From: Shirley Hendy
To: LA VAD
Subject: Submission supporting VAD in the NT
Date: Thursday, 7 August 2025 10:22:29 AM

Dear L&CA Committee Members,
I write as a 77 year old retired doctor who has worked in the NT from 1975 until 2018. I and my partner continue to live here and we plan to die here.

I note that the main focus of the consultation is to action a system that will best meet the VAD needs of people in the NT. As it should be. We who have chosen to work, live, and retire in Australia's NT should have the right, as people in other parts of Australia now all have, to choose to access VAD here if we are terminally ill and suffering in a way that we find intolerable.

My medical practice included work with Aboriginal people in remote communities as a Top End DMO delivering care, as well as work in all regions of the NT to consult and discuss sensitive topics around sexually transmissible disease, AIDS and condom use, alcohol and other drug related issues, all in partnership with Aboriginal Health Workers and other Indigenous health care colleagues.

Eligibility
There should be no arbitrary time criterion. Time from diagnosis to death can be complex, uncertain, and notably difficult to predict, particularly with neurodegenerative diseases.

Medical Practitioner initiated VAD discussion
Voluntary assisted dying is a service that people with a terminal illness can choose to relieve their suffering if it becomes intolerable. It is part of compassionate end of life care. Care that is normally discussed between a patient and their treating doctor/s in the context of their condition, support situation, personal and cultural needs and wishes, and the support systems and palliation management available to them. It would make no sense to legally prohibit a doctor from introducing it as part of the conversation when it becomes relevant.

Process
The process needs to be as streamlined and straightforward as possible. People with a terminal illness become progressively physically tired and weak, often exhausted by pain, and suffering various losses of function in their daily living, as well as drained by coping with hospital and medical appointments, treatments and side effects, and the emotional impacts of loss of independence, and impending death. They do not need to be subjected to a drawn out, cumbersome, bureaucratic process.
The Expert Panel recommendations address this, recommending only 2 requests by the person, no requirement for a permit etc.

Access
As proposed by the Expert Panel, people should be able to choose either self administration or doctor administered VAD medication. Qualified Nurse Practitioners should also be able to administer.

VAD Practitioners

Whenever possible, the person's own General Practitioner (GP) and/or their own treating Specialist/s should act as assessment/coordinating and consulting medical practitioners. A central coordinating service could assist when a person's GP or treating Specialist is unable to do so. The coordinating body would keep a Register of Qualified Medical and Nurse Practitioners, assist with contact and access, could organise provision of VAD practitioners including those who have nominated to deliver VAD services in remote areas, and provide Care Navigation support.

As proposed by the Expert Panel, Nurse Practitioners should be able to train and act as VAD medication administrators.

Central VAD Service
The Expert Panel's recommendation for a Central Service capacity providing an expert team approach is thoughtful, carefully researched and consulted, addresses many concerns, has many benefits, and should be carefully considered and costed.

But no model should deny a terminally ill person this End of Life care from their own doctors (and other healthcare team members) with whom they have an established relationship. Rather than excluding a person's own GP or treating Specialist, it is surely possible to develop a hybrid service.

Central Coordination will be needed to keep a register of VAD trained practitioners, provide Care Navigation support, process requests for travel funding etc, and could identify and organise VAD Practitioners who have nominated to provide such services, including to travel to remote areas to deliver VAD services.

The purpose of VAD services is to relieve intolerable suffering by someone with a terminal illness - part of compassionate End of Life Care. The reasoning for a separate Agency is understood, but it is not reasonable to allow the unfounded fears of some to separate it from NT Health which is its logical location.

As in other jurisdictions, there should be funding both for VAD Practitioners to travel to deliver services, and for a person requesting VAD to travel from a remote location to access VAD services.

Medical Practitioner eligibility
As recommended by the Expert Panel: General Medical Registration 5 years, Specialist Registration 1 year, Nurse Practitioner Registration 1 year.

Mentoring
VAD Medical Practitioners who complete mandatory CME training, but have little or no previous experience would value and benefit from connection with a well experienced VAD Practitioner to provide advice and guidance - likely an interstate practitioner in the early years. Similarly for administering Nurse Practitioners.

Cultural Safety training
Professional Colleges such as ACCRM, RACGP, RACP, all offer CME accredited training in Cultural Safety. Medical and nursing practitioners working in remote or urban Aboriginal Health Services are already trained and experienced in cultural safety and communicating with the people they are serving. There is no need to separately develop training for VAD practitioners.

Final Comments
The last NT Government failed us.

The Expert Panel membership was well selected, carried out extensive research, consultation and careful analysis, and delivered a thoughtful and comprehensive report. But this could and should have occurred much earlier, been followed through and actioned.

It is my weary hope that this current process is a genuine commitment by our Government to properly action VAD, which has been consistently supported by a majority of Territorians over the past 25 years.
It is so very hurtful for terminally ill people facing death to hear that their suffering is not a priority for their Government.

It is my hope that a conscience vote means that our representatives will be conscience bound to represent the views of their constituents, not impose their personal beliefs about whether others who do not share those beliefs may be allowed access to voluntary assisted dying when they need it. How, in all conscience, could they do otherwise.

Shirley Hendy
NT [redacted]