

The committee convened at 10.39 am.

**INQUIRY INTO VOLUNTARY ASSISTED DYING**  
**Open Session and Discussion with Community – Numbulwar**

**Mr DEPUTY CHAIR:** I want to start by thanking you for inviting us onto your country, and I acknowledge all the elders who are here, the elders in the community and the young ones coming up. My name is Matthew Kerle. I am a member of the Northern Territory parliament. I represent Moulden, Woodroffe and Bellamack in Palmerston.

**Mrs CARLSON:** My name is Oly Carlson. I am the Member for Wanguri. The three suburbs are Wanguri, Leanyer and Muirhead, next door to the Royal Darwin Hospital and Casuarina shopping when you go to Darwin.

**Mr PATEL:** I am Khoda Patel, the Member for Casuarina, where the hospital is. It covers Casuarina shopping centre, Nakara, Tiwi, Brinkin, Muirhead, Lyons and Lee Point.

**Mr DEPUTY CHAIR:** We are here today to talk about voluntary assisted dying—VAD.

**The INTERPRETER:** [Non-English spoken.]

**PAMELA LALARA:** That is how people are dying when they ...

**Mr DEPUTY CHAIR:** It is all those things, so anything you want to share with us, we are happy to hear. I will finish this, and then we will start talking.

VAD is when someone is very sick and going to die, and they are in a lot of pain and want to finish up. They go to a doctor who gives them something and then they finish up. Okay? That is what we want to talk about today and other things as well. We know this is a very hard subject—very difficult—so if anyone needs to take some time, that is okay. If you want to take a break, that is okay. We have some support services which we can share if you want.

**The INTERPRETER:** [Non-English spoken.]

**Mr DEPUTY CHAIR:** We want to record this meeting, so we make sure we get what you say right. We do not want to make any mistakes because this is very important. The records of the parliament are public for the people, so what we say today will be written down. If you say anything that is secret or you want to keep private, just tell us and we will make sure that bit is private.

**The INTERPRETER:** [Non-English spoken.]

**Mr DEPUTY CHAIR:** It will be public, but if they want to keep something private, tell us that bit.

**The INTERPRETER:** [Non-English spoken.]

**Mr DEPUTY CHAIR:** Is it possible for people to just say their names for the people who are listening? Is that okay? Just say their names.

[Multiple people speaking.]

**Mr DEPUTY CHAIR:** Bellama Anagua, Guyumayag Nyalmi, Nanette Murrungun, Kevin Murrungun, Pamela Lalara, Mawungumain Nundhirribala, Margaret Mirniyowan, Wulja Nunggaragal, and you are Rita.

If we could just begin, what is the healthcare like here in Numbulwar. Do you have a clinic?

**The INTERPRETER:** Yeah. We do have a clinic. Sometimes they come when—normally here, and when the time comes at the aged care ...

**Mr DEPUTY CHAIR:** At the aged care, they check on everyone? Yes.

**The INTERPRETER:** Yeah, they check on everyone. They give them lunch.

**Mr DEPUTY CHAIR:** Is that a doctor, a nurse or both?

**PAMELA LALARA:** Both.

**Mrs CARLSON:** Do they live here or come on a plane every couple of weeks?

**The INTERPRETER:** No, they live here.

**Mr DEPUTY CHAIR:** They live here? You are lucky; that is good.

**The INTERPRETER:** These people are here. They are all ...

[Non-English spoken.] [Multiple people speaking.]

**The INTERPRETER:** That is my mum.

**Mr DEPUTY CHAIR:** That is your mum?

[Multiple people speaking.]

**Mr DEPUTY CHAIR:** That is good; thank you. Rita, is it possible that when people talk, if they want to speak in English, just say their name and then what they say. It will help.

**The INTERPRETER:** Sometimes there are hearing problems. My mum does.

**Mr DEPUTY CHAIR:** Yes, that is okay.

**The INTERPRETER:** And the old lady and my aunty. A couple of these old people do not hear properly.

**Mr DEPUTY CHAIR:** That is all right. Keep talking about the healthcare.

**Mrs CARLSON:** Tell us about the healthcare; how does it work here? When you get sick, do you go see the doctor?

**The INTERPRETER:** Yes.

[Multiple people speaking.]

**Mrs CARLSON:** Is the clinic open all the time?

**PAMELA LALARA:** Yes. When people are sick they get the doctor or nurse, and they come and check the person and take them to the hospital.

**Mrs CARLSON:** Fantastic.

**Mr DEPUTY CHAIR:** That is good.

**The INTERPRETER:** Sometimes, these old people when they get there are they are up to date with their medications and appointments, they go and pick them up at their houses. The nurses check on the referrals of the ladies' documents and they go and pick them up, check them out and do everything with them.

**Mr DEPUTY CHAIR:** That is good. So, this is the aged care here. This looks amazing. This is one of the better ones we have seen so far—maybe the best aged care we have seen so far. What do you think?

**Mrs CARLSON:** Is it a good one?

**The INTERPRETER:** Yeah, it is good. They support the old ladies. From my point of view and what I see, these old ladies get best care; it is very nice. Even though they have feed in the house, the respite gives them freedom as well. They get breakfast and lunch.

