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To: [LA VAD](#)
Subject: Submission Regarding Proposed VAD
Date: Tuesday, 26 August 2025 7:23:56 PM

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Dear L&CA Committee,

I realise that this legislation is introduced with the thought that it is for the sake of people choosing their own end, and in the name of human rights, however healthcare and medicine, i.e. compassionate care of the sick, disabled, and the dying, are some of the good things that the western world has historically championed and sought to gift to many other parts of the world. Where at times other cultures have not seen the virtue in such practice, western medicine has championed the sanctity of life and compassionate care, all the way to natural death.

I note that the word “safe” often comes up in the report in conjunction with VAD. In what other context are “safe” and “suicide” words that go together?

VAD is the act of ending life, no matter the means or method. “VAD” and “safe” are altogether antithetical to each other and VAD is incompatible with healthcare.

What kind of a society are we interested in, one that values caring for those who cannot care for themselves? Or, one whose actions communicate that killing with consent is somehow moral and helpful?

And if the latter, how long do we think it will take for that to move from only applying to the terminally ill, to becoming a more widely acceptable practice?

In addition, it is abhorrent and of great concern that the proposed legislation would remove the ability of medical practitioners who dissent on grounds of conscience, to choose to have no involvement.

Also consider that the NT, as has been noted in the report, has a unique situation in regard to population demographics and remoteness. The people who already suffer most with chronic health issues and premature deaths, namely the Aboriginal peoples, are also the ones who will be most adversely affected by the introduction of this legislation for several reasons, some of which are as follows:

As noted, statistically, Aboriginal Territorians are most likely to have chronic health issues and be admitted to palliative care at an early age, so a higher percentage of Aboriginal Territorians will be offered VAD.

Secondly, it is well known that language and cultural differences often make hospital systems and decisions around health care confusing, and difficult to navigate for many Aboriginal people. It is utterly tragic to think that in this case, misunderstandings as a result of these differences and/or poor communication and explanation from health staff of what VAD is will end in death.

Third, another well published statistic is the high rate of youth suicide in indigenous communities. Has anyone considered the danger posed by the administration of lethal drugs for VAD i.e. the likelihood of them falling into the wrong hands and thus be the cause of more suicides?

If this Legislative Committee and government support closing the life expectancy age gap for Aboriginal Territorians it must reject the introduction of assisted suicide, i.e.

VAD.

I oppose the introduction of VAD to the NT.

Sincerely,

Samuel Auld

