



12 August 2025

Dr Tanzil Rahman MLA

Chair

Legal and Constitutional Affairs Committee

Legislative Assembly of the Northern Territory

Inquiry into the 'Voluntary Assisted Dying in the Northern Territory – final report 2024'

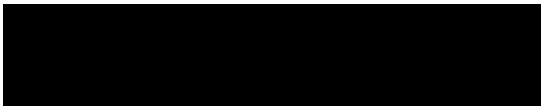
Dear Mr Rahman,

This submission from the Catholic Diocese of Darwin is made to contribute to the Inquiry into the 'Voluntary Assisted Dying in the Northern Territory – final report 2024'.

The submission addresses the key questions provided in the Consultation Paper.

We would be more than happy to provide further information if requested.

Kind regards,



**+Bishop Charles Gauci**

Bishop of Darwin and the NT

## **Executive Summary**

This submission sets out the Catholic Diocese of Darwin’s response to the Legal and Constitutional Affairs Committee Inquiry into the “Voluntary Assisted Dying in the Northern Territory – final report 2024”.

We are firmly committed to preserving and protecting life from conception to natural death and therefore oppose the legalisation of euthanasia and assisted suicide (referred to in the Consultation Paper as “voluntary assisted dying (VAD)”) in any form. Our position is grounded in Catholic teaching and universal human rights principles, recognising that allowing doctors to take the life of their patients undermines human dignity, the true role of medicine, and the foundations of a just and compassionate society.

True compassion means providing comfort, high-quality palliative care, and human presence until natural death, not ending life prematurely. Where palliative care and strong family support are available, many people who initially request assisted death change their minds.

The Catholic Church has a long-standing tradition of accompanying people who are terminally ill with love, care, and practical support. Inspired by the example of Christ, who showed compassion to the suffering and vulnerable, the Church seeks to ensure that every person approaching the end of life is treated with dignity, comfort, and respect. Through hospitals, hospices, parish outreach, and pastoral care, Catholic communities have walked alongside the dying and their families for centuries, providing physical relief, emotional support, and spiritual care. This commitment affirms the inherent worth of every person and reflects our belief that no one should face the end of life alone or without hope.

There is no eligibility criteria that can ethically or safely justify euthanasia and assisted suicide. Vulnerable people — including those who are depressed, isolated, or feel like a burden — will always be at risk. In Australia, initial euthanasia and assisted suicide laws were claimed to have the strictest safeguards in the world, yet euthanasia advocates now say these so-called safeguards are “barriers to access” and want to get rid of them. Once the prohibition on doctors giving lethal injections is removed, the scope of euthanasia inevitably widens.

The Diocese of Darwin went out to Indigenous communities to ask them what they thought. Community leaders in Wadeye, Bathurst Island, Santa Teresa, and Alice Springs are strongly opposed to euthanasia and assisted suicide, saying it is “not our way.” Their concern is that euthanasia’s presence in hospitals will deter people from seeking care. Concerns include language barriers, loss of cultural safety, and lack of palliative care options on country. Given the Northern Territory’s high proportion of Aboriginal people and the consistent opposition expressed in our consultations, euthanasia and assisted suicide are not appropriate for this jurisdiction.

Elders also wondered why euthanasia was proposed when other basic healthcare needs are still not met.

If euthanasia and assisted suicide are legalised, healthcare professionals and faith-based institutions, including hospitals and aged care, must retain the right to refuse to participate in the practice of giving a patient lethal drugs. Doctors must have the right to refuse to refer someone to another doctor who would take such unethical action, without penalty. Other healthcare professionals like nurses must

also have conscience protections. Freedom of conscience is protected in international law and is essential for public trust in healthcare.

