

From: [REDACTED]
To: [LA VAD](#)
Subject: VAD
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Secretary
VAD Panel
Legal and Constitutional Affairs Committee
NT Legislative Assembly
DARWIN

Dear Sir/Madam

EUTHANASIA – WE CAN LIVE WITHOUT IT

(My thanks for your permission to edit my recent submission)

With close family relatives resident in Alice Springs I write to strongly oppose the NT Government's proposal on the re-introduction of euthanasia.

I note that the Government is currently undertaking an extensive community consultation process to consider Voluntary Assisted Dying (VAD) legislation. It needs to be noted