

Q1 Do you support making VAD legal in the NT?

No, emphatically not.

I would even dispute the term Voluntary Assisted Dying, which is an example of how semantics, language and words are tampered with to achieve the desired effect, obscuring the actual truth and real meaning. Let's call it what it is, namely Assisted Suicide. Suicide I need hardly remind you, is otherwise illegal in this country.

All life is sacred and should be treated as precious. Sadly our society is moving further from its Judaeo-Christian roots and succumbing to spurious philosophies which result in treating life as an expendable commodity. This proposed legislation would set up the state as an agent of assisted suicide, a chilling prospect for anyone who has read books like '1984', or 'Brave New World'.

Of course, we all want to die with dignity and for our family members and relatives the same. But does giving this so-called right to a few, mean that many will suffer as a result? We need to think carefully before bringing forward this legislation.

The health system should be dedicated to preserving life, not ending it. Bringing in this law would compromise the ethics and morality of health professionals, contrary to their training and the medical system developed over thousands of years. Doctors and nurses would be forced to sear their consciences in order to comply, or risk losing their jobs. They would be renegeing on their commitment to the Hippocratic oath, made at the beginning of their careers. Once seared in this way, it would make the way clear to further incremental changes, which may compromise their system of ethics further, as they would be already cowed into compliance.

Not to mention the chaos that would result for Indigenous people from the bush, when the health system is not totally intent on preserving life! They would be afraid to go to the doctor, as happened in 1996-7, when the NT Euthanasia Act was briefly in place. This would lead to worse health outcomes for them.

Indeed in my conversations with Indigenous people living in the bush, they were adamant that this proposed law would be totally anathema to their culture and beliefs. You should look after people with compassion, not think about terminating their lives. To their way of thinking, having health professionals and hospitals/clinics not totally dedicated to preserving life and wellbeing, such as when some medical staff are engaged in providing euthanasia, would be a seismic shift and cause them to lose trust in the health system.

Politicians have a duty of care to *all* their constituents. The vocal proponents say that the 'few' need to have the choice, bit what if the choice for a few, leads to the 'many' feeling that they have no choice? For I believe that it's impossible to legislate safely for Assisted Suicide without negative outcomes for thousands of people.

For once this law is established, pressure or coercion could be brought to bear on vulnerable people, such as the elderly, the sick, poor or disabled. They could be subtly influenced to think they may as well give up on their lives and contemplate state-sponsored suicide. Having euthanasia as an option, may influence this kind of people to thinking that their lives are too hard, and that they just want to give up on life. These pressures could be due to their health concerns, financial duress, pressure from relatives etc who see them as a burden or impatient to receive inheritance. The medical fraternity may be tempted to present euthanasia as a viable option, in view of the costs of medication, even though natural death may be far off.

For example in the state of Oregon, with legalised AS, 53% of the participants between 2018 – 2022 cited ‘feeling a burden on family, friends and caregivers’ as reasons for ending their lives.

In the report into AS in Ontario, Canada it states: ‘The poor and disadvantaged are more likely to request a so-called assisted death’.

The doctor who euthanised Michael Fraser (aged 55) in Canada stated: ‘Poverty is pushing people to MAiD. For sure I think the fact that he had trouble paying his rent made it harder for him to be in the world.’

No country in the world has safely legalised AS. According to the Danish Ethics Council (where it has been legalised): ‘It is in principle impossible to establish proper regulation of euthanasia’. And again, ‘The fundamental problem is that, as soon as an AS law is passed, it legislated into existence a form of discrimination. All such laws discriminate between those who have access and those who do not; which is inevitably challenged in court, or changed in parliament, on grounds of equality.’

‘Equal access’ is the reason why Canada’s ‘terminal illness only’ safeguard lasted less than 5 years. Canada extended MAiD to include people with chronic illnesses and disabilities, as the safeguard was now ‘a barrier to access’! So the language is manipulated to influence public opinion! In 2027 it is proposed to enact new legislation to include Canadians suffering solely from mental illness. This illustrates the slippery slope effect, as the law descends into chaos.

As soon as you make the state the arbiter of who can and who cannot have a state-assisted death, you turn the safeguards into a political football. Safeguards can easily become ‘barriers to access’, an example of how the semantics can subtly shift.

All VAD laws sow the seeds of their own expansion. For if the underlying reason for allowing AS is to give ‘autonomy and choice’, on what consistent basis would you deny choice to someone else?

What’s more if the wording is vague enough, the law doesn’t even need to be changed to be expanded, it can merely be reinterpreted.

There will likely be a huge financial cost to implement the system, one which the NT can hardly afford. The money would be far better spent on Assisting Life, not Death, improving hospices and Palliative Care services in the NT. My information is that proper and well-resourced Palliative Care in place should be able to handle all cases of severe pain and

suffering, so that the patient has relief and proper care in terminal stages. If money and staff are instead diverted into the euthanasia option, this would have a deleterious effect on the existing PC systems. There is evidence that this has already happened in states which have started up AS, with budgets for PC cut. It is likely that medical staff may resign or retire early, rather than participate in the system. This would lead to reduced accessibility to PC.

The NT thought they were leading the rest of the country in 1996 when they enacted the law for the first time. It was humiliated when the Federal Government intervened to overrule the law. Here is the chance to show that we have learnt our lesson and show real leadership to the rest of the country, to show that the rest of the country has been mistaken in embracing this change. What if the nation could repeal this false step and follow our lead? We could enhance our reputation!

Q2: What eligibility criteria should a person need to meet before they can access VAD?

As I said, these criteria may be eroded away by societal pressures, once established.

- At least 18 years old.
- Mental competence to consent.
- Diagnosed to die within the next 6 months. (but how does anyone know how long someone has?)
- Experiencing intolerable suffering in relation to the terminal diagnosis.
- Have had access to adequate palliative and aged care services for a minimum specified period.
- Mental health assessment must be done to rule out mental health causing the wish to die.
- Support services offered as an alternative to VAD.
- In all cases, family needs to be informed and consulted.

Q3: 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?

- Remote areas should be excluded as dying substances should not be allowed in remote communities.

Q4: How could the NT monitor the process to ensure VAD is delivered safely and effectively?

- The oversight boards need to include multiple people who oppose all VAD, to ensure adequate scrutiny, as these boards can often act as an advocacy group recommending expanded access. There should be representation from the Christian community and Aboriginal community, who oppose VAD for belief and cultural reasons.
- All requests to be logged online to ensure 'cool down' periods are being adhered to, and not just being backdated.
- All statistics and timeframes should be publicly available including misuse.

Respectfully submitted,

David Strickland

[REDACTED]

[REDACTED]