The committee convened at 10.58 am.

INQUIRY INTO VOLUNTARY ASSISTED DYING
Open Session and Discussion with Community – Papunya

Mr CHAIR: All of us on the committee acknowledge the traditional owners of this country and pay our respects to all elders here, past, present and emerging. That is the first thing we want to say.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: This is the biggest crowd we have had anywhere in the Territory.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: I am a musician. I feel like I should do a concert.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: We are very happy to see so many people here because we want to talk to as many people in the bush about what we are talking about today.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: My name is Dr Tanzil Rahman. I am one of the five politicians who have come down to talk today. My seat is right near Darwin from Stuart Park, Berrimah, Winnellie, Bayview and right in the city. I am one of four so I will let them all introduce themselves.

Mrs CARLSON: I am Oly Carlson. I am the Member for Wanguri next door to Royal Darwin Hospital, and I look after Leanyer, Muirhead and Wanguri.

Mr KERLE: My name is Matthew Kerle, and I am the Member for Blain. If you know Palmerston and have family who go to Palmerston, I look after three suburbs in Palmerston: Moulden; Woodroffe; and Bellamack.

Ms ANDERSON: We know all the long-grassers in your electorate.

Mr KERLE: Everyone knows my one in Moulden. Come and say hello. On Sunday afternoons we do a free feed down near the pool so come and have some food. It is lovely to be here. Thank you for having us.

K McNAMARA: My name is Kat, and I am the Member for Nightcliff. Nightcliff is where the jetty is. That is my area there. I am in the Greens party but a part of this committee.

Mr CHAIR: Who is that?

K McNAMARA: This is Rufus. He is the smallest member of the committee.

Mr CHAIR: The newest member of the committee. Yes.

We are here today to talk about something that is difficult. It is hard to talk about finishing up.

[Multiple people speaking.]

Mr CHAIR: Hang on. I will wait. Alison, I will repeat that because it is important to say. We have come today a long way to talk to you about something that is very difficult, about finishing up. It is hard. That is why we are very grateful that everybody is talking with us.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: We know that some people sometimes feel upset when we talk about this. If anybody feels upset or you want a break or you want some help, you just say and then we can stop as well.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: Sometimes when somebody is real sick—real crook—with cancer, kidney failure or in a lot of pain and they are suffering and are very sick, sometimes it is very hard at the end of their life.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: There is an idea that is new in the Northern Territory, but it is not new in the rest of Australia. In all the other places in Australia—in South Australia, Western Australia, Queensland and everywhere—there is a law for what is called VAD—voluntary assisted dying. If somebody is really crook and dying, and they are close to finishing up, it is about whether the doctors and nurses can help them finish up so that they do not suffer anymore.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: The words 'voluntary assisted dying' mean different things for different people. The most important thing is that 'voluntary' means 'choice'. Voluntary means choice. Nobody is forced to do anything. That is the first thing.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: 'Assisted' does not just mean that one needle; it means help when somebody is sick and to help them finish up well.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: We know a lot of people maybe do not want this for themselves, but we also want to know what people think, if somebody else has a choice, if that is okay with them.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: We are recording this meeting so we can use what everyone says to help us write our report, but if anybody wants to say something and they want that one private, and you do not want it on the recording, you can tell us and then we will cut that bit.

Ms ANDERSON: [Non-English spoken.] This is Betty Brown, my young mum.

Ms BROWN: Hello.

Mr CHAIR: How are you?

Ms BROWN: I am good thanks. I want to talk a little bit about—can you hear me?

Mr CHAIR: Yes.

Ms BROWN: God already changed me because I have the Holy Spirit in me, which is always where they are speaking through me. I asked God to pray for my friends, family and the community, and he is here right now. There are all the warriors out there, which is the angels. I am the chosen one; I am the vessel of God, which is the angel with the message. God made me, not the man. Around the world today, the Father is looking at all the warriors coming out today to Papunya; this is the place. He is going to fix it, this community and the hospital. A lot of doctors are all coming there, which are the warriors. And there is no sickness here in this community because I always pray to God to help my people. That is all I want to say.

