

Attention:

Legal and Constitutional Affairs Committee's Inquiry into Voluntary Assisted Dying (VAD) in the Northern Territory

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### **Submission to the Inquiry into Voluntary Assisted Dying**

Thank you for providing an opportunity for interested groups and individuals to submit commentary and suggestions on this important subject. We thank the committee for their diligence in preparing the First Interim Report and their comprehensive investigation and subsequent recommendations regarding the critical elements of a proposed NT legislative framework.

There has been advocacy for legislated access to Voluntary Assisted Dying (VAD) in the NT by an active minority for many years, and it would seem reasonable given the implementation of VAD in every other jurisdiction in Australia to propose that our time has also come. The Northern Territory however has quite unique demographic and geographic characteristics, as the committee has rightly pointed out, in particular a large remote Aboriginal population. It is also highly indebted and is hard pressed in its ability to improve social outcomes or deliver services because of these constraints.

The cost benefit for pursuing VAD legislation and implementing it does not therefore stack up in our opinion, nor warrant the resource allocation or affront to Aboriginal sensibilities that it will require.

Further to this the NT now has a world class palliative care service that has in large part mitigated the need for VAD – it is a solution looking for a problem that may have existed three decades ago when The Rights of Terminally Ill Act was created, but which certainly is not the case today. Death with dignity and with minimal pain is possible in palliative care as many who have walked this journey with loved ones can attest.

A final word on a perverse but unavoidable outcome of giving citizens the right to die by heir own hands. The NT has one of the highest rates of suicide and mental ill health in Australia, and millions of dollars annually are committed to raising awareness of the issue, training the community to recognise and intervene in a suicidal crisis, and support those who survive an attempt. The differentiation of these topics is largely academic - the average punter cannot make the distinction. For VAD and suicide, the loss of hope and desire to end the pain are not dissimilar. Blurring the boundaries between life and death complicates the task of promoting hope to those at risk of suicide, particularly for those facing chronic health and social circumstances.

Glory City Church, seeks to live and act as Christ would and strongly advocates for life and hope, not death. We therefore encourage the NT legislature to invest in life giving health services, improve access to palliative care, prioritise investment in solutions to the many problems the NT faces, and drop this unwarranted and unworkable proposal.

Yours sincerely

Matthew Davis

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