**Mr DEPUTY CHAIR:** Yes. Do most of the people live here or they live in their house and then get respite here?

**PAMELA LALARA:** They live in their houses and then they take the lunch and—yeah.

**The INTERPRETER:** I was thinking they should build a big house so they can ...

[Multiple people speaking.]

**The INTERPRETER:** Yeah, they can stay there and chill out with the ladies, and the old people can spend time getting along together.

**Mr DEPUTY CHAIR:** Like a bigger version of this?

**Multiple speakers:** Yes.

**The INTERPRETER:** Because it is a little chock-a-block.

**Mr DEPUTY CHAIR:** Yes. For the recording, we are all pretty close in here.

**Mrs CARLSON:** So, you want the service expanded.

**Multiple speakers:** Yes.

**The INTERPRETER:** Actually expanded and make a place where can see the old people, you know? They can see each other and talk to each other because they are families.

**Mr DEPUTY CHAIR:** So, a bigger aged care where people can—old people can stay.

**The INTERPRETER:** Yeah. They need a big building so people who are really sick can stay there. If they do not like staying in their old house, they can stay at the aged care, have little break and have a shower.

**PAMELA LALARA:** They can chill out with them. They can look after them and take them back home.

**Mr DEPUTY CHAIR:** Yes. So, when someone gets really sick in community, what happens then? Do they have to get flown to Katherine?

**The INTERPRETER:** Yeah. They go to the hospital.

[Non-English spoken.]

**Mrs CARLSON:** Do you like going to Katherine? How does that make you feel?

**The INTERPRETER:** Sometimes, they do not like going to Katherine, you know. Because when they are old, they do not like it.

**Mr DEPUTY CHAIR:** Too many people in Katherine, yes.

**The INTERPRETER:** It is not good. They do not feel confident with white people. They would love to stay home and die in the house with families.

**Mr DEPUTY CHAIR:** On that, can I ask a question? What does it look like—if you imagine a good way for someone to finish, like an Aboriginal person—a cultural person—what is a good way to finish up? What does that look like?

**PAMELA LALARA:** We finish up—I am maybe 50, 51 or 52, and I want to get to an age like my husband's mother who passed away when she was old. Some of them die at a young age; I do not know why.

**Mrs CARLSON:** Do you know anyone in the community who has been sick before with cancer or renal problems?

**Multiple speakers:** Yeah.

**PAMELA LALARA:** Some people, like me, I get (inaudible).

[Non-English spoken.]

**Mr DEPUTY CHAIR:** Does she want to say something?

**The INTERPRETER:** No, she is talking to me.

**Mr DEPUTY CHAIR:** Okay.

**NANETTE MURRUNGUN:** I cannot hear you.

**PAMELA LALARA:** She cannot hear me when I talk to her, and she gets cranky with me. I am her daughter-in-law.

[Non-English spoken.]

**The INTERPRETER:** Can I speak to them? And I ...

**Mr DEPUTY CHAIR:** And then translate back, yes.

**The INTERPRETER:** [Non-English spoken.]

I told them that they need to go to the hospital and say they need a hearing doctor, then she can go there and get a hearing aid.

**Mr DEPUTY CHAIR:** Yes. Does anyone have a story of someone who has finished up on community and it was in a good way? Say they had cancer or kidney disease—what is a good way to finish up?

**The INTERPRETER:** [Non-English spoken.]

**Mrs CARLSON:** So, if they were sick and the doctor could not give them any more medication to fix them, did they have enough time to come back on country and finish up?

**The INTERPRETER:** Yes. They come back and die with their families. My little sister—younger sister—she died of breast cancer. I used to take her up to—I stayed in Darwin for one year and five months in Katherine doing chemotherapy, and finally I took her back and she passed away here.

**Mr DEPUTY CHAIR:** When she passed away, was she at the house?

**The INTERPRETER:** Yes, at the house with her family.

**Mr DEPUTY CHAIR:** So, all her family was around her?

**The INTERPRETER:** Yeah, and they get all the family there involved with the dying person and support each other.

**Mr DEPUTY CHAIR:** What did the clinic do? She was at the house ...

**The INTERPRETER:** They go to and fro, visit the sick person and talk to the families.

**Mr DEPUTY CHAIR:** Did they give her something for the pain?

**The INTERPRETER:** Yeah, they give them something for the pain through the drip and make her go to sleep. That is what they do.

**Mrs CARLSON:** Did you have any trouble in asking to bring your sister back to country?

**The INTERPRETER:** Yeah.

**Mrs CARLSON:** It was not easy?

**The INTERPRETER:** Yeah, I told them she will not die anywhere else and she could go back, because our mum is still alive. I took her back, and she passed away in front of her family.

**Mr DEPUTY CHAIR:** Did they give her a special bed?

**PAMELA LALARA:** No, not a bed; they take only a blanket.

**The INTERPRETER:** They do not get a special bed. The family buys them and then they make them stay in the house.

**Mr DEPUTY CHAIR:** Okay, and you said that the doctor gave them pain medication to let her ...

**The INTERPRETER:** Yeah, I know what it feels like. It is a sort of medication when we have too much pain when we are dying; they give us morphine.