Mr CHAIR: Thank you, Betty, for sharing.

Ms ANDERSON: Thank you, mum.

Mr CHAIR: It is really important to hear from everyone. We want to hear from everybody, and it is good that you have a good strong faith in God. Many of us also have faith in God.

Ms BROWN: Faith in God is what I was saying.

Mr CHAIR: Many of us pray for things to be better and for help and support from God. We are trying to do the best we can in that regard and trying to do the best work we can here.

The next thing we might talk about is, first of all, everybody, whoever wants to talk, tell us a bit about what the healthcare services are like at the moment.

Ms ANDERSON: [Non-English spoken.] I will say it in English now. Is the clinic good or bad?

[Multiple people speaking.] [Non-English spoken.]

Ms ANDERSON: Sometimes good, sometimes bad. The problem I hear …

Ms McDONALD: The nurses.

Ms ANDERSON: What Karen means by that is agency nurses who just come in six weeks at a time. They cannot build a relationship in the community because they are only here for six weeks and are gone, then a new lot come in for another six weeks. But we are already in the consultation phase with the AMS with Congress. I think we kick off with Congress in the new year. We had consultation about that in three communities, and everyone is happy to go to Congress.

Mr CHAIR: Okay.

Ms ANDERSON: I think it alleviates a lot of pressure from you guys, the department, too. You are recruiting only for short periods of time, and when we are looking at closing the gap—which is not a gap anymore; it is a chasm, by the way—you need stability and to build relationships in the communities. With six-week stints, you cannot build a relationship at all. The fact that it is gone to telehealth makes it very hard for these people, especially the elderly, to ring up and talk about their situation and be cured.

We already have that problem with police where we have to ring up Darwin to get action on a DVO. If the fight is happening at Nyirritjukurrpa Street, can anyone spell that? It is the same thing with the person that received our call. They take 10 minutes, and we have to wait to spell it out to them. That is 20 minutes, and by that time the woman could be dead. All that stuff needs to be taken into consideration.

I am talking to you now as a former politician; you mob really need to start changing Aboriginal peoples' lives; you really do. These people are struggling, and the struggle is every day. We do not want to fight from birth to death; we want to live.

Mr CHAIR: We are here to do what we can to help, and we want to learn as much as we can today. So let us talk about some of those things you just brought up. Let us talk about telehealth first. Does anyone in the group want to talk to us about whether …

Ms ANDERSON: [Non-English spoken.]

Ms McDONALD: [Non-English spoken.]

Mr CHAIR: What is this lady's name?

Ms ANDERSON: Karen McDonald. She is saying that they do not like the way that they have to ring up.

Mrs CARLSON: Can I confirm it is not by video? I noticed today we are talking about actions as well. It is a good way to communicate. It is not by video; it is only on phone.

Mr CHAIR: You guys have no video telehealth service?

Ms ANDERSON: [Non-English spoken.]

Unidentified Speaker: [Non-English spoken.]

Ms ANDERSON: Sometimes on television and sometimes just by phone.

Mr KERLE: When you do telehealth, is there a translator there helping?

Ms ANDERSON: [Non-English spoken.] No, nothing.

Mr CHAIR: About the nurses coming for six-weeks stints, was that always the case?

Ms ANDERSON: No. Before we had a relationship with long-term nurses.

Mr CHAIR: How long ago? When was the last time you had long-term nurses?

Ms ANDERSON: Maybe five or six-years ago.

Mr CHAIR: Five or six-years ago, did you have someone here for a few years?

Ms ANDERSON: Yes. We had Cheryl, and she was here for three or four years. Even though a lot of people did not like her behaviour, they still had a relationship with her. They would argue and then they would make peace again, and that is good for community relationships too.

Mr CHAIR: Alison, do you remember if Cheryl was a registered nurse?

