

From: [Phil](#)
To: [LAVAD](#)
Subject: Public submission - NT inquiry into Voluntary Assisted Dying
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Phil Browne

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

Public submission - NT inquiry into Voluntary Assisted Dying (VAD)

I write as a veteran Qld registered nurse who has spent many years working in palliative care. I know that even world class palliative care can not relieve end of life suffering in all people - I have certainly witnessed this in some of my patients who died horrific deaths, despite receiving world class palliative care. I know of one such patient of mine who committed suicide because palliative care was not able to relieve his distressing symptoms, VAD was not available (at that time), and he didn't want to suffer any longer.

I also write as a citizen who knows two people who were dying and both were legally approved for accessing VAD in Qld. One of them took the VAD medication when their suffering became too great, and they had a very peaceful death surrounded by loving family members. The other had the option to take the VAD medication, but died quickly at home without taking the VAD medication - but he gained immense relief knowing that he could take the VAD medication at any time.

I know that VAD and palliative care are complementary medical options for eligible people at the end of life. Both of the people I referred to who were approved for VAD, were also receiving palliative care right up to their deaths. The review by the Qld VAD Review Board has also found that palliative care and VAD are very commonly used concurrently - it is not a case of choosing either palliative care or VAD, it is both medical options being available and sometimes used together.

Below are my responses to the four questions from the Legislative Assembly of the Northern Territory Parliamentary Inquiry into Voluntary Assisted Dying

1. Do you support making VAD legal in the NT?

Yes. VAD is legal in all of Australia - and currently the NT is the only jurisdiction without VAD. The current situation is inequitable and inconsistent with contemporary medical ethics which require equal access to medical treatment regardless of where you live. Dying Territorians should not have fewer medical options available to them, compared to other

Australians.

2. What eligibility criteria should a person need to meet before they can access VAD?

If someone has a terminal illness and is dying, they should be able to choose how and when they die.

A person should be eligible for access to VAD if:

1. The person has been diagnosed with a medical condition that will cause their death, and
2. The person has decision making capacity in relation to voluntary assisted dying, and
3. The person is acting voluntarily and without coercion, and
4. They are aged eighteen years or older

As a health professional who has seen many hundreds of my patients die, I know that predicting a remaining life expectancy is a very inexact and inaccurate feat for any doctor to do. Some of my patients have been told they have a year to live, but instead they have died within weeks.

Therefore, an expected time of death should not be stipulated in VAD legislation, as these prognoses are frequently wrong. If a person is dying, they should be eligible when they find their medical condition becomes intolerable.

3. How can the NT ensure safe and effective access, including for remote and Aboriginal & Torres Strait Islander people?

Both Qld and the NT are vast land areas with very dispersed pockets of people living in remote areas. The NT also has considerable population diversity, including Aboriginal and Torres Strait Islander people and other people.

The following should be implemented as part of legislating for VAD:

- Consultation with Aboriginal and Torres Straits communities.
- Engagement with entities such as the NT Dept of Health, and with remote area nurses.
- Links with community justice groups
- Communication with, and education of, doctors who work in remote areas to ensure that they are knowledgeable about VAD

Restrictions on using telecommunication should be removed to allow the medical profession to converse with patients living in remote areas about VAD. Health professionals routinely use carriage services for medical/health consultations on a vast range of medical conditions with patients living in remote areas. VAD should be no different - and the use of carriage services should be allowed for VAD consultations too.

4. How could the NT monitor the process to ensure that VAD is delivered safely and effectively.

VAD laws have been in operation in some Australian states for a number of years, and some states have already reviewed their VAD legislation, with VAD legislation reviews to occur in other states soon. The NT has a distinct advantage in being able to examine the

VAD review findings from various other states - and to use these findings to legislate for a better, safer and fairer VAD law for all Territorians.

In closing, I look forward to the day when dying Territorians can join the rest of Australians by having the full range of world class medical options available to them, including VAD.

Sincerely

Phil Browne

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