**Mr DEPUTY CHAIR:** And was that to let her—go away?

**The INTERPRETER:** Yeah, makes the pain go away and makes her go to sleep.

**Mrs CARLSON:** Clear the pain, yes.

**Mr DEPUTY CHAIR:** And then there were cultural things that had to happen once she finished up?

**The INTERPRETER:** Yeah, when a person dies we have cultural things and stuff like that, you know?

**Mr DEPUTY CHAIR:** Yes, and people have to come and do ceremony with the body. Yes, there is a lot of stuff that has to happen.

**The INTERPRETER:** We have a lot of families everywhere. They come and attend the funeral here.

**Mrs CARLSON:** How far do people come from the other remote outstations? What is the furthest distance from here?

**The INTERPRETER:** From islands they come here with the ferry boat or plane—the boat if it is working—and there is a bus that comes in every Monday, goes back Tuesday, comes in Thursday and goes back Friday. They catch the bus, too. We do Centrepay on those buses.

**Mr DEPUTY CHAIR:** Then you pay it back. Now, if someone has to go to the hospital for treatment and then they pass away and finish up in the hospital, not back here on country, does that make people sad?

**The INTERPRETER:** Yeah, it does, but when they die in the hospital, we wait for what will happen with them. They come back, and we bury them here. Wherever they are—they stay—they send them back to Groote Eylandt or wherever—which community they come from.

[Audio missing.]

**Mr DEPUTY CHAIR:** This is a report that was written last year by some experts. It is all about the VAD.

**The INTERPRETER:** [Non-English spoken.] Is it V ...

**Mr DEPUTY CHAIR:** V for voluntary assisted—what we say is help and choice to finish up. It is for people who are very sick, and the sickness means they will die, and they are in a lot of pain and just want to finish up. That is what this is about.

**The INTERPRETER:** [Non-English spoken.] When was it written? Last year?

**Mr DEPUTY CHAIR:** Last year.

**Mrs CARLSON:** Many years ago in the Northern Territory, we had a law so when people were suffering and going to die, then they could ask a doctor to help them to finish up. That was back in 1995. Does anyone remember when that happened?

**PAMELA LALARA:** Nobody—no-one.

**Mrs CARLSON:** What happened was that law got turned over and then we could not have it.

**Mr DEPUTY CHAIR:** From Canberra.

**Mrs CARLSON:** From Canberra. Now, every other state has this law of choice in finishing up, and the Northern Territory does not have it yet. They did a report to see if we could have that law here.

**Mr DEPUTY CHAIR:** Do you want to translate?

**The INTERPRETER:** [Non-English spoken.]

A couple of years back, was it?

**Mrs CARLSON:** It was 30 years ago.

**The INTERPRETER:** [Non-English spoken.]

For Numbulwar, in my point of view, when people go to Darwin and get sick and die, or someone passes away in hospital or anywhere, this shop has funding to take the people back to buy the coffin and pay the funeral parlour and stuff like that. We got the whole funding—the shop does.

**Mr DEPUTY CHAIR:** That is good.

**The INTERPRETER:** Yeah. Whenever they get sick—people get sick over there—from here they go there and the doctor can help them there and bring them back.

**Mrs CARLSON:** It is our job to ask the people of Numbulwar what you think about if the current government brings in a law about choice in finishing up early. This is not waiting to pass away; this is that you have been suffering, you cannot handle the pain anymore and you want the doctor to help you with some medicine to finish up. We are asking the community how you feel about if a law comes—are we okay to have a law to help people to finish up early?

**The INTERPRETER:** [Non-English spoken.] They do not like it. I know. I can see that.

**Mrs CARLSON:** That is okay. That is why we are asking you.

**Mr DEPUTY CHAIR:** That is why we are here.

**The INTERPRETER:** They do not want doctors to give that to old people; they need to die themselves.

**Mr PATEL:** You have a choice.

**The INTERPRETER:** If the family members get together and there is someone suffering and the doctor comes, they will always ask questions. They do not want the doctor giving them more things. If they have cancer and have pain inside—I know it gives them a lot of pain—they can give them morphine on the drip to make them sleep. The families need them to be like that and stay like that. See that? They are nodding their heads. They want them to stay like that and die in their place by their own will.

**Mr DEPUTY CHAIR:** Yes. So, people pass away naturally, not from a substance.

**The INTERPRETER:** Yeah. They do not like it because it hurts them.

**Mr DEPUTY CHAIR:** Okay. We know the people here do not want it, but I live in town in Palmerston. If my neighbour was very sick and in a lot of pain and he was going to die, if he wanted to use this, is that okay?

**The INTERPRETER:** Yeah, in white society, doctors finish white people, but in Aboriginal law they do not like doctors treating our people. We want them to die naturally.

**Mrs CARLSON:** You are okay if other people have choice, but you would never use it?

**Multiple speakers:** Yes.

**Mr DEPUTY CHAIR:** Excellent.

**Mrs CARLSON:** Okay, my next question is what happens if one person here in Numbulwar would like to use it, how would that affect the community?

**Multiple speakers:** No.

**Mrs CARLSON:** No-one would use it?

**The INTERPRETER:** Imagine if that person gets really sick, the doctor comes up to the house and there is a lot of family in the house. When they see the doctor they will ask, 'Why did you come?' The Aboriginal people do not like doctors coming and treating our family. We would rather die naturally on our own.