Ms ANDERSON: Yes, a registered nurse. But you know what? She is now a fly-in fly-out nurse because the money is good on the other side. The thing is money does not always cure the problem. Our people are very sick, and I will go back to something I said in 2006 in parliament. My people's poverty determines how a lot of people live. The fact of poor health, poor education and lack of housing determines how a lot of people live—what kind of cars they got, how many houses they have and where their kids go to school. I always ask myself the question, is it in the best interests of the people who work in parliament or the bureaucracy to solve the crisis—the chasm—these people have got? I always come up with no.

Mr CHAIR: Alison, tell us a bit about what the aged-care services are like here at the moment.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: Tell us anything.

Ms ANDERSON: My uncle is in aged-care bus driver, and there is another aged-care worker over there. They employ lots of Aboriginal people to care for their people, so they pick up all the dirty blankets and their clothes and wash them; they get two meals a day from aged care—breakfast and lunch; and they get looked after and cared for properly because they have their own people there. They have a non-Indigenous person. That person is literally the administrator doing the paperwork, but everyone else is our people.

Mr CHAIR: What about if somebody is really elderly and sick? What kind of help do you have here with palliative care and pain relief if someone is very sick?

Ms ANDERSON: Nothing. They go to Alice Springs and then we put them into palliative care in Alice Springs and we all have to go to palliative care in Alice Springs and farewell our loved ones there, then come home and perform sorry business here. We would like, as I said to you earlier …

[Non-English spoken.] They want palliative care at home here.

Mr CHAIR: I see a lot of people nodding their head. Can we just confirm that right now palliative care is not enough here?

Unidentified speaker: No, it is nothing.

[Multiple people speaking.] [Non-English spoken.]

Unidentified speaker: We do not have that.

Mr KERLE: Alison, was there ever palliative care here in Papunya?

Ms ANDERSON: Nothing. Everybody sitting here is born and bred here, but some of us have been here long before the rations, and we went hunting. We never had palliative care here. What we are asking is that we get palliative care here so we can bring our loved ones back home. I can tell you I lost three brothers, one recently—my youngest—in May. My aunty sitting here just lost her son, very young, only two months ago. You see a lot of trauma and grief sitting around this audience, because we just go from one to another to another; we just had one on Monday who passed away in palliative care in Alice.

Mr CHAIR: Alison and everybody, do people here have the option or the chance when they are very sick to finish up on country?

Ms ANDERSON: [Non-English spoken.] No, nothing.

K McNAMARA: Tanzil, I think it is important—we can put all this information in our report but still make a point that this is not asking us technically about palliative care.

Mr CHAIR: Palliative care is part of our remit absolutely, so we need to know about what is going on.

K McNAMARA: We definitely need to know. I think it is still important that …

Mr CHAIR: If you want to make a point, go ahead.

K McNAMARA: It is really important for us to hear about palliative care but also to make the point that for this inquiry, the government—the terms of reference—are asking us particularly about VAD. We still will put all your information in there about palliative care, but this inquiry and the terms of reference are narrower than that.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: Alison, one of the things we know is in places where they have a VAD law—like you and I were talking before—they end up needing more palliative care. When the Health department came to talk to us, they also talked to us about both things. You cannot have VAD without also having palliative care, which is separate.

Ms ANDERSON: We do not want—I can see the catch there too.

Mr CHAIR: Yes, absolutely.

Ms ANDERSON: Like I told you earlier, this audience here yesterday said, ‘No’. We are happy to have palliative care standalone without palliative care being attached to VAD. We do not want anything to do with that needle. Take it to whitefellas, but us Aboriginals do not want it.

Mr CHAIR: Alison, some places where we were talking to some communities—we know not all Aboriginal people are the same. Everywhere is different, and in some communities we heard some people were more supportive. They said that if someone is in pain, they would think about it. Other places said, like you said, definitely not.

Ms ANDERSON: We have morphine for pain. Palliative care will give you morphine, and you have the same results.

Mr CHAIR: Tell us about that.

