

# **Inquiry into Voluntary Assisted Dying (VAD)**

## **- Personal Submission**

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**Location:** Darwin, Northern Territory

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## **Position Statement**

I strongly support the introduction of Voluntary Assisted Dying (VAD) legislation in the Northern Territory, with robust safeguards to protect the vulnerable while ensuring those who meet strict eligibility criteria have the choice to end their life with dignity.

## **Why Choice Matters at This Stage of Life**

Nearing 60, I have reached a point where I understand the unpredictability and fragility of life. Having the option of VAD is not about giving up on life - it is about:

- Retaining autonomy in decisions about my own body and future.
- Ensuring dignity and the ability to avoid prolonged suffering.
- Reducing the emotional, physical, and financial burden on loved ones.

For women in their late 50s, this choice is especially significant. We are often the carers in our families - for children, for ageing parents, for partners. We understand the burden illness can place on loved ones, not just emotionally, but physically and financially. Knowing that I could choose VAD if I were facing unrelievable suffering would lift an enormous psychological weight, allowing me to focus on living fully without the shadow of fear about how my final days might look.

## **Northern Territory Context**

The NT's unique circumstances require careful consideration in any VAD framework:

### **History of Leadership**

The Rights of the Terminally Ill Act 1995 made the NT the first jurisdiction in Australia to legislate for voluntary euthanasia. This reflects the Territory's tradition of independence, compassion, and respect for personal choice.

### **Geographic Challenges**

Remote communities often have limited access to palliative care. Travel for medical treatment is expensive, exhausting, and disruptive to family and community life.

### **Cultural Respect**

Indigenous communities must be fully consulted, with the option to determine how (or if) VAD services are available in their regions. Culturally safe and linguistically appropriate communication is essential.

## **Evidence of Need**

- **Inequitable access to palliative care:** AIHW (Australian Institute of Health and Welfare) data shows rural and remote Australians are less likely to receive specialist palliative care compared to metropolitan residents.
- **Existing models in other jurisdictions:** States such as Victoria, WA, and Queensland have demonstrated that with strict safeguards, VAD laws are both safe and compassionate, with no evidence of misuse.

- **Public support:** National surveys, including the 2023 ABC Australia Talks survey, indicate over 75% of Australians support VAD for terminally ill patients who request it.

## **Recommended Safeguards for the NT**

To ensure VAD is safe and appropriate for our Territory context, the following are recommended:

- **Eligibility Criteria:** Limited to adults with decision-making capacity who are suffering from an advanced, incurable condition causing intolerable suffering.
- **Multiple Medical Assessments:** At least two independent doctors must confirm eligibility.
- **Cooling-Off Period:** A mandatory waiting period, with exceptions for those close to death.
- **Remote Access Pathways:** Telehealth assessments where in-person appointments are impractical.
- **Cultural and Linguistic Support:** Accredited interpreters and culturally safe practices for Indigenous and multicultural communities.

## **Personal Perspective**

Knowing I could legally choose VAD, should I face unbearable suffering in the future, would:

- Give me peace of mind in my later years.
- Allow me to live without fear of a prolonged and distressing death.
- Reduce unnecessary trauma for my family and friends.

This choice is not about ending life prematurely - it is about living the remainder of my life more freely and fully.

## **Conclusion and Recommendations**

**Recommendation 1:** That the NT Legislative Assembly adopts a VAD framework consistent with national best practice, with strict safeguards and accessible pathways for remote residents.

**Recommendation 2:** That culturally safe consultation processes be embedded in the design and delivery of VAD services, ensuring respect for Indigenous and multicultural perspectives.

**Recommendation 3:** That telehealth provisions be included to address geographic isolation in the NT.

The Northern Territory should have the same compassionate, safe, and dignified end-of-life choices already available to residents in other Australian states.

Thank you for considering my submission.