[Audio missing.]

**Mrs CARLSON:** ... have healthcare services here 24/7, but when someone is not available, just in case the doctor or nurse is sick and they cannot open the clinic, do you use telehealth—telephone or on video to talk to doctors in town?

**The INTERPRETER:** Yeah, they do. The doctors in town sometimes do video link on the television with the clinic here, and they invite all the families to come and hear what is happening to the person and what sickness they have.

**Mrs CARLSON:** Is an interpreter used as well?

**The INTERPRETER:** No, they do not. It is only me, but I always stay in Katherine.

**Mr DEPUTY CHAIR:** So, it is just the doctors in town talking to the family on telehealth?

**The INTERPRETER:** And they come here, but sometimes I am not here; I am sometimes in Katherine.

**Mr DEPUTY CHAIR:** If you are not here to translate, and they are doing the video link, do people understand what the doctor is saying?

**The INTERPRETER:** Yes.

**Unidentified speaker:** Some do—young people.

**Mr DEPUTY CHAIR:** Some, yes.

**Mrs CARLSON:** Very good.

**Mr DEPUTY CHAIR:** To summarise, it is good to hear ...

[Multiple people speaking.]

**Mr DEPUTY CHAIR:** We have established that people here would not use VAD, but they are okay if people in town could use it.

**Multiple speakers:** Yes.

**Mr DEPUTY CHAIR:** And you have really good support to come home and finish up on country here.

**Multiple speakers:** Yes.

**Mr DEPUTY CHAIR:** Is there anything else you would like to tell us while we are here about health in the community, aged care or finishing up?

**The INTERPRETER:** [Non-English spoken.]

[Multiple people speaking.]

**The INTERPRETER:** I cannot make that decision when she dies.

**Mrs CARLSON:** Is it a family decision?

**The INTERPRETER:** No, it has to go be ...

**Mrs CARLSON:** The brothers?

**The INTERPRETER:** No, the bishop.

**Mrs CARLSON:** Because of her faith. Let me confirm, in this community ...

**Unidentified speaker:** My granddaughter is the boss of my body when I die.

**Mr DEPUTY CHAIR:** Your granddaughter is your boss?

**Unidentified speaker:** Yes.

**The INTERPRETER:** If the doctor comes to see the person when the old person dies or gets really sick, they need their family's decision.

**Unidentified speaker:** I got my own family, my (inaudible) cousin.

**Mr DEPUTY CHAIR:** In your language, what is the word for that boss who has to make that decision.

**Multiple speakers:** *Pungawa*.

**Mr DEPUTY CHAIR:** So, the *pungawa* has to make the decision?

**Multiple speakers:** Yes.

**Mr DEPUTY CHAIR:** Right, excellent. In other places, they call it the *junggayi*.

**Unidentified speaker:** If I die, then they have to take me home.

**The INTERPRETER:** *Junggayi* can talk to them—her kids. Say if this old lady passed away, it is the grandchildren and kids can look after, and they can call out the date when she has got to be buried and what is going to happen to them, when her is funeral—you know?

**Mr DEPUTY CHAIR:** Yes.

[Multiple people speaking.]

**The INTERPRETER:** But the people here, I am thinking to my point—we need young people and families to look after the old people.

**Mrs CARLSON:** They need to come up.

**The INTERPRETER:** Yeah, come up and look after them.

**Mrs CARLSON:** How many young people live here?

**The INTERPRETER:** There are a lot.

[Multiple people speaking.]

**Mr DEPUTY CHAIR:** Are there young people getting a carer's pension, like from Centrelink, to look after old people?

**The INTERPRETER:** I will say for my mum, you know what? She has not got a carer, and they are putting me as the carer. Every time I am in Katherine, they call me and tell me to come back and look after her. She has not got a carer of her own. She has been like, 'This is shit' since she was young—she is 91. I am thinking that she needs someone to get carer's money for her and look after her.

**PAMELA LALARA:** And I will say for myself ...

**Mr DEPUTY CHAIR:** Yes, Pam?

**PAMELA LALARA:** I am on aged care now, and I only have my husband.

**Mr DEPUTY CHAIR:** Only your husband cares for you.

[Multiple people speaking.]

**Mr DEPUTY CHAIR:** Caroline, is there anything else you want us to explore?

**Ms WILLIAMS:** Does anyone want to say anything else?

[Multiple people speaking.]

**Mr DEPUTY CHAIR:** Rita, just check if anyone wants to say anything more.

**The INTERPRETER:** [Non-English spoken.]

**Mr DEPUTY CHAIR:** I speak for the committee. Thank you very much for your time. Thank you for coming and talking to us. We really appreciate it.

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The committee suspended.

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### **Open Session and Discussion with Community – Numbulwar – session 2 (Anne Nurggubuyu)**

**Mrs CARLSON:** Cathy, I will just reintroduce again. We are here from the Legal and Constitutional Committee and here to ask how remote people in communities feel about voluntary assisted dying. That is using a stepped process of someone is going to pass away, probably most likely within 12 months, the doctor says that, and that medication is not going to fix them anymore, so they are going to finish up.

