



SUBMISSION TO THE LEGAL AND CONSTITUTIONAL AFFAIRS COMMITTEE

Parliamentary Inquiry into Voluntary Assisted Dying

From: St John NT

General Position

St John NT acknowledges the complexity and sensitivity surrounding Voluntary Assisted Dying (VAD). As a frontline healthcare provider, we respect the rights of individuals to make informed choices regarding their end-of-life care, including the legal right to access VAD where permitted. Our position is guided by:

- The principle of patient autonomy in healthcare.
- Our duty to provide safe, lawful, and ethical care.
- The need for clear operational, legal, and clinical frameworks to support staff involved in or adjacent to VAD processes.

We support the lawful implementation of VAD within a framework that safeguards vulnerable populations, protects healthcare workers, and ensures consistent standards of care across jurisdictions.

Relevance to the Terms of Reference

This submission addresses the following aspects of the Inquiry's Terms of Reference:

- Implementation and operation of VAD laws in practice.
- Legal protections and obligations for healthcare workers.
- Access and equity for rural and remote communities.
- Training and support needs for frontline responders, including paramedics.

Operational Considerations and Challenges

Role of Ambulance Services in VAD Contexts

Ambulance services are not direct providers of VAD however, paramedics may become involved in various ways, including:

- Attending emergency calls related to VAD complications.
- Responding to family or bystander distress during or after the VAD process.
- Being unintentionally involved in attempted self-administration events.
- Managing end-of-life symptoms when VAD is not clearly identified at the time of dispatch.

Lack of Clear Protocols and Legal Guidance

Currently, there is significant variability across jurisdictions regarding ambulance involvement in VAD. Without standardised protocols:

- Paramedics are left legally and ethically uncertain in cases where VAD may have been attempted or completed.
- Inadvertent life-saving interventions may contravene the patient's wishes or legal documentation.
- There is a risk of psychological harm and moral distress among paramedics, particularly when involved in unplanned or ambiguous VAD scenarios.

Access and Equity in Remote Areas

For patients in remote and Indigenous communities, access to VAD is complicated by:

- Geographic isolation.
- Cultural considerations and differing views on end-of-life.
- Limited availability of authorised practitioners and independent witnesses.
- Paramedics often being the only available healthcare providers in urgent care scenarios.

This places an additional burden on Ambulance Services to navigate unclear roles within an emotionally and ethically charged space.

Evidence and Experience

- A 2022 National review of VAD implementation by the Australian Centre for Health Law Research identified frontline responders (including ambulance) as a group in need of specific guidance, training, and legal clarity (White & Willmott, 2022).
- Jurisdictions such as Victoria have documented emergency responses to VAD events that resulted in confusion about resuscitation, certification of death, and coronial reporting (Victorian Voluntary Assisted Dying Review Board, 2023).
- Internal feedback from our paramedics has highlighted increased anxiety about their role and legal risk in responding to possible VAD cases, particularly where documentation (e.g., VAD permits, Advance Care Directives) are not immediately available.

Recommendations

Develop National Ambulance-Specific Guidelines for VAD

- Include response protocols for suspected or confirmed VAD cases.
- Define parameters for non-resuscitation, transport, and notification.
- Ensure alignment with coronial, legal, and ethical standards.

Ensure Legal Protections for Paramedics

- Clarify protections under State and Territory VAD legislation for paramedics who attend or become involved in VAD cases.
- Consider indemnity provisions for staff acting in good faith under uncertain circumstances.

Provide Targeted VAD Training for Paramedics

- Focus on recognising VAD cases, ethical boundaries, and cultural competency.
- Include debriefing and psychological support processes post-attendance.

Include Ambulance Services in VAD Planning and Consultation

- Recognise Ambulance as a stakeholder in the design of end-of-life care pathways.
- Ensure inclusion in VAD working groups and public health policy development.

Address Equity for Remote and Indigenous Communities

- Explore models where ambulance services can support outreach or liaison roles in culturally safe ways.
- Fund telehealth and translation services to assist with VAD processes where access is limited.

Conclusion

The Ambulance service plays a critical, though often overlooked, role in the broader ecosystem of end-of-life care. With the legalisation of VAD, it is essential that Ambulance staff are supported, protected, and equipped with the guidance needed to uphold patient rights while maintaining their own legal and ethical integrity.

We urge the Committee to consider the operational realities faced by paramedics, and to ensure that future legislative or policy changes include tailored supports for ambulance services across the Northern Territory.