

**INQUIRY INTO VOLUNTARY ASSISTED DYING
NT Cattlemen's Association**

Mr DEPUTY CHAIR: I am Deputy Chair of the LCAC Committee. We are doing voluntary assisted dying consultation in the regions. My colleague is Oly Carlson.

Mrs CARLSON: The Member for Wanguri.

Mr DEPUTY CHAIR: Can you please state your name for the record?

Ms CAREY: Romy Carey, Chief Executive Officer of the Northern Territory Cattlemen's Association.

Mr DEPUTY CHAIR: Anything else I need to say for the record?

Unidentified speaker: That it is being recorded and that parliamentary privilege applies.

Mr DEPUTY CHAIR: Yes, parliamentary privilege applies. This transcript will be published online. If there is anything you want redacted, please let us know and we will redact it from the record. Go Oly; what was your question?

Mrs CARLSON: My question is in regards to the Northern Territory—obviously, we have a lot of outstations, transient population, I suppose, with possibly the Cattlemen's Association. Do you support, do some people support, do most people support in the cattlemen's industry—voluntary assisted dying?

Ms CAREY: Absolutely. I think, broadly, we are supportive of voluntary assisted dying that allows people to choose how they may wish to go, especially for people who are experiencing severe illness or terminal illness. Absolutely—broadly supportive to have it as an option.

Mr DEPUTY CHAIR: I am thinking of scenarios where there might be people on a remote cattle station who get a terminal illness. How do they go at the moment accessing, say, cancer treatment, specialists? Do they have to fly down south for treatment? Can you comment on that?

Ms CAREY: Absolutely. The equity for remote and regional primary healthcare is an extremely important topic. It is not just for terminal illness; it is for everyday primary healthcare. It is extremely hard to access in the regions. It is one of our biggest policy pieces. It creates significant difficulties for remote and regional people. The options at the moment are several hundred kilometres plus accommodation to visit an urban primary healthcare provider or, in the instance of a terminal illness, it is likely they would have to relocate permanently to another jurisdiction or to a Northern Territory ...

Mr DEPUTY CHAIR: Like, Darwin or something.

Ms CAREY: Yeah.

Mr DEPUTY CHAIR: If someone was diagnosed with a terminal illness and they wanted to finish up on their country, on their station where they have spent their life working, what options do you think they would prefer—if they went through the process, which is a doctor and likely a specialist ...

Mrs CARLSON: An eligible candidate.

Mr DEPUTY CHAIR: Yes, if they are an eligible candidate, so they would have to be terminal, progressive and suffering, and that could be anticipatory suffering, like, they are anticipating the suffering that would come as it progresses, and in full control of their mental faculties, do you think it would be useful to be able to self-administer the substance back home on their country, which might be, as you say, a long way from an urban hub?

Ms CAREY: Yeah, I am sure for some people they would probably like for that to be an option, to be at home, somewhere they are comfortable and have been for a really long time and is quite special to them.

Mrs CARLSON: Does there need to be a safeguard that medical staff would need to be involved?

Ms CAREY: Yeah, I would imagine there would need to be relevant frameworks and protocol to allow for that to happen.

Mrs CARLSON: So then there are the two options here that we just talked about. One is actually self-administering and use a support person to take or receive the medication—they are the one signing off on it and then taking it to wherever they need to—but then they also have to sign off that any unused is returned as well. Is that maybe a better option because medical staff may not be available? Which would probably ...

Ms CAREY: All properties have a white box; I am not sure if you are familiar with that.

Mr DEPUTY CHAIR: No, please talk about it.

Ms CAREY: In that it has prescribed medicines, adrenaline, essentially an emergency kit for when accidents go wrong. There is a framework at the moment and a system where they are able to administer and report on those products. I believe there is potential for it to fall under a similar framework; however, it is a lethal injection, essentially, so ensuring there is ...

Mrs CARLSON: This will be a medicine that is—they can take orally.

Ms CAREY: Okay, there you go.

Mr DEPUTY CHAIR: So if there are already white boxes, are they secure? Are they key locked?

Ms CAREY: Yeah, they are locked away. I am not sure if the box has a lock, but they have to be stored appropriately and there are all the requirements.

Mr DEPUTY CHAIR: For the record, I will get my colleague to introduce himself.

Mr YOUNG: Nice to meet you finally. I have seen you around. My name is Dheran Young, the Member for Daly. I think you know the communities I represent. I am part of the committee on voluntary assisted dying, and I am the Deputy Opposition Leader. Thanks for coming along. We appreciate it.

Ms CAREY: Thanks for having us.

Mr DEPUTY CHAIR: Anything else you would like to add?

Ms CAREY: No.

Mr DEPUTY CHAIR: We covered off remote access, equity, storage of substance, administration of substance—any more? All right, we will close it there?

Mr YOUNG: You understand the report is going from here? Have you explained that?

Mr DEPUTY CHAIR: There was the report last year. Our committee has been tasked with requiring—the terms of reference are the original Rights of the Terminally Ill Act, last year's expert panel report and a few other things I cannot remember off the top of my head, and basically to go out and consult with remote communities because there was not a lot of remote consultation by the expert panel.

Mr YOUNG: We will write up a report at the end of this and be done by the end of September, which will then be handed to the Attorney-General, and then it will be—we are not legislating anything; we are just putting recommendations forward and it will be up to the government whether it brings on a Bill, and we would assume that if they do it may be up for consultation through the—not the scrutiny committee, but whatever process it chooses. Once it is legislated, it will take at least 18 months to roll it out due to implementation, infrastructure, nurses, doctors. It would at least be a couple of years off until it is enforced, really.

Ms CAREY: Yes.

Mrs CARLSON: Thank you for coming in.

Committee concluded.
