

Dr Tanzil Rahman
Chair, Legal and Constitutional Affairs Committee
Voluntary Assisted Dying in the Northern Territory
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Submission

Sheila Sim, [REDACTED]

I fully support the proposal to make VAD legal in the NT. I acknowledge that this decision is one for NT residents and politicians to decide. I am writing as past President and committee member of Dying with Dignity Queensland, as a social worker in women's health for over 40 years, and as a friend and sister to many who had to experience a painful, undignified death.

I acknowledge that the NT law and VAD implementation has unique challenges to face. There's a need to accommodate diverse language groups, indigenous cultures, isolation and issues of access for remote communities. I hope I can extrapolate from the QLD experience of VAD, even though to date it's been less than 3 years, and to confirm some of the things that have worked in QLD.

I believe we in QLD benefitted from the experiences of the other States in implementing their VAD laws. The other States were generous in sharing their information, and there evolved a truly supportive Australia-wide network of State Dying with Dignity groups. I don't believe there can be a set "blueprint" for State VAD laws, but the QLD law was able to address a few key issues, including –

- The requirement for a "time to death", ie, the person applying for VAD must have a terminal diagnosis and a life expectancy of **12 months** or less. This QLD law was more generous in its time frame than in some other States at the time. I believe the longer timeframe serves the needs of people who are terminally ill, may need time to make decisions, may not be well enough to get to medical appointments etc. It better reflects the lived reality of this vulnerable group.
- The position of faith-based or other organisations who may not wish to participate in VAD. The QLD law clarifies that care providers have a duty to allow access to information and discussion about VAD. It requires organisations who don't wish to participate, to make this clear on their websites, brochures etc, and not to obstruct

access to VAD for any residents/patients. The QLD law also allows medical practitioners to raise the possibility of VAD in end of life care to open up discussion.

In QLD we were so grateful that these key issues were acknowledged and addressed. We also benefitted from a year-long period of planning and shaping the law so that it could be integrated into health care at the end of life, for those Queenslanders who wished it. The implementation team held regular consultations with groups of doctors and nurses, GPs, palliative care and community groups, including DWDQ. I feel that this process allowed time and expertise from those who would be involved in delivering the service, to discuss how to build this new service from scratch. It was immensely helpful that many of the staff who were appointed to run the VAD service when it began, were experienced palliative care/emergency/GP practitioners. We have a high regard for the flexibility of our “QVAD” support teams. They have a deep understanding of the challenges faced by many terminally ill people, especially in remote rural areas – who may not have the energy or capacity to drive long distances to medical appointments, or need reassurance and information. I acknowledge that any structure in the NT will have to address end of life care needs for people in areas where a community nurse is the one and only health care provider. From the QLD experience, strong input from palliative care services, establishing a good network of practitioners and supports, and a willingness to meet the terminally ill person in their home no matter how remote – these have all been critical in developing a service that’s truly responsive to needs.

Since the implementation of VAD in QLD, DWDQ has moved from active campaigning for the law, to a role in providing community education - to staff in aged care and disability, to residents of aged care settings, to community groups and information days. Not all Queenslanders are aware that VAD is now legal, so we see this as a key part of our role. The feedback from these information sessions is a good reflection on how the new law is working out in practice. People are grateful that they can have choices at the end of their lives, and can plan a death which reflects them and how they’ve lived. Participants also bring stories of friends or family members who have chosen VAD, and they are invariably positive about how this calm, more dignified death, has comforted the living as well as the person who has died. I wish the Committee well in your deliberations.

Sheila Sim

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