Submission

on

Voluntary Assisted Dying

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1. Introduction

On 14 May 2025 the Legal and Constitutional Affairs Committee received an inquiry referral from the Attorney-General, the Hon Marie-Clare Boothby MLA, requesting that the committee undertake an inquiry into the Voluntary Assisted Dying in the Northern Territory - final report 2024.

FamilyVoice Australia is a national Christian advocacy group – promoting family values for the benefit of all Australians. Our vision is to see strong families at the heart of a healthy society: where marriage is honoured, human life is respected, families flourish, Australia's Christian heritage is valued, and fundamental freedoms are valued and enjoyed.

Submissions close 15 August 2025.

2. Duty to protect citizens (including from themselves)

Governments have a duty to protect citizens from harm – both from others and self-inflicted. Governments continue to invest heavily in measures to curb suicide rates. In fact, the Australian Government Department of Health and Aged Care website titled "What we're doing about suicide prevention"[1] details the extensive efforts being undertaken in Australia, including:

- Strategies and plans
    - National Suicide Prevention Strategy
    - National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
    - Fifth National Mental Health and Suicide Prevention Plan
- Supporting initiatives and programs
    - Suicide Call Back Service
    - National Suicide Prevention Trial
    - Kids Helpline
    - Lifeline
    - Beyond Blue
    - Stand By Support After Suicide Program
    - National Suicide and Self-Harm Monitoring System
- Grants and tenders
- Research
- Working with other groups such as the National Mental Health Commission and the National Suicide Prevention Adviser

Legislating for euthanasia undermines these efforts because it says that some lives are not worth living. While some might seek to draw a distinction between physical pain and mental suffering, the reality for anyone that has suffered mental illness is that it can be far more debilitating and painful than any physical suffering. Legislating for euthanasia while at the same time pushing suicide prevention measures clearly sends contradictory messages. The case of a Queensland couple highlights the dangers that euthanasia poses around this issue:

> *In the first suspected abuse of a VAD scheme in Australia, revealed by The Australian on Monday, a man aged in his 70s consumed the death-dealing dose prescribed to his wife.*

> *The woman had been approved to legally end her life at home under the state's VAD laws but her condition deteriorated and she died in hospital without taking the drugs.*
>
> *After her death, her husband is believed to have gone back to the house and taken the lethal drugs.*
>
> *The case has been reported to the Queensland coroner and has raised new questions about the security of lethal VAD drugs prescribed to people to use at home.*
>
> *…*
>
> *Luke Garske, a Brisbane-based respiratory doctor opposed to VAD, said assisted dying schemes were reliant on implied trust.*
>
> *"That's trusting patients and their carers to be responsible for these harmful medications in the community," he said.*
>
> *"It is just such a sad thought that he had such easy access to a dangerous medication."*[2]

This case highlights how lax so-called "safeguards" are with respect to euthanasia.

3. Choice is an illusion

Euthanasia is often spoken of in terms of being a "choice" for an individual. But how much are those who are suffering so much that they want to die capable of freely making a choice?

Dr. Ole Hartling, a Danish physician for more than 30 years and a past Chair of the Danish Council of Ethics, pointed out in an essay in the *British Medical Journal* the compromised nature of "choice" with respect to euthanasia:

> *I question whether self-determination is genuinely possible when choosing your own death. In my book ["Euthanasia and the Ethics of a Doctor's Decisions"] I explain that the choice will always be made in the context of a non-autonomous assessment of your quality of life—that is, an assessment outside your control.*
>
> *…*
>
> *Decisions about your own death are not made in normal day-to-day contexts. The wish to die arises against a backdrop: of desperation, a feeling of hopelessness, possibly a feeling of being superfluous. Otherwise, the wish would not be there. Thus, it is under these circumstances that the right to self-determination is exercised and the decision is made. Such a situation is a fragile basis for autonomy and an even more fragile basis for decision making. The choice regarding your own death is therefore completely different from most other choices usually associated with the concept of autonomy.*[3]

Likewise, Professor Theo Boer has highlighted the influence that family can play in euthanasia decision-making:

> *Around one in five patients who choose euthanasia in the Netherlands may be influenced by family circumstances, according to Professor Theo Boer, a leading expert on the ethics of assisted dying.*
>
> *Professor Theo Boer said doctors come under pressure for a variety of reasons, sometimes from family members concerned for the patient's well-being, while in other cases the patients themselves wanted to ease the burden on their relatives.*

> *Boer based his estimate on his experience of nine years as a member of one of five review committees that assess every euthanasia case, helping to judge around 4,000 case files.*[4]