We just wanted to check with communities how they feel and how finishing up works in Numbulwar. If this community would use a model like that, or if they are not, then what does a good death look like—how does that look like.

**ANNE:** I prefer maybe the old people and people inaudible passed away in their house, in their community because of the cultural stuff that we do when our loved ones pass away, our community. Because everybody here, we are all related, and when someone is passing in your house, we all participate because we all come from the same community, the same tribe and things like that.

It is up to individual families, of what, it is their choice, but then you gotta see other people too as well, that are related, because we come from a big family tree and we are all related to our culture and stuff. The decision-making of coming back here, that is okay with the family. It is okay they can be looked after and well cared there, but when they nearly finish they can come back here.

**Mrs CARLSON:** When they are nearly finishing up.

So when that finishing up decision is made, though, do you guys use maybe telehealth so that some of the family here that are the decision-makers can actually communicate that with the healthcare.

**ANNE:** That has been happening a couple of times in the community.

**Mrs CARLSON:** Is it a good service?

**ANNE:** It is a good service where they communicate to each other letting the people know what is happening and how they feel about—that is for that person. For example, I lost my mother's uncle—my grandpa. He was living on (inaudible). He was from Groote Eylandt then he went to Nhulunbuy and was taken there.

**Mrs CARLSON:** Yes, that is a beautiful room there in Nhulunbuy.

**ANNE:** Yes, and that is where my grandfather passed away and then he came he landed here and we had a service and sent him off to Groote where all the family was because he decided to be buried on Groote, so he is buried on Groote Eylandt. But he passed away in that house.

**Mrs CARLSON:** In that corner. Very good.

**ANNE:** And a couple of old people that were away and they came back and passed away here. It all depends.

**Mrs CARLSON:** Have they been good experiences or was there some maybe some things that weren't a good part?

**ANNE:** Some people say their experience inaudible and pass away with families.

**Mrs CARLSON:** So generally there are decision-makers that help with all the decision-making.

**ANNE:** Yes. It is up to the family and the families for them to make that decision.

**Mrs CARLSON:** About 30 years ago the Northern Territory had what they called, I don't know if you remember, the euthanasia law.

**ANNE:** Yes, I remember.

**Mrs CARLSON:** So there were some people who got to use it, but that law was overturned. Now we are looking to see if the Northern Territory could have a service like that and what it would look like that would be a good way for people to finish up. Do you think any community members here from Numbulwar would use that kind of service? That is with the doctor. People would see a doctor and they say we can't help you anymore with medication, and you are going to finish up. Then we get another doctor to confirm that information and then you need to make that decision, obviously, individually yourself, or you may have your decision-makers and your family help you come to that conclusion. You still have to sign off it and agree, but then there will be a team of people or you could take the medicine yourself to finish up early. That is when they have the needle. I know it is very scary. Do you think anyone here in Numbulwar would do it?

**ANNE:** I think this is what we have just been saying and explaining. It is new to the community and this is your first visit for us. Maybe come when the people can know what it is all about because it is really new to them. But we have been experiencing our elders living out there and coming back closer to here. Sometimes they pass on, then they come back home. It has been happening both ways.

But it is understandable for the doctors and nurses, when they tell the people that it is not going to go good, it is understandable and they accept that and then they know. But the passing on here.

**Mrs CARLSON:** You guys are pretty lucky here, you have a really good health service here so 24/7. Some communities don't have that at all, so I think from what we probably have found, because Matt and I have been travelling around the Territory, that a lot of the places in remote communities who don't have this type of service aren't coached through their medical illnesses and things like that, whereas you guys are quite accepting of how medication is delivered, how your treatment is determined—because you guys have been comfortable with that.

**ANNE:** Normally when there is a sick person up there, normally they ring and they have community meetings, like the family meeting at the clinic is what happens.

**Mrs CARLSON:** And the choices are to go to Nhulunbuy or Katherine, are they the two closest?

**ANNE:** Yes, they are the choices.

**Mrs CARLSON:** Or is it Nhulunbuy, which do they prefer?

**ANNE:** Yes, they are the closest, yes.

**Mrs CARLSON:** Or is it Nhulunbuy? Which do they prefer?

**ANNE:** (inaudible) prefer ...

**Mrs CARLSON:** Your uncle.

**ANNE:** Yes, my friend's (inaudible). The rest of the people like, all the older people coming back here and passing away.

**Mrs CARLSON:** Is there a lot of old people in this community now?

**ANNE:** Yes, there is a few around. They really new because people need their loved ones to be (inaudible), like grandchildren, great-grandchildren, all that. They prefer here sometimes, but it is understandable for the people when they get explained it is better, for the washing(?) side of things. We keep them there but once they pass away they come back here to us and be buried here.

**Mrs CARLSON:** It might still be a new concept for the community because people are starting to talk about it because other states obviously now have this law. If the law came into the Northern Territory, do you think Numbulwar community, or you, would accept someone using it, or is it you guys do not want it for anybody—the voluntary assisted dying?

