

To those considering VAD legislation in the NT

Name: Umberto Villa

Here are my replies to your consultation questions:

1. I do not support making VAD legal in the NT.

VAD will further lower the moral standards of our society by accepting the idea that human life can be disposed of when it no longer meets certain arbitrary criteria of usefulness or enjoyment.

Attaching any kind of conditions to the value of human life renders the latter vulnerable to dangerous attacks which ultimately follow the same logic that was at play in past historical events such as the Nazi concentration camps.

On the contrary, our civilised society should value human life in any conditions as intrinsically valuable and should encourage and support citizens to do the same for our common good, even when life is difficult, unpleasant or unproductive.

I wish to propose the societal value of the arts as a similar concept, since artwork is something that we still universally value and recognise as a defining feature of being civilised. We consider the beauty of art as intrinsically valuable even if a given work of art may not be appreciated by all individuals or even the artist who created it. Despite this lack of universal appreciation, we still preserve works of art in museums because there could always be people who might appreciate them and because the beauty of art – despite its apparent uselessness – shines meaning into people's lives.

Just as a civilised society cherishes art, it should also cherish its citizens' lives without any caveats. Providing avenues for self-disposal when certain conditions are met is instead a regression into past historical horrors.

2. There should be no eligibility criteria. Establishing eligibility criteria entails defining how much a life would be worth living. It is a dangerous and arbitrary exercise that turns people into objects onto which a price tag can be attached.
3. Creating a government-run system to enable personal self-destruction is intrinsically unsafe. It is also culturally unsafe for Aboriginal people. Moreover, it is geographically unsafe, as terminally ill patients living in remote locations and doubting the value of their own lives have a primary need for rediscovering life's meaning through local human and spiritual supports which should be made available to them rather than having means of suicide delivered to their doors. Furthermore, imposing the practical burden of VAD implementation on NT health professionals and requiring conscientiously objecting practitioners to make mandatory referrals for VAD is professionally degrading and coercive.

4. Should the NT government still decide to advance on this path of societal moral regression it should at least monitor the process by auditing VAD cases to identify which factors contribute to people's decisions to take their own lives and implement effective support interventions to prevent further cases of VAD across the NT and aim for 'net zero VAD'. Moreover, the NT government should monitor its local healthcare system to prevent and correct unjust professional discrimination perpetrated against healthcare professionals who conscientiously object to being involved with VAD at any level.

Thank you for considering my submission

Umberto Villa