Clearly, in the context of euthanasia "choice" is an illusion. Concerns about coercion are highlighted by an anecdote from Vermont:

> *True Dignity has spoken with the family of a 90-year-old Medicaid patient who felt pressured by caregivers in the facility where she was admitted for recovery from a fall. The patient did not have a terminal diagnosis.*
>
> *According to Beth Neill, clinicians at the Berlin Health and Rehab Center informed her mother at regular intervals during her 4-month stay there that she had a "right" to use Act 39, and that, "She didn't even have to discuss it with her family." It was the act of repeatedly bringing up Act 39 as a health care "option" that caused her mother to feel pressure, and not overt efforts by clinicians to convince her to request the lethal prescription, Neill said. However, she said her mother made it clear she wanted nothing to do with Act 39 and was disturbed that staff re-introduced the topic repeatedly.*
>
> *Neill notes that her mother was, and is, in otherwise surprisingly good health for her age, and would not have qualified for Act 39, as the extended stay in Berlin Health and Rehab was strictly for help recovering from her fall.*
>
> *Neill was not made aware of the situation at Berlin Health and Rehab until after her mother had already been moved to assisted living at a Northfield facility, where she currently resides.*
>
> *When she did hear of it, "It blew my eyebrows off," she said.*
>
> *According to Neill, the staff at the Northfield facility informed her that her mother had reacted strongly when they began to discuss care options. "Mom thought they were going to start talking about Act 39, the way they did at Berlin (Health and Rehab), and she blew up at them.*
>
> *She said, 'I don't want anyone talking to me about killing myself.'"*[5]

The power of suggestion to vulnerable persons should not be underestimated. The Canadian case of a veteran is alarming:

> *A Canadian Forces veteran seeking treatment for post-traumatic stress disorder and a traumatic brain injury was shocked when he was unexpectedly and casually offered medical assistance in dying [euthanasia] by a Veterans Affairs Canada (VAC) employee, sources tell Global News.*
>
> *Sources say a VAC service agent brought up medical assistance in dying, or MAID, unprompted in the conversation with the veteran. Global News is not identifying the veteran who was seeking treatment.*
>
> *But multiple sources tell Global News the combat veteran never raised the issue, nor was he looking for MAID and was deeply disturbed by the suggestion. Multiple sources and VAC have told Global News that the discussion took place.*
>
> *Sources close to the veteran say he and his family were disgusted by the conversation, and feel betrayed by the agency mandated to assist veterans. The sources said the veteran was seeking services to recover from injuries suffered in the line of duty, and had been experiencing positive improvements in his mental and physical health. They say the unprompted offer of MAID disrupted his progress and has been harmful to the veteran's progress and his family's wellbeing.*[6]

These cases constitute a caution not only against euthanasia but also against allowing healthcare professionals to initiate conversations regarding euthanasia, owing to the inherent power disparity between practitioners and patients.

4. Is euthanasia just about the individual?

The experience of Tom Mortier illustrates the impact euthanasia has beyond the individual who "chooses" it and how so-called "safeguards'" can be easily circumvented:

> *In a major case on the right to life, the European Court of Human Rights ruled Tuesday in favor of Tom Mortier, son of Godelieva de Troyer, who died by lethal injection in 2012 at age 64. Her euthanasia was conducted on the basis of a diagnosis of "incurable depression." In the case, Mortier v. Belgium, the court found that Belgium violated the European Convention on Human Rights when it failed to properly examine the alarming circumstances leading to her euthanasia.*
>
> *…*
>
> *Mortier's mother approached the country's leading euthanasia advocate, who, despite being a cancer specialist, ultimately agreed to euthanize her. Over a period of just a few months, she made a financial payment to his organization and was referred by him to see other doctors who were also part of the same association despite a requirement for independent opinions in the case of individuals not expected to die soon. The same doctor that euthanized her is also co-chair of the federal commission charged with approving euthanasia cases—a clear conflict of interest. Despite Belgium euthanizing an average of seven people per day, the commission has only ever referred one case for further investigation.*
>
> *"The big problem in our society is that, apparently, we have lost the meaning of taking care of each other," Mortier said after the euthanasia of his mother. Prior to her death by euthanasia, no one consulted with him or any other family member. According to the oncologist who administered the lethal injection to his mother, her diagnosis was "untreatable depression."*
>
> *Euthanasia in Belgium has been legal since 2002. The law specifies that the person must be in a "medically futile condition of constant and unbearable physical or mental suffering that cannot be alleviated, resulting from a serious and incurable disorder caused by illness or accident."*
>
> *Mortier's mother was physically healthy, and her treating psychiatrist of more than 20 years doubted that she satisfied the requirements of the Belgian euthanasia law. Neither the oncologist who administered the injection nor the hospital informed him that she was even considering euthanasia. Mortier found out the day after she was euthanized, when the hospital asked him to make necessary arrangements for his deceased mother.*
>
> *"My mother suffered from severe mental difficulties and coped with depression throughout her life," Mortier recalled. "She was treated for years by psychiatrists, and sadly, she and I lost contact for some time. It was during this time that she died by way of lethal injection. Never could I have imagined that we would be parted forever."*
>
> *In response to the ruling, Mortier said, "This marks the close of this terrible chapter, and while nothing can alleviate the pain of losing my mother, my hope is that the ruling from the court that there was indeed a violation of the right to life will put the world on notice as to the immense harm euthanasia inflicts not just on people in vulnerable situations contemplating ending their lives but also their families and ultimately society."*[7]

