper provides an overview of the recommendations made in the 2024 Expert Panel Report, other issues for consideration, and specific questions for the NT community's response. In summary, this Consultation Paper seeks input on:

a) whether citizens support legislating VAD in the NT;
b) views on the recommendations made in the 2024 Expert Panel Report; and
c) any other issues thought relevant for consideration by the Committee.

Response to a).

There is no doubt that approximately three-quarters of Territorians supported introducing voluntary assisted dying. When the Expert Advisory Panel released its final report in July 2024, 73% of the NT population agreed with the proposal. Source: Page 25.
It is very difficult to gauge the opinion of the 30% of the population that are Aboriginal. People that live in rural and remote communities, because of limited ability to read and write, often treat such proposals as distinctly "white fella bisnis" - and the people conducting the surveys as "white cockatoos" - *they fly in, make a lot of noise, shit all over the place and fly out".*

Page 18: Questions for consideration.
- How could a VAD system be built in a way that is respectful and sensitive to past experiences and trauma of Aboriginal and Torres Strait Islander people if there is support for VAD in the community?
- How can Aboriginal and Torres Strait Islander people be involved in designing how VAD works in their communities? What avenues are there to create ongoing conversations or partnerships to ensure the VAD system is culturally safe?
- How can communities report concerns or feedback in a culturally safe and confidential way?
- What information and support do health workers need to better understand and respect different cultural beliefs about illness, dying and end-of-life care?

All suitably addressed in Appendix 9.

Response to b).

Now it is understood that there are lots of Government employees to keep busy, and that one way to accomplish this is to keep kicking so called 'consultation' down the road, but this whole process has gone too far. Is not nearly 400 survey responses, almost 100 written submissions, and 56 meeting with concerned citizens not enough? What's next? Has a precedent been set that it need another decade or so to sift through the mass of data that has been collected in more than 40 attempts to to enact legislation permitting those suffering with a terminal illness to choose when they die?

Response to c).

IMO the most obvious deficiency of the process is the lack of emphasis on the V in VAD. Those citizens that have English as a second language [including many Aborigines] could mistake much of the verbiage in both the 2024 and 2025 documents as a proposal to 'IMPOSE' assisted dying rather than allowing a choice when to die. Any legislation should be couched in very simple terms leaving no doubt that VAD is a choice: the affected person chooses [preferably in an Advanced Health directive]; the medical staff involved can opt out of the process without penalty; and the state will apply a very light touch in terms of the administration of the law.