**ANNE:** (Inaudible) having our people passing (inaudible)

**Mrs CARLSON:** Yes, you guys would use that model?

**ANNE:** Yes, that—passing away.

**Mrs CARLSON:** You would not use the medicines ...

**ANNE:** No, no, that has not happened, no, no.

**Mrs CARLSON:** ... and finish up sooner? No, you would not use that?

**ANNE:** No, (inaudible) come and if they were not able to help them let them stay there until they leave us.

**Mrs CARLSON:** What about the pain then for them? You guys are okay with using pain medication, then? You know when someone has cancer and they are really suffering with pain, then the community here would accept just pain medication to just keep them comfortable at home ...

**ANNE:** Yes, just keep them comfortable because, yes.

**Mrs CARLSON:** Okay. Is there anything you think Numbulwar needs in healthcare space—more palliative care, more nursing home? It is the nursing home at the moment, you would probably need more beds. Did you say they go to Katherine?

**ANNE:** Yes, (inaudible) sort of place and also a ...

**Mrs CARLSON:** You have four here?

**ANNE:** Yes. In Darwin as well. The old people, we never got anymore. We got a couple (inaudible) what they call that place in Katherine? Rocky Ridge.

**Mrs CARLSON:** Oh, yes.

**ANNE:** Old people there. And in Darwin, this one.

**Mrs CARLSON:** Yes.

**ANNE:** It is new. If it was new, the community started to grow. We started experiencing things like this coming into the community, which we never had before. That for dying and all that sort of things. Before we used to have our old people here, and then they passed on here. Now we got all this carer that can care for us ...

**Mrs CARLSON:** Oh, good.

**ANNE:** ... and like having all that help.

**Mrs CARLSON:** You are progressive. That is good. Yes, very good. Do you have any questions? Matt might have a question for you.

**Mr KERLE:** Hi, I am Matt. I am another one of the members of parliament from Palmerston. I look after Woodroffe and Moulden in Palmerston.

You just said that people here would not choose the VAD thing, but if someone in town, if they wanted to use it, would that be okay for the people here?

**ANNE:** It is up to the family that close—the sons or daughters or the grandchildren ...

**Mr KERLE:** Of that person?

**ANNE:** Of that person. It is their decision, yes. It is up to the ...

**Mrs CARLSON:** It is their choice, yes.

**ANNE:** Yes, it is their choice but it is up to the family ...

**Mrs CARLSON:** The family decide.

**Mr KERLE:** If it was like my neighbour ...

**Mrs CARLSON:** Yes, if it was like his neighbour? You did not know that person; he was not part of the community.

**Mr KERLE:** Do you say balanda, a white person, or not ...

**ANNE:** We say *dhudabada*.

**Mrs CARLSON:** *Dhudabada*?

**ANNE:** Yes, white person.

**Mr KERLE:** If it was one of those people, like me or these guys, in town and if they wanted to use it for themselves, would that make people sad here, or is that their choice, they can do it?

**ANNE:** We only come to these sorts of discussions when a family member ...

**Mrs CARLSON:** Yes, so you do not really care? You are not worried about anybody else?

**ANNE:** Yes, someone else, yes.

**Mr KERLE:** That is okay.

**Mrs CARLSON:** That is good, yes.

**Mr KERLE:** Thank you so much.

**Mrs CARLSON:** Yes, nice to meet you. Thank you for dropping in.

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The committee suspended.

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The committee convened at 1.40pm.

**Open Session and Discussion with Community – Numbulwar – session 3  
(Rev Edwin Bundurr Rami)**

**Mr KERLE:** My name is Matt Kerle. I am a member of the committee. I am a member of parliament up in Darwin and I represent Moulden and Woodroffe in Palmerston.

**Mrs CARLSON:** My name is Oly Carlson and I am the Member for Wanguri, which is Wanguri, Leanyer and Muirhead next door to Royal Darwin Hospital and Casuarina shopping centre if you have been into town before.

**Mr PATEL:** I am Khoda Patel, Member for Casuarina.

**Mr CHAIR:** Do you mind just saying your name for the record, is that alright?

**Rev EDWIN:** Reverend Edwin, and I am counsellor as well.

**Mr CHAIR:** On the local government authority?

**Rev EDWIN:** Local government authority.

**Mrs CARLSON:** And you are the reverend for which church, Edwin?

**Rev EDWIN:** Church of the Holy Spirit.

**Mrs CARLSON:** Oh, fantastic.

**Mr CHAIR:** Is that Anglican?

**Rev EDWIN:** Anglican, yes.

**Mrs CARLSON:** So you know Bishop Craig Anderson?

**Rev EDWIN:** Yes, just came back from there. We had a big synod meeting.

**Mrs CARLSON:** You had a big synod meeting there.

**Mr KERLE:** We are here today because we have been asked to go and talk to the communities and hear what they have to say about voluntary assisted dying, which is basically when people are very sick and are going to die and are in a lot of pain. They can go to two doctors and get permission and they can finish up early. The doctors can give them a substance. If the doctors agree that they are in pain and they are close to finishing up—every other state and territory in Australia has a law for that, but we have been told to come out and listen to the communities and hear what the communities think. What do you think the healthcare is like in this community? Like in the clinic, is it good?

**Rev EDWIN:** Yes.

**Mrs CARLSON:** It is a good clinic here, yes.

**Mr KERLE:** We heard lots of good things about the clinic like the doctor lives here and the nurses here. It is very lucky. A lot of the places we go they don't have that.