Ms ANDERSON: It is calmer, quieter and takes longer. That person is there with you for a long period of time—maybe a week or two—whereas with this legislation, you are talking about killing someone—well, putting them to sleep—within one day. Not killing, but it might as well be that.

Yesterday, everybody …

[Non-English spoken.]

[Multiple people speaking.]

Ms ANDERSON: They are saying ‘No’.

Mr CHAIR: Tell us about the pain management morphine thing.

Ms ANDERSON: We have relatives in palliative care all the time in Alice Springs. They get morphine. You are a doctor.

Mr CHAIR: I am a different type of doctor.

Ms ANDERSON: Oh, a different type, not a medical doctor. I am not a medical doctor either, but I know over time, over a couple of days, morphine has the effect of slowing you down.

Mr CHAIR: Yes, it does.

Ms ANDERSON: You only need common sense to know that; you do not have to be a medical doctor. That is what happens. We like that.

Mrs CARLSON: And then you can spend more time?

Ms ANDERSON: Yes, we spend more time with our family—maybe a week or two. The other day on Sunday I went to see my brother's sister in palliative care. Three days—they explained to me the steps. They can see the colouring and the deep breathing. Suddenly the breath is deeper.

Mr CHAIR: Yes, it suppresses it.

Ms ANDERSON: Yes. We like it because it is very calm, and the person is not in pain.

Mr CHAIR: With the VAD, this will take a bit of explaining between you and me. I want you to explain it carefully to them to make sure. We will go through this. We, this group, was asked to—this report was written last year, not by the government but by an independent group of doctors, lawyers and healthcare professionals. Can you pass that on first?

Ms ANDERSON: Last year?

Mr CHAIR: Last year. This is the Independent Expert Advisory Panel report.

Ms ANDERSON: Independent of parliament?

Mr CHAIR: Yes.

Ms ANDERSON: Okay. Who were they?

Mr CHAIR: The former Administrator, Vicki O'Halloran; Duncan McConnel; and a bunch of lawyers.

Ms ANDERSON: Okay. [Non-English spoken.]

Mr CHAIR: As a group, we were asked by the Attorney-General—who is the law minister—to look at this report.

Ms ANDERSON: Attorney-General—I will use Chansey's name here.

Mr CHAIR: Yes, that is fine.

Ms ANDERSON: They knew Chansey was the Attorney-General in the last government.

Mr CHAIR: All good.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: The Attorney-General—like Chansey but the new one …

Ms ANDERSON: Yes. That is what I explained.

Mr CHAIR: Get yourself some water. We will wait. Unless Alison gets some water, we are no good.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: We were asked by the Attorney-General to look at that report. She also asked us to write our own report. This is the one we wrote, asking everyone everything.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: We were asked to do that, and we write a couple of different reports. In this one here, this is their plan for how VAD works. We will talk about this in a second. We have been asked to ask about this plan.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: Now I will get you to explain how this model works so everyone understands because it is not quite as simple as one injection and then it is done. It is not like that. So, we will go first. First thing was—let us go back a step. In 1995 there was a law in the Northern Territory for VAD.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: Then in 1996, the federal government said no to that law and stopped the Northern Territory law.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: Then in 2022 the federal government said that the Northern Territory and the ACT can make a law now.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: Since 2017, every state and every Territory made a VAD law, with Victoria first.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: Since then, this report says that the majority—more than 50%—balanda mob in Darwin and the Northern Territory want a VAD law.

Ms ANDERSON: Fifty per cent out of 100 …

Mr CHAIR: Like 75%, they say.

Ms ANDERSON: I am just saying 50% is right in the middle.

[Non-English spoken.]

Mr CHAIR: The model they proposed is this: first thing is somebody has to be dying of cancer or dying of kidney failure; they have to be dying, not just sick but dying.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: If they are dying, there are four stages for how you do this. We have to tell them properly; it is not just one needle. The first stage is you have to go to a doctor and have to convince the doctor, ‘I am sick, and I want to do this because I am dying’. The doctor has to agree.

Ms ANDERSON: [Non-English spoken.] What is number two?