We urge the Northern Territory Government to reject the legalisation of euthanasia and assisted suicide, and instead commit to accessible, culturally appropriate, high-quality palliative care for all Territorians. Euthanasia and assisted suicide laws are particularly ill-suited to the Northern Territory, which has a high proportion of Aboriginal and Torres Strait Islander peoples who have consistently voiced strong opposition to euthanasia and assisted suicide. Introducing such laws here would not only undermine cultural values but also risk widening the existing gap in healthcare access and outcomes for Indigenous communities, when our shared priority should be to close that gap through improved end-of-life care and support.

We have provided specific answers to the Key Questions provided in the Consultation Paper.

### **Question 1: Do you support making VAD legal in the NT?**

We oppose euthanasia and assisted suicide in all forms, grounded in our understanding of the human person and the sacredness of life. Created in the image of God, every human life is sacred, without exception.

Pope Francis<sup>1</sup> called euthanasia and assisted suicide “a failure of love, a reflection of a ‘throwaway culture’ in which persons are no longer seen as a paramount value to be cared for and respected” and referred to it as “false compassion”:

‘Compassion’, a word that means ‘suffering with’, does not involve the intentional ending of a life but rather the willingness to share the burdens of those facing the end stages of our earthly pilgrimage.

Allowing doctors to take the life of their patients is inconsistent with the dignity of the person, the role of medicine, and the Gospel call to uphold and protect life.

True compassion does not mean helping someone to end their own life. It means supporting them to live as fully and comfortably as possible until natural death. The Diocese is committed to promoting and supporting “authentic palliative care”, which in the words of Pope Francis is “radically different from euthanasia, which is never a source of hope or genuine concern for the sick and dying”:

...palliative care, while seeking to alleviate the burden of pain as much as possible, is above all a concrete sign of closeness and solidarity with our brothers and sisters who are suffering. At the same time, this kind of care can help patients and their loved ones to accept the vulnerability, frailty, and finitude that mark human life in this world.<sup>2</sup>

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<sup>1</sup> Encyclical Letter Fratelli Tutti of the Holy Father Francis on Fraternity and Social Friendship, 3 October 2020, accessed here: [https://www.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco\\_20201003\\_enciclica-fratelli-tutti.html](https://www.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20201003_enciclica-fratelli-tutti.html)

<sup>2</sup> [https://ehospice.com/africa\\_posts/pope-francis-to-palliative-care-symposium-euthanasia-is-a-failure-of-love/](https://ehospice.com/africa_posts/pope-francis-to-palliative-care-symposium-euthanasia-is-a-failure-of-love/)

## **Question 2: What eligibility criteria should a person need to meet before they can access VAD?**

There is no eligibility criteria that can ethically or safely justify allowing doctors to take the life of their patients. Vulnerable people will always be at risk if euthanasia and assisted suicide is legalised, particularly those who are:

- Depressed or demoralised
- Experiencing isolation or loss of autonomy
- Facing financial or familial pressure
- Unaware of palliative care options

Even where euthanasia and assisted suicide are initially restricted to the terminally ill, experience shows that eligibility expands over time. In Belgium, minors<sup>3</sup> can now access euthanasia. In the Netherlands, the practice includes babies and children<sup>4</sup> and people without terminal illness<sup>5</sup>.

This pattern is also emerging in Australia. When euthanasia and assisted suicide laws were first introduced in states such as Victoria, the legislation was promoted as having some of the strictest safeguards in the world. These safeguards were central to persuading legislators and the public to accept the change. However, within only a few years, those same safeguards are now being described by advocates as “barriers to access” that should be removed. Campaigns are already underway to shorten waiting periods, broaden eligibility to include those without terminal illness, and expand access to those with dementia and even teenagers.

This shift is inevitable once the fundamental legal and moral prohibition on allowing doctors to deliberately end the life of their patients is removed. When the law accepts that some lives can be intentionally ended, the rationale for tightly limiting the practice is quickly undermined, and pressure grows to extend eligibility further.

