

11 August 2025

Legal and Constitutional Affairs Committee
Legislative Assembly of the NT
email to LA.VAD@nt.gov.au

Dear Committee Members

Submission to Consultation Paper, Voluntary Assisted Dying (VAD) in the Northern Territory

Please accept my submission based on the Consultation Paper's Key Questions, as follows.

1. Do you support making VAD legal in the NT?

Yes, absolutely yes.

When I was a registered nurse who specialised in medical nursing, I nursed hundreds of patients who experienced painful suffering in their dying weeks. Whilst medical and nursing staff gave all the care we could, there are limits to how much medicines and therapies can alleviate pain or support dignity. By the latter I mean, for example, the humiliation of having faecal incontinence with nurses having to regularly clean the patient. I often hear people say that palliative care is enough for people who are terminally ill and that may be the case for many people. But my experience is that there are also many people for whom palliative care is limited in being able to make them pain-free or have a tolerable quality of life.

Another reason why I support VAD is because the effect it has on carers. By carers I mean family, friends, or nursing staff. Despite many decades passing, I still remember the angst I experienced in having to give a patient frequent injections of morphine to relief his suffering except it would only work for about 15 minutes. Because his body was in shut-down and he was extremely emaciated, his skin was tight across his body which meant having to somehow bunch up the skin for injections. The needle would hit his bone and the fluid would swell up within the thin skin so I would gently massage the area to encourage the drug to infiltrate his blood system. Having these injections was an added painful experience to his terminal throat cancer for which he had already had extensive surgery to remove his larynx, most of his lower jaw, and tongue. His suffering for the last weeks of his life was cruel and the memory of it will never leave me.

I have lost count of how many patients I nursed who begged to be free of the pain and suffering, or if they were non-verbal, I could tell by the look in their eyes. Not being able to adequately alleviate their suffering has had a life-long impact on me, so too family and loved ones of those patients.

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

Age:

The 2024 report recommended the minimum age for accessing VAD to be 18 years and I understand this is also the case in interstate jurisdictions. In my time as a nurse in the NT I saw some patients aged around 16 diagnosed with aggressive cancers who experienced shocking pain and decreased quality of life, and they eventually had painful deaths within a few years. Limiting

the age to 18 would take away these peoples' right to choose. I think there should be no age limit with, instead, a focus on the quality of life in relation to their illness.

Residency:

I agree eligibility should be restricted to Australian citizenship and residency in the NT. Of course, a national VAD law would remove the need for people who live close to the NT border having to go through bureaucratic hoops for exceptions when they have more pressing matters to consider.

Eligible conditions:

As per recommendation 10 of the 2024 report, I agree with these conditions: 'incurable, advanced and progressive causing suffering that cannot be relieved in a way considered tolerable by the person' (page 21 of 2025 Consultation Paper). However, I find it problematic to put a time period on how long a person may survive with a condition. Saying that an eligible condition should be that the illness 'is expected to cause death within 6 or 12 months' is limiting. No doctor can give a definite time for life expectancy. What if a person agrees to VAD, then survives 12 months plus one day? Does that mean their VAD application becomes invalid? Whilst terminal illnesses are common, the experience of each person inflicted will be unique. During my time as a nurse it was common for doctors to not give a life expectancy time period, rather they would say something along the lines of "get your affairs in order now" or "you may have more time to live but not much". Being vague can actually be beneficial to a patient as they are not 'calendar-watching' although I know other people do want to know a time limit.

Decision-making capacity:

I agree that a person must have the capacity to make an informed decision about VAD but not necessarily throughout the period of their illness. I am referring specifically to people with dementia. For the last 11 years I worked as a home support worker specialising in dementia-care for people in their homes. The agonising progression of their disease is despairing not only to the person but to their loved ones as well. However, I understand the issues that VAD can raise and I am keen to follow the proposals for Advanced Directives as mentioned in the 2025 Consultation Paper. Let's just get VAD implemented then work on providing amendments that are suitable for people with progressive cognitive disease.

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?

It is well recorded that remote communities are burdened with ill-health. I can completely understand an Indigenous person's unwillingness to be transferred to a major hospital knowing that VAD exists. There must be comprehensive education to explain what VAD is and what it is not for people in remote communities. Cultural safety principles will be a must. As well, the law should include mechanisms for Indigenous people who wish to access VAD but remain on their home country during the procedure.

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

I agree with the 2024 report recommendations that VAD assessments can only be conducted by medical practitioners who have been appropriately trained and who hold certain qualifications. I do not feel that I am knowledgeable enough to be able to state exactly what that training and

qualifications should be so I would refer those matters to others more knowledgeable. This also applies to the Consultation Paper's comments regarding discussions with patients about VAD by health practitioners, the process of administering substances, oversight and review. All I will say is that it is crucial the person is fully informed about the process and their options (which must include trained interpreters if necessary).

5. Other issues.

Religious views:

I often hear comments from religious groups or individuals vehemently opposed to VAD. The Church should have nothing to do with VAD as it is completely a matter for the individual person and their health practitioners. If a religious person does not agree with VAD then that is their prerogative but they have no right to force their views on other people. The important factor in VAD is the first letter - it is Voluntary. Religious beliefs must have no place in State matters.

Appeal to NT Government:

I would like to make comment on the fact that the NT was the first jurisdiction in the world to pass the ground-breaking VAD law *Rights of the Terminally Ill Act* in 1995. So often the NT is belittled and derided but that was a moment when we led the way. I was proud of the then-government's actions but I have been disappointed in the current CLP government's dismissive attitudes. Every other Australian jurisdiction has been bold in passing VAD laws. Let the NT Government again show compassionate care for Territorians in a time of their greatest need.

Act title:

Finally, leading on from the previous paragraph, I recommend retaining the expression 'rights of the terminally ill' as the title of a VAD law as that strengthens the focus on to the person. It is their right to choose and using the term 'rights' is a self-empowering statement. This would deflect criticism away from 'voluntary assisted dying' which could have a negative connotation, rather, it is focused towards a person having control over their end of life experience. This reflects contemporary policies and principles of people's rights in the health sector.

Thank you for considering my submission.

Yours sincerely



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(address not for publication please)