The euthanasia death of Tom Mortier's mother had a devastating impact upon him and came after his father committed suicide years earlier in 1981.[8]

5. Is euthanasia a "peaceful" death?

Euthanasia is portrayed as a quick and painless death. But is that really the case? A study undertaken by Dr Joel Zivot suggests otherwise:

> *It was 2016, and the autopsy reports had been given to him [Dr Joel Zivot] by lawyers representing inmates on death row. He had received simple instructions: Interpret the levels of an anesthetic in the blood to determine whether the inmates were conscious during their execution. As an anesthesiologist at Emory University Hospital in Atlanta, Zivot specialized in reading these levels. But as he looked beyond the toxicology reports, something else caught his eye. The lungs were way too heavy.*
>
> *He checked another autopsy. Again, heavy lungs. The average human lung weighs about 450 grams. Many of these lungs weighed twice that, sometimes more. His best guess was that they were filled with fluid — but he needed a second opinion.*
>
> *His colleague Mark Edgar, an anatomical pathologist at Emory, agreed to help. Zivot didn't mention the lungs at all, to see if Edgar would catch the same aberrations. He did. And he confirmed that Zivot's hunch had been correct — the lungs were filled with a mixture of blood and plasma and other fluids.*
>
> *It was a severe form of a condition called pulmonary edema, which can induce the feeling of suffocation or drowning.*
>
> *Maybe it was a fluke? Zivot and Edgar needed more autopsies to be sure. Lawyers in other states shared autopsies of former clients who had been executed. The evidence explained why multiple inmates in recent years had gasped for air after their executions began.*
>
> *Eventually, Zivot and Edgar found pulmonary edema occurring in about three-quarters of more than three dozen autopsy reports they gathered.*
>
> *"The autopsy findings were quite striking and unambiguous," says Zivot. He had imagined that lethal injection induced a quick death and would leave an inmate's body pristine, or at least close to it. But the autopsies told another story.*
>
> *"I began to see a picture that was more consistent with a slower death," he says. "A death of organ failure, of a dramatic nature that I recognized would be associated with suffering."*
>
> *In some cases, there was even froth and foam in the airways: "Frothy fluid present in the lower airways," read one report.*
>
> *…*
>
> *The froth was a clue: It meant that the inmates were still alive and trying to breathe as their lungs filled with fluid, because froth could form only if air was still passing through the lungs. It also meant that the pulmonary edema was being caused by the first drug given during a lethal injection, since the second drug, a paralytic, stops the inmate's breathing altogether.*
>
> *Most states use three drugs during a lethal injection: The first is supposed to anesthetize inmates; the second paralyzes them; the third stops the heart.*[9]

The study is significant because the drugs employed in the execution of prisoners are the same as those used in euthanasia.

6. Canadian experience

The Canadian experience of euthanasia is a cautionary tale of why the NT should not go down this path. Euthanasia was imposed in Canada by the country's Supreme Court in 2015. The court gave Parliament a year to develop euthanasia legislation[10] and subsequently granted a 4 month extension.[11] In 2016, euthanasia, euphemistically called MAiD (Medical Assistance in Dying), came into effect in Canada. It was not long before the scope of euthanasia was broadened beyond its original parameters.:

