

VAD for NT

I wish to submit my experiences and thoughts re VAD to the NT Enquiry

I, Norma Mary Jamieson, 84 years old, [REDACTED] wish to confirm my long held views re personal quality of life and VAD.

My background is of Methodist/UCA upbringing, with my farming family of 2 younger siblings, living on a farm in rural Tasmania during/post WW2. Education was basic to year 12, 3 years general nurse, then general practice with my Scottish GP spouse, Gordon. When Gordon died in 1980, I returned to midwifery training as I had 2 teenage children to support, followed by 1 year maternity nursing, followed by 2 years community nursing.

My father developed prostatic cancer and relocated to my home, along with my Mother. Challenging times, as my Father rapidly developed the terminal phase of cancer. He constantly begged "let me die. If I had access to my gun I would shoot myself", (the old farmer caring for his terminal animals). This situation was untenable for my family, Father was eventually admitted to a local hospital to die. He had a morphine drip for pain relief, @20 drips per minute. The rate dropped to 2-3 drips, I was on standby and returned the drip rate to 20 per minute. Father died peacefully 1 hour later. We all thanked God, for pain relief and peace. This was 1983.

In 1984, I was so determined that people should have a choice in their dying process, that I opened a respite service, funded by the local region in NW Tasmania. Very succesful and fully supported by the local medical fraternity/hospital. I had become aware of the Scottish proforma of Advance Care Directives, and promptly drew one up for myself and General Practice.

In 1990 local interest groups wished for more information re Voluntary Euthanasia, so in 1994 I became the president of the VEST, Voluntary Euthanasia Society Tas. And have maintained an interest ever since. The afore mentioned is as background to the development on VAD in Tasmania, even though I was no longer on the committee.

One of the challenges, and there are many, is that Governments always want to regulate/bureauratise. For example one must have a relavent relationship with a GP. GPs are in scant supply in Australia, particularly rural Australia.

Advance Care Directives are available for entry into nursing homes, hospitals etc., however, staff are not well versed in their use and the document languishes in the back of the patient's notes. Individual staff from varied backgrounds do

[REDACTED] 13/8/25

not always feel comfortable with patient wishes, thus "leave it with the oncoming staff" to deal with. Pneumonia used to be "the patient's friend", in terminal care, but not any more, with antibiotics and other medication being given instead. Cultural differences are always challenging and Northern Territorians are no exception.

An Advance Care Directive should be simple, clear instruction/s of an individual's fully expressed/written wishes, in a given set of circumstances, made when of sound mind, after careful consideration. If unable to take part in current decision/s concerning their medical care, due to physical or mental incapacity, and in the event that they develop one or more the conditions listed, and in the event that 2 independent physicians/practitioners conclude there is no prospect of recovery, do hereby declare as follows; list whatever is the individual's informed decision. Could also include bodily organs for donation details.

I respectfully submit my thoughts for your consideration and wish you well in you deliberations. An important direction for the future of Northern Territorians. I leave the legislative structure to your informed government.

Yours sincerely, Norma Jamieson

[Redacted signature area]

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[Signed Norma Jamieson] 13/8/25