Mr CHAIR: You have to wait a couple of weeks first.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: Then you have to see another doctor—a new one.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: He or she has to also agree that you are definitely dying and that you have less than 12 months to live.

Ms ANDERSON: [Non-English spoken.] Everyone is laughing; that is why I am laughing.

Mr CHAIR: I know; I am laughing, too. I can see.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: If you can convince one doctor, then you have a break and go to a second doctor and then have a break, the next one is you have to write it and ask for this.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: You need witnesses.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: You need sense still and cannot have dementia or be in a coma. You have to be able to make a decision by yourself.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: Only if you can do one, two and three, step four is doctors and nurses and they can help you with a needle.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: You can do that in a hospital, on country or anywhere.

Ms ANDERSON: [Non-English spoken.] Your turn, Ashley.

Mr ROBERTSON: He is forcing us to die.

Ms ANDERSON: No, he is not. He is telling you the story.

Mr CHAIR: Nobody is forced to do anything.

Ms ANDERSON: [Non-English spoken.]

Mr ROBERTSON: [Non-English spoken.]

Ms ANDERSON: He is not forcing you; he is telling you the story.

Mr ROBERTSON: If we are feeling sick, we want to see family first.

Mr CHAIR: Yes, 100%. Tell us more, Ashley.

Mrs CARLSON: That is why we are here to actually ask how you want to finish up.

Mr ROBERTSON: [Non-English spoken.]

Ms ANDERSON: [Non-English spoken.] It is up to us to make a decision; he is not forcing us. He is telling us a story that is in the report. [Non-English spoken.]

Mr CHAIR: What is he saying, Alison? Help us out.

Ms ANDERSON: He is saying that you are trying to kill us like a dog.

Mr CHAIR: No, no.

[Multiple people speaking.]

Mrs CARLSON: We want to find out how you want to finish up. That is why we are here today. We want you to tell us your story on your different way of finishing up.

Mr CHAIR: Tell us about your culture and family. We want to hear and learn about that. Some of the other communities have been talking to us about how they want to finish up on country when that time comes.

Mr ROBERTSON: Yes, on country with family.

Ms ANDERSON: [Non-English spoken.] What is it that you want to see? You stand up here so that you can be recorded. [Non-English spoken.]

Mr CHAIR: We really want to hear your story.

Mr ROBERTSON: Old people come to aged care.

Mr CHAIR: Keep telling us. Tell us more.

Mr ROBERTSON: Someone in the family—old people go to hospital in town. They will be drunk and fighting outside.

Mr CHAIR: We do not want people to die in hospital if they want to be able to die on country instead.

Mr ROBERTSON: Yes, on country.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: We are not going to make a law; our job is just to write a report and give it back to the government. The government will think about whether they want to make a law or not.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: It is important because when they did this VAD before, everybody knows not enough people asked people on community what they think, so that is why we are here.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: We know, Ashley, you do not want VAD; maybe it is not for you. If you get sick, you do not want it. That is okay; that is your choice.

Mrs CARLSON: That is why we want to put it in the report.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: But we also want to know, even if you do not want it, if somebody else has it—not your family, not here in this community …

Mr KERLE: My neighbour.

Mr CHAIR: Yes, maybe Matt's neighbour—somebody you do not know.

Ms ANDERSON: I said to you earlier when you came in, that is all right for other people, but this community will give you an answer of no.

Mr CHAIR: We are not talking about this community.

Ms ANDERSON: They said no yesterday. [Non-English spoken.]

Multiple speakers: No!

Mr CHAIR: We want to know what they think about somebody else having it.

Ms ANDERSON: That is what I told you. Someone else can have it, but not in this community.

Mr CHAIR: Can you just check that again with all of them so we can get an answer?

ALIS Ms ON ANDERSON: [Non-English spoken.]

[Multiple people speaking.]

Mr CHAIR: That is okay. It is important for us to know.

Ms ANDERSON: Pastor Brian wants to talk.