> *Canada expanded the euthanasia law (Bill C-7) in March 2021 by removing the requirement that a person must be terminally ill or that their natural death be reasonably foreseeable. By removing the "terminal illness" requirement within the law without adding further requirements, the law became open to euthanasia for anyone with an "irremediable" medical condition. The new euthanasia law stipulates a 90 day waiting period for people who are not terminally ill and allows same-day death for people who are terminally ill.*
>
> *The disability community were concerned during the Bill C-7 debate that removing the "terminal illness" requirement in the law would lead to the deaths of people with disabilities based on social reasons. They were right. People with disabilities are being approved for euthanasia based on their medical condition but are requesting euthanasia based on poverty, homelessness, and other social issues.*[12]

The reality is that once euthanasia is framed as a "human right," its application inevitably expands to encompass an increasingly broad range of individuals. Matt Vallière, director of the Patients' Rights Action Fund said the mostly western governments that allow assisted suicides send the message that "people with certain disabilities are better off dead."[13]

> *'Every expansion of assisted suicide and euthanasia simply adds additional subsets of people with disabilities to the group of those who qualify or makes it easier, quicker, or cheaper for them to get it,' Vallière told DailyMail.com.*
>
> *People who need support are shunted into a 'utilitarian death-funnel,' he added.* [14]

Al Jazeera recently reported on the tragic case of Rosina Kamis:

> *In September 2021, Rosina Kamis, a 41-year-old woman from Malaysia, was euthanised through Canada's newly expanded medical assistance in dying regime. Rosina told doctors that she was seeking euthanasia to put an end to the suffering caused by her fibromyalgia, which she had developed in her 20s. Yet in conversations with her friends and in dozens of videos, emails, and phone calls, she made it clear that she was actually seeking death as an escape from the poverty and isolation she faced in her day-to-day life.*[15]

Veterans have even been ensnared in the euthanasia web:

> *Army veteran Kelsi Sheren was a fresh-faced 19-year-old when she first set foot on the combat field in Afghanistan. It proved to be a life-altering experience.*
>
> *Six months later the Canadian artillery gunner was 'still shaking' on a military helicopter heading home after witnessing one of her comrades being blown to pieces after he set off an IED in the field as their battalion moved from compound to compound.*
>
> *'That was my first exposure to watching someone die. And that was my first exposure to having to clean up what was left of someone,' Sheren told DailyMail.com.*
>
> *...*
>
> *Sheren is enraged by the 'unacceptable' and 'infuriating' law. She says she personally knows almost a dozen veterans who have been offered euthanasia by authorities, a 'disgusting' approach to 'people who were willing to put their lives on the line... then you have the audacity to tell them it's better if you just die'.*[16]

The case of Rose Finlay is another example of the problematic nature of euthanasia:

> *A quadriplegic woman from Ontario has slammed her government, saying it would be faster for her to be euthanized than for the state to provide her with disability support services.*

> *The mother-of-two, Rose Finlay, 33, shared a video on TikTok explaining her decision and accusing health chiefs of failing to deliver for the province's disabled people.*
>
> *Her spinal cord was damaged when she was 17.*
>
> *She used to support herself and her family, but increasingly frequent illnesses have left her unable to work.*
>
> *In her widely shared post, she says she fells like 'absolute crap' and that her kidney pain, fever, chills, headaches, muscle spasms, and nausea are getting worse.*
>
> *Red tape means it can take as long as eight months to get the disability support money she needs.*
>
> *That, she says, is longer than the 90 days it takes to qualify for the country's medical assistance in dying (MAiD) scheme.*
>
> *'There is a huge and detrimental discrepancy that exists in the supports that are available to disabled Ontarians,' Finlay said in the video.*
>
> *In a more recent Instagram post, she says she hasn't yet decided whether to end her life.*
>
> *She calls for 'more people to help create change for disabled Canadians by holding our politicians accountable for fixing the broken system.'*
>
> *Alex Schadenberg, head of Canada's Euthanasia Prevention Coalition, a campaign group, called it a case of 'abandonment.'*
>
> *'She can die by MAiD in 90 days, but she is forced to live in complete poverty for six to eight months as she waits for approval for disability benefits,' Schadenberg told DailyMail.com.*[17]

The NT should take heed of the Canadian experience of euthanasia.

7. Conclusion

Euthanasia should not be legalised in the NT. Legalising euthanasia sends a terrible message that some lives are not worth living. It also undermines suicide prevention measures. The case of a Queensland man who used his deceased wife's euthanasia drugs is an example of this and also how lax are so-called "safeguards".

The experience of Canada demonstrates that euthanasia inevitably expands to capture more and more groups of people and is a warning for the NT to not go down this path. Once the euthanasia genie is out of the bottle it cannot be put back.