Evidence presented to the New South Wales Standing Committee on Law and Justice Inquiry into the provisions of the Voluntary Assisted Dying Bill 2021<sup>6</sup> by Victorian psychiatrist Professor David Kissane highlights how people can fall through the cracks and how so-called safeguards fail to prevent the deaths of individuals whose illnesses or undetected depression could have been better managed with appropriate care and support. Dr Kissane explained, from his own experience, that standards of care

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<sup>3</sup> Dan, B, et al, Self-requested euthanasia for children in Belgium. *The Lancet* 2014; 383:671-2.

<sup>4</sup> <https://www.theguardian.com/society/2023/apr/14/netherlands-to-broaden-euthanasia-rules-to-cover-children-of-all-ages>

<sup>5</sup> <https://www.australiancarealliance.org.au/netherlands>

<sup>6</sup> <https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2838#tab-submissions>

are put at risk, clinical depression often goes undetected, and coercion can readily occur, all of which undermine the very protections the legislation claims to provide.<sup>7</sup>

Instead of legalising euthanasia and assisted suicide, the focus of the Territory government should instead be on ensuring that all Territorians have access to high-quality palliative care, mental health support, and culturally safe services, rather than creating criteria for assisted death.

**Question 3: 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?**

We do not believe euthanasia and assisted suicide can be made safe or effective in the Northern Territory, particularly for remote areas and Aboriginal communities. This is especially significant in the Northern Territory, where Aboriginal and Torres Strait Islander peoples make up a much higher proportion of the population than in other jurisdictions.

To ensure diverse perspectives were heard, the Catholic Diocese of Darwin consulted with Indigenous communities in locations where the Diocese has a parish presence, including Wadeye, Bathurst Island, Santa Teresa, and Alice Springs (and which we referred to in greater detail in our submission to the Community Consultation on Voluntary Assisted Dying in the Northern Territory 2023)<sup>8</sup>. Through these listening sessions, Indigenous leaders and health workers expressed deep concerns about the potential impact of euthanasia and assisted suicide on hospital attendance and overall health outcomes. They feared that the presence of euthanasia and assisted suicide in hospitals would discourage people from seeking necessary medical care, creating a significant public health problem.

In every community consulted, there was strong opposition to euthanasia and assisted suicide. Leaders stated clearly that it is “not our way” and “we don’t want it.” They emphasised that euthanasia and assisted suicide are inconsistent with their cultural values, their moral traditions, and even their laws, which hold that taking a person’s life is wrong.

Additional concerns were raised about the use of telehealth for euthanasia and assisted suicide assessments. Language barriers and cultural differences could lead to misunderstandings, particularly in such a sensitive matter. Community members emphasised the importance of face-to-face healthcare interactions and culturally safe approaches. There is also a desire for better palliative care options within their communities so that people can receive care on their traditional lands, surrounded by family, rather than in distant facilities.

Elders criticised the focus on introducing euthanasia and assisted suicide when the urgent healthcare needs of older people in their communities remain unmet. They expressed concern that euthanasia

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<sup>7</sup> Professor David Kissane, Submission to the Inquiry into Provisions of the Voluntary Assisted Dying Bill 2021, New South Wales, Received 21 November 2021, accessed here: <https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2838#tab-submissions>

<sup>8</sup> Catholic Diocese of Darwin Submission to the Community Consultation on Voluntary Assisted Dying in the Northern Territory 2023.

and assisted suicide would further complicate an already stretched health system and called for it to be kept physically separate from hospitals if it were ever introduced.

The historical context is critical. After the passage of the *Rights of the Terminally Ill Act 1995 (NT)* (ROTI), the Northern Territory Government commissioned journalist and researcher Chips Mackinolty to conduct an education program to explain the legislation to Aboriginal communities. Between June and October 1996, Mackinolty consulted with around 900 Aboriginal people from approximately 100 communities. Based on this extensive consultation, he concluded<sup>9</sup> that “the existence of the ROTI legislation presents a continuing threat to the health and wellbeing of many Aboriginal people in the Northern Territory.” In the decades since, no evidence has been presented to suggest this situation has changed. Our recent consultations confirmed this view: Indigenous leaders remain clear and united in their opposition to euthanasia and assisted suicide, stating unequivocally that these practices conflict with their cultural values and insisting that their voices be heard and respected in all legislative discussions and decisions about end-of-life care.