**Rev EDWIN:** A lot of the old people they decide to pass in the community, not in town, but not using the euthanasia.

**Mrs CARLSON:** Or they would not want it.

**Rev EDWIN:** They would not.

**Mr KERLE:** Would you say that people in this community wouldn't want to use it?

[No audible answer.]

**Mrs CARLSON:** Is that from a cultural and plus religion, or both.

**Rev EDWIN:** Both.

**Mr KERLE:** What does it look like if someone finishes up in a good way, like when they are getting old and maybe have kidney disease and on that dialysis, and maybe the medicine is not working. If they finish up in a good way, what does that look like?

**Rev EDWIN:** Like not using that lethal thing, it is alright.

**Mr KERLE:** People want to come home and finish up with all their family around them?

**Rev EDWIN:** That is a good way, but sometimes I have noticed some of them when they come back when they have that kidney dialysis, some of them they use that thing and some other times they get here.

**Mrs CARLSON:** So it is too late for them to ask to come home? Yes. Would they be wanting to tell the doctors earlier that they want to come home, is that what you are trying to advocate for?

**Rev EDWIN:** Yes, earlier.

**Mrs CARLSON:** Try to come home earlier—withdraw from treatment and say, ‘I just want to get back to country, and I want to stop all my medication’.

**Rev EDWIN:** Yes.

**Mrs CARLSON:** But with pain, though, then they are suffering, are they okay with that level of pain. (Inaudible – wind blowing across mic) they are still okay with it because they have culture, and they are surrounded by their people, would they need some pain medication at least?

**Rev EDWIN:** Pain medication yes. I want to ask you the last government talked about euthanasia and they stopped it. Now the CLP—why are you bringing this up again?

**Mr KERLE:** The last government, I don’t have one of their reports here. The last government did a report to bring back euthanasia and they finished it last year—she will get it. There are people in town who want to use it so our job is to come out and talk to the communities to see how they feel and hear what the communities have to say and what the communities think. Because the last government started the process and they some experts to look into it and wrote this big report that we are going to see soon. But now it is a new government and so we are going out to see if this is what Territorians want.

**Mrs CARLSON:** We are just checking the report because when they asked people, they didn’t ask people in remote communities how they felt. That is why we are now going to remote places, and Numbulwar is today. We just want to understand if a law came in, how you feel about someone not necessarily here in community, to use it or maybe someone does want to use it, how would you feel each way?

**Rev EDWIN:** I don’t think we want it.

**Mrs CARLSON:** You wouldn’t use it here. But is it okay then say, for example, someone who is very sick with cancer in the hospital in town in Darwin that is not related to anyone in this community, is it okay for them to use that medication?

**Rev EDWIN:** (Inaudible) that problem (inaudible) the family took care of them.

**Mrs CARLSON:** Yes, that’s okay. What happens if it is someone who is not from this community, for example.

**Rev EDWIN:** Well, I can’t speak about that.

**Mrs CARLSON:** But do you think they should have the choice?

**Rev EDWIN:** Only a doctor might do it.

**Mr KERLE:** That is their choice. If they want to do it that is their choice. You can’t talk about it. The last government—they asked some experts to do this report. They went and talked to people in Darwin, Alice Springs, Nhulunbuy, and I think they went out to Wadeye, and they surveyed people in big towns and in the big towns, the people they talked to, like 70% said they wanted it. So they wrote all this report and they recommended stuff but now we have a new government, a CLP one, so we are just looking into it because when they wrote this report they didn’t come out to the very many remote communities. That is what we want to do, come out and listen to what people in communities think about it.

**Rev EDWIN:** Yes, it is very tricky because even when you are in homes and in aged care and old people in aged care get abuse from people and they kind of like been pressured and (inaudible) family knows about inaudible elder abuse when they (inaudible) physical or mental disability and asking community for consideration for pain and palliative care but (inaudible) natural too.

**Mrs CARLSON:** So you prefer palliative care when they can be surrounded by family.

**Rev EDWIN:** Yes. We talked about this in the synod.

**Mrs CARLSON:** Did you?

**Rev EDWIN:** (Inaudible)

**Mrs CARLSON:** Oh, sure.

**Rev EDWIN:** (Inaudible) everybody say.

**Mrs CARLSON:** Where was the minister from?

**Rev EDWIN:** He is from Darwin.

**Mrs CARLSON:** In Darwin? Which church? Which one?

**Rev EDWIN:** I will have to ask him for his permission, yes.

**Mr KERLE:** That is okay. That is fine.

**Rev EDWIN:** If you have not already had (inaudible) about voluntary euthanasia dying through the Northern Territory Government before. This is what he said. There was reduction in the number of laws without consulting. Now they are asking what community thinks. It is a great opportunity to say, so we having a say here. What he has written is saying my submission is based on moving us in (inaudible) in the meeting at the weekend.

What we are trying to talk about with this is this is a new thing that is happening. We are requesting consideration of (inaudible) for these things happening now. This (inaudible) for happening (inaudible). You two are non-Indigenous persons and you know how we go through our family. You been through our custom, we all Indigenous and the same nationality. We know, we have that understanding that when we have sick people, we do not lead them to euthanasia. We care of them.