Mr CHAIR: Absolutely.

Pastor BRIAN: People are afraid and do not know what to do—pray and ask God, because God is always here, and he is a healer. That is why we call on many people to pray. There is only home because Jesus is always here. Some people do not know what to do but pray because I tell them about God's way and what God feels in our lives. Peter 5:7 says to give all your worries and cares to God because he cares for you. God is always here. Some people are afraid if they might be sick. God is always at the centre of us. He is a healer. That is why I am preaching and praying everywhere.

Ms ANDERSON: He goes everywhere. He goes to the hospital and palliative care.

Pastor BRIAN: I pray for everybody. [Non-English spoken.] God is a healer. [Non-English spoken.] He is the one who is always with us in these times of trouble before Jesus—because we are on the last day. That is what the Bible says. That is why I call on all the people for caring and praying. I pray for myself because Jesus is always here. We have singalong going and Bible study. We have people understand and come for the healing.

I went to Alice Springs, praying and healing, because we do not have to be afraid because Jesus is always here. He is coming—the second coming. That is what we are waiting for. Jesus is a healer.

Ms ANDERSON: Last Sunday, two Sundays ago—the sixth Sunday after Pentecost. [Non-English spoken.]

Pastor BRIAN: [Non-English spoken.] I tell them about how Jesus as a healer. We have to pray for ourselves for our healings. We pray because Jesus is always here. That is why some people are afraid. They do not go to church or singalong. That is why I encourage them. The healing comes from God. That is the only way. That is from the Bible, I tell you.

Mr CHAIR: Pastor, is this a very religious community?

Pastor BRIAN: Yes. This is a really good spiritual community.

Ms ANDERSON: Yes. Lutheran community.

Pastor BRIAN: They pray themselves and ask for healing because Jesus is always here. We do not see him; he comes through the Holy Spirit because he is the healer. That is why I go around and preach him. Some people are afraid to go to hospital. I tell them that one Peter verse about giving all your worries and fear, for he cares for you. That is what the Bible says. I tell them about all these people.

Mr CHAIR: Pastor, has anyone passed away and finished up on country recently?

Pastor BRIAN: Any time whenever God is willing.

Mr CHAIR: Has that happened any time recently? Or do you mostly go to the hospital?

Pastor BRIAN: Only at the hospital.

Mr CHAIR: Has nobody passed away here at any time on country?

Ms ANDERSON: No.

Mr CHAIR: Does everybody pass away in the hospital, not on country?

Pastor BRIAN: Yes, at the hospital.

[Multiple people speaking.]

Ms ANDERSON: Before we bring them back to country, we want proper palliative care here. We do not want to have people just standing inside the rooms and stuff like that with flies. This is about human dignity.

Pastor BRIAN: That is why during sorry times we comfort people with the word of God because Jesus is always here. We do not have to worry.

Ms ANDERSON: He goes to South Australia, Western Australia and everywhere.

Pastor BRIAN: Jesus is a good shepherd. These are my sheep. I am the good shepherd and pastor. That is why we have a Bible to share Him and pray over people who are afraid or do not know what to do. They are afraid when they are sick, but God is in our lives.

Mr CHAIR: What about the young fellas? We look around and see most of the older people here today.

Pastor BRIAN: Older people, young people.

Mr CHAIR: Do young people get involved too?

Pastor BRIAN: They get involved too. They come to know. They might change their ways and live for God.

Ms ANDERSON: These young people here play in a band. Look at all the young fellows in the back here.

Mr CHAIR: There are a couple of young fellas up the back, yes.

Ms ANDERSON: They play in bands. They go to gospel.

Pastor BRIAN: That is all I want to say.

Ms ANDERSON: Thank you, pastor.

Mr CHAIR: Pastor, thank you for sharing with us. We appreciate that. We came here to listen. We want to hear what anybody has to say if they want to talk to us about it.

Ms ANDERSON: [Non-English spoken.] This is Karen McDonald.

Ms McDONALD: All our people who have an accident along the road.