Given this strong and consistent opposition, and the unique cultural and demographic makeup of the Northern Territory, we believe euthanasia and assisted suicide legislation is not appropriate for this jurisdiction.

#### **Question 4: How could the NT monitor the process to ensure VAD is delivered safely and effectively?**

We are deeply concerned that the introduction of euthanasia and assisted suicide risks normalising the practice of allowing doctors to take the life of their patients and shifting the burden of proof onto vulnerable people.

The Northern Territory must also heed the lessons from other jurisdictions, particularly Victoria, where the legalisation of euthanasia and assisted suicide has not been accompanied by the necessary investment in palliative care. The experience in Victoria illustrates a troubling reality: palliative care funding has not kept pace with demand and, in some cases, has gone backwards.<sup>10</sup> Palliative Care Victoria says that “79 people die each day in Victoria without access to palliative care”.<sup>11</sup> The Victorian experience demonstrates the danger that euthanasia and assisted suicide can become a substitute for,

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<sup>9</sup> Chips Mackinolty, “Right legislation: Wrong jurisdiction?”, *Alternative Law Journal*, Vol. 22, No.2, April 1997.

<sup>10</sup> Palliative Care Victoria’s 2022 report *The Sustainability of Palliative Care in Victoria* found that while funding had increased, it had not matched the rapid rise in demand or the growing costs of service delivery. Around 75% of community palliative care providers said they could not meet future demand, with a projected \$91 million annual shortfall by 2035. Despite these warnings, the 2024–25 Victorian budget cut palliative care funding, prompting Palliative Care Victoria’s chair, Kelly Rogerson, to warn that the state’s at-home care system is now in crisis, with at least an additional \$20 million required just to restore service levels. As a result, dying Victorians are being placed on waiting lists or admitted to overcrowded hospitals rather than receiving care at home, with data showing that 62% of those who wished to die at home were unable to do so. This under-investment means many people only receive palliative care in the final weeks of life, rather than the months of support needed to truly live well at the end of life. See further here <https://www.pallcarevic.asn.au/news/96/funding-shortfalls-hit-terminally-ill-victorians>

<sup>11</sup> Palliative Care Victoria alarmed at lack of funding to help terminally ill Victorians. *The Geelong Advertiser*, 27 July 2025. See: <https://www.geelongadvertiser.com.au/news/victoria/palliative-care-victoria-alarmed-at-lack-of-funding-to-help-terminally-ill-victorians/news-story/09ef6a86b280eea9bdd6d9c37c93b1e1>

rather than a complement to, properly funded, high-quality palliative care. This is a risk the Northern Territory cannot afford to take.

#### **Question 5: The role of health professionals and health services**

If euthanasia and assisted suicide are classified as medical services, pressure will likely grow for doctors, nurses, and institutions to participate, even against their moral convictions, as can be seen from what's happening in other jurisdictions.

From both a Catholic and a human rights perspective, freedom of conscience is fundamental to human dignity. Conscience is not a private preference but the inner moral compass that guides a person to choose what is right. International law protects this right, including Article 18.1 of the International Covenant on Civil and Political Rights, which affirms the freedom to live according to one's beliefs both individually and in community.

This protection applies to individuals and to faith-based institutions that provide health and aged care. Forcing participation in euthanasia and assisted suicide would compromise professional integrity and erode trust in healthcare. The Northern Territory must ensure that both individual practitioners and institutions have the right to refuse involvement in euthanasia and assisted suicide without penalty or requirement to refer.

#### **Conclusion**

We urge the Northern Territory Government to reject the legalisation of euthanasia and assisted suicide. The compassionate and just response to suffering is not to end life, but to provide excellent palliative care, practical support, and human compassion.

**+Bishop Charles**

Bishop of Darwin and the NT