8. Endnotes

[1] "What we're doing about suicide prevention", Australian Government Department of Health and Aged Care, Date last updated: 5 December 2022, https://www.health.gov.au/topics/mental-health-and-suicide-prevention/what-were-doing-about-suicide-prevention
[2] Lydia Lynch, "Widower suicide spurs euthanasia drug worry", *The Australian*, 25 September 2023, https://www.theaustralian.com.au/nation/widower-suicide-spurs-euthanasia-drug-worry/news-story/2b332657936a48f64d9e485354ca376f
[3] Ole Hartling, "Euthanasia and assisted dying: the illusion of autonomy", *British Medical Journal*, 9 September 2021, https://www.bmj.com/content/374/bmj.n2135
[4] "Pressure on patients is cause for concern: euthanasia expert", *Dutch News*, 3 July 2015, https://www.dutchnews.nl/2015/07/pressure-on-patients-is-cause-for-concern-euthanasia-expert/#google_vignette
[5] "From the Netherlands to Vermont: Patients Under Pressure to Die", True Dignity Vermont, 13 July 2015, https://www.truedignityvt.org/from-the-netherlands-to-vermont-patients-under-pressure-to-die/
[6] Mercedes Stephenson & Sean Boynton, "Veterans Affairs says worker 'inappropriately' discussed medically assisted death with veteran", *Global News*, 17 August 2022, https://globalnews.ca/news/9061709/veteran-medical-assisted-death-canada/
[7] "Mortier v Belgium", Alliance Defending Freedom, 4 October 2022, https://adfmedia.org/case/mortier-v-belgium
[8] Tom Mortier, "Life after (assisted) suicide", Published 26 March 2021 [Conference 2015], https://www.youtube.com/watch?v=DXINlpNi9JY
[9] Noah Caldwell, Ailsa Chang, Jolie Myers, "Gasping For Air: Autopsies Reveal Troubling Effects Of Lethal Injection", 21 September 2023, https://www.npr.org/2020/09/21/793177589/gasping-for-air-autopsies-reveal-troubling-effects-of-lethal-injection
[10] Holly Honderich, "Who can die? Canada wrestles with euthanasia for the mentally ill", *BBC News*, 14 January 2023, https://www.bbc.com/news/world-us-canada-64004329
[11] "Legislative Background: Medical Assistance in Dying (Bill C-14)", Government of Canada, https://www.justice.gc.ca/eng/rp-pr/other-autre/ad-am/p1.html
[12] Alex Schadenberg, "Canada's MAiD program has gone "mad"", Euthanasia Prevention Coalition, 18 November 2023, https://alexschadenberg.blogspot.com/2023/08/canadas-maid-program-has-gone-mad.html
[13] James Reinl, "Euthanasia tightens its grip on the West: Rise sparks fears of a 'utilitarian death funnel' - as quadriplegic Canadian considers assisted suicide because approval is faster than getting benefits", *DailyMail*, 2 July 2023, https://www.dailymail.co.uk/news/article-12248669/Euthanasia-tightens-grip-West-Shocking-rise-doctor-assisted-suicides.html
[14] James Reinl, "Euthanasia tightens its grip on the West: Rise sparks fears of a 'utilitarian death funnel' - as quadriplegic Canadian considers assisted suicide because approval is faster than getting benefits", *DailyMail*, 2 July 2023, https://www.dailymail.co.uk/news/article-12248669/Euthanasia-tightens-grip-West-Shocking-rise-doctor-assisted-suicides.html
[15] "Do You Want To Die Today? Inside Canada's Euthanasia Program: Fault Lines Documentary", Al Jazeera English, 18 November 2023, https://www.youtube.com/watch?v=cxqVaaBx3gg
[16] Will Potter, "EXCLUSIVE: Canada's push to euthanize veterans with PTSD is 'disgusting, unacceptable and infuriating', says female artillery gunner who spent six months on the front line in Afghanistan", *DailyMail*, 9 July 2023, https://www.dailymail.co.uk/news/article-12243069/Afghanistan-veteran-slams-Canadas-push-euthanize-soldiers-PTSD.html
[17] James Reinl, "Euthanasia tightens its grip on the West: Rise sparks fears of a 'utilitarian death funnel' - as quadriplegic Canadian considers assisted suicide because approval is faster than getting benefits", *DailyMail*, 2 July 2023, https://www.dailymail.co.uk/news/article-12248669/Euthanasia-tightens-grip-West-Shocking-rise-doctor-assisted-suicides.html