Mr CHAIR: That is a good example, Karen. If somebody had an accident on the road and they were very hurt and went to hospital, they cannot pick this VAD. VAD is not for somebody who is sick.

Ms ANDERSON: [Non-English spoken.]

Mr KERLE: It has to be like cancer or kidney disease

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: It can be a lot of different diseases, but you have to be …

Ms ANDERSON: Or you might have dementia.

Mr CHAIR: Dementia does not count because you cannot think.

Ms ANDERSON: Oh, you cannot think. [Non-English spoken.]

Ms McDONALD: What about with the seizure?

Mr CHAIR: Only if it was so bad that it would kill you. A neurodegenerative disease, like a brain disease, only if it—and two doctors. Do you remember when we said one, two, three and four?

Ms ANDERSON: [Non-English spoken.]

Ms McDONALD: Is there morphine at the hospital?

Mr CHAIR: Yes. Morphine is a separate one. That is what we were talking about before. The morphine gets used a lot to help people with pain. When they are in a lot of pain, sometimes it helps them. But it just meant to manage pain; it is not meant to proper finish up.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: The VAD drug is not morphine; it is a different one.

Ms ANDERSON: It is not morphine; there is a difference. Morphine, they use for an accident or [Non-English spoken.]

Mr CHAIR: But like Alison said before …

Ms McDONALD: I had morphine once.

Ms ANDERSON: And me.

Mr CHAIR: And me. I had one for an operation too.

Ms ANDERSON: We all have it. [Non-English spoken.]

That is the fear of death. [Non-English spoken.]

Mr CHAIR: Alison, can I get you to translate some of that back for the record? You were talking about morphine and palliative care.

Ms ANDERSON: So, it is all inclusive talking about VAD. Voluntary assisted dying is different to morphine. I was just explaining how death is a calming effect on a lot of people, and we have seen it in time in palliative care with our loved ones. Like I said, I lost three with a different impact all the time and different scenes at different times. My eldest brother—my sister-in-law is sitting there—had secondary cancer in the hip, so he volunteered to go to palliative care pain free. That is what he wanted.

My second brother, Garrard’s father, started very unusual. He was an amputee, and his kidneys started failing. The first time they saw him he was having epileptic fits, just in the very last stages of his life—only in the last two days. It was very aggressive epileptic fits, and he chose to go to palliative care. It is those injections of morphine that palliative care uses to calm people down so the pain is not so aggressive.

Mr CHAIR: So, your brother-in-law who passed away with hip cancer, did he pass away naturally at the end? Was the morphine used to help him pass on?

Ms ANDERSON: Yes.

Mr CHAIR: Are you sure it was used to help him pass on? I am asking you because you know; I do not know.

Ms ANDERSON: Well, I just thought every time they gave him morphine for the pain, he started going down. The breathing got deeper, more shallow and inside.

Mr CHAIR: Yes, that is what happens with morphine.

Mr KERLE: On that one, in other communities we heard about similar things. See if you can ask the people, are there any stories like that where people are in palliative or aged care in a lot of pain and they sometimes talk to the doctors and the family and make a decision to use more morphine so they can fall asleep and finish up.

Ms ANDERSON: [Non-English spoken.]

Ms McDONALD: [Non-English spoken.]

Ms ANDERSON: Karen is saying when their family goes in, there is a lot of pain and aches, and you can feel the pain when they groan when they try to turn over and stuff like that. The morphine helps them in that situation.

Mr CHAIR: Do people make group decisions when you are in the palliative care?

Ms ANDERSON: [Non-English spoken.]

Ms BROWN: [Non-English spoken.]

Ms ANDERSON: Betty is saying that in the recent experience with her mum, they got together as a family and the doctor asked them.

Mr CHAIR: So, Betty has had that experience.

Ms ANDERSON: And so has Karen.

Mr LANE: [Non-English spoken.]

Mr CHAIR: Can we get this gentleman's name?