If future in this government you should express what you (inaudible) talk about these things. I strongly support Yolngu people in your country here but also some people have (inaudible). We are not multicultural people. Some of us we have some links with (inaudible).

We see that this is very new. You have to remember that your people (inaudible) this. We say they are fine with this.

What (inaudible) but at the end you and I, we belong to our culture. We have our culture and you have, you too have a culture. We are (inaudible) but through the (inaudible) never used (inaudible) because if we start using this we will be judged (inaudible). We don't have this. We don't want this to happen because it is going to be very hard for people who don't know English.

**Mrs CARLSON:** Yes, we will need translators—interpreters, sorry.

**Rev EDWIN:** That is where a lot of people that sign paper, not knowing what they sign.

**Mrs CARLSON:** Do you think there is not enough interpreters? There needs to be more interpreters?

**Rev EDWIN:** More interpreters. And I think if we have people in government then you can start waking up and talking for the people. This is where we (inaudible). Together (inaudible).

**Unidentified female speaker:** What you are talking about, if someone wants to use that facility, with the controlled regulations and laws, are you happy for them to have it, for other people?

**Mrs CARLSON:** Not from this community.

**Unidentified female speaker:** Not from this community.

**Mr KERLE:** Like my neighbour in Darwin.

**Unidentified female speaker:** No, I understand. It should be okay if they want to use it?

**Rev EDWIN:** But you can't put word on me.

**Mr KERLE:** No, he is saying he can't speak for them so that is the answer.

**Mrs CARLSON:** That is a good answer.

**Rev EDWIN:** I speak for my people.

**Mr KERLE:** Does it happen often when people are sick and the doctor comes and they want them to sign something, do they understand what they are signing or not?

**Rev EDWIN:** They don't understand.

**Mr KERLE:** They don't understand.

**Unidentified female speaker:** Is it always in English or is it in language?

**Rev EDWIN:** Balanda (inaudible)

**Unidentified female speaker:** (inaudible).

**Mrs CARLSON:** Do you get the interpreter service maybe on the phone or telehealth?

**Rev EDWIN:** (Inaudible).

**Mr KERLE:** It just has to be in the room, they can't be on a TV or a telephone.

**Rev EDWIN:** Inaudible.

**Mr KERLE:** We met Rita today; she was interpreting for us for some of the old people. She could speak Wubuy and a bit of Kriol as well. They need someone like Rita. Not for this one, but when they are in hospital with other things they need someone like Rita with them to explain what the doctor is saying.

**Ref EDWIN:** Yes. Can I ask a question? Because this has been come on your table (inaudible).

**Mrs CARLSON:** We have to report back to the government at the end of next month—next week. We have to give them a report on what we have found on this report and then all the conversations we have had in all the other remote areas as well. Then it is up to the government what they do with that information. We give them the report that is why it is important to say what we need to say.

**Rev EDWIN:** Because I don't agree with euthanasia. It is not part of our culture.

**Mr KERLE:** No-one will make you use it. So we will write a report and will include what you have said and all the people in this community and all the other communities that we have been to. Then we will give that report to the government, and we will see what they want to do with it. Then they might give it to parliament to vote on and it might be what they call a conscience vote so then every member of parliament has to go back to their people and ask their people what they think. Then they have to vote—they should vote—for what their people say.

**Rev EDWIN:** Yes. That is what the process of government ...

**Mrs CARLSON:** Still a long time.

**Mr KERLE:** A long way.

**Mrs CARLSON:** Reverend, if the law does come, if it is agreed on by the government and the people of parliament, it would still take about 18 months for services, because we still have to change how the Health department works it out too—where do we store ...

**Mr KERLE:** Training.

**Mrs CARLSON:** Training, which doctors will help with the—we still have to find all those people too.

**Mr KERLE:** When Queensland, New South Wales and Victoria did it, they passed the law, and then no-one could use it for almost two years.

**Mrs CARLSON:** It takes time.

**Mr KERLE:** It took time, yes.

**Mrs CARLSON:** Like anything new.

**Mr KERLE:** No-one is made to use it. If it happened it would only be ...

**Mrs CARLSON:** That is why the word 'voluntary' is in it.

**Mr KERLE:** Yes, it is like choice. It is only the people who choose. Even then they have to have two doctors to say that they know what they are thinking, they are very sick and they are going to die—only then. The person has to want it. If the people of this community said no, then that it is it, no VAD for this community.

**Rev EDWIN:** Sometimes it is opposite to what people think—ask that question and then that person does not understand ...

**Mrs CARLSON:** Yes, that is right.

**Rev EDWIN:** They might say yes ...

**Mrs CARLSON:** We will make sure there are interpreters in the room.

**Rev EDWIN:** Yes, because this happened. Some people very sick and they say (inaudible).

**Mrs CARLSON:** Yes. Those interpreters would have to do some training too.

**Rev EDWIN:** (Inaudible) want to see that person to be clear themselves because sometimes lot of people (inaudible) and they do not want to go that pathway.

**Mrs CARLSON:** Anything else you would like to say, Reverend?

**Rev EDWIN:** No.

**Mrs CARLSON:** Thank you for your time.

**Mr KERLE:** Thank you very much.

**Mrs CARLSON:** Thank you for your contribution.

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The committee concluded.

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