Ms ANDERSON: Joseph Lane. He is talking about his first daughter. He was there, and she just got a needle. He believes she passed away because of that. She was vomiting …

Mr LANE: But she was all right. She had to go to Alice Springs, and these bastards put a needle in her.

Ms ANDERSON: They just put the needle in, and she passed away.

Mr CHAIR: How old was she, Alison?

Ms ANDERSON: She was already a mother, and I will tell you she was the mother of Kumanjayi Walker.

K McNAMARA: Was she sick?

Ms ANDERSON: She was just vomiting.

Mr CHAIR: We do not know if she had a diagnosis of a health condition?

Ms ANDERSON: Nothing, but they did not check on her properly.

Mr CHAIR: Roughly, was she in her thirties or forties? Give us an age, roughly.

Ms ANDERSON: Yes, thirties.

Mr CHAIR: So, she was not like 70 years old. When she passed away after that needle—I am just trying to establish here—was he unhappy or happy about that?

Mr LANE: Really unhappy. They told me that when she ate, she would vomit.

Ms ANDERSON: Anytime she ate, she vomited. [Non-English spoken.]

Mr LANE: [Non-English spoken.]

Mr CHAIR: He is obviously unhappy about it.

Ms ANDERSON: He is very unhappy.

Mr CHAIR: He believes the needle did not help.

Mr LANE: [Non-English spoken.]

Mr CHAIR: Where did this happen?

Ms ANDERSON: Here. He is saying that there should always be an Aboriginal health worker and a white sister nurse working together so you have the cultural aspect there for people.

Mr CHAIR: Who gave her that needle?

Mr LANE: [Non-English spoken.]

Ms ANDERSON: [Non-English spoken.] The white nurse.

Mr LANE: [Non-English spoken.]

Mr CHAIR: Is there a lot of fear of needles across the board? It is good to get that on the record.

Ms ANDERSON: Yes. People are very scared because they do not know. It is really good to increase the funding for the interpreter service in all the hospitals because it is vital you have the language ability for translation when interpreting. It is very hard for people to understand medical terminology.

Mr CHAIR: We understand that. Thank you; we appreciate you sharing that story. We are glad to know that stuff.

Mr LANE: [Non-English spoken.]

Ms ANDERSON: The two have to work together.

Mr CHAIR: Yes. Alison, can you tell the group—I know everyone is getting tired, so we will not go for too much longer—that the reason people introduce VAD laws was meant to help, not to hurt anyone.

Ms ANDERSON: [Non-English spoken.]

Mr CHAIR: Just like when someone is in too much pain—and you have explained they get some morphine to cope with the pain—and even morphine is not helping anymore, this gives them a choice—just a choice.

Ms ANDERSON: You can see Karen; she does not like that.

Mr CHAIR: You do not have to do it, but if balanda people want it …

Ms ANDERSON: That is what we said at the beginning twice. If balanda want it, (inaudible) do not want it. If whitefellas want it, in our language, (inaudible) do not want it.

Mr CHAIR: I get it. Some people have objections that are different. Sometimes they do not want anybody to have a choice, so we want to know if nobody should have a choice or only some people.

Ms ANDERSON: Even yesterday I heard that if people outside of us want it, they can have it, but not for us. It is not for us, and I cannot stress that enough.

Mr CHAIR: We get that loud and clear.

Ms ANDERSON: [Non-English spoken.]

Multiple speakers: No!

Ms ANDERSON: See? No.

Mr CHAIR: We hear loud and clear that people do not want it here, but also it is interesting to know for us that people do not mind if someone else has it.

Ms ANDERSON: That is what they said. If someone else wants it they can have it, but not us.

Mr CHAIR: Do you guys have any questions or things you want to talk about?

Ms ANDERSON: Kat, do you have any questions?

K McNAMARA: I am just good having a listen.

Mr CHAIR: The most important thing we want to say is thank you.

Ms ANDERSON: [Non-English spoken.] Lunch is here. During lunch if you want a private talk, talk to them.

Mr CHAIR: Come talk to us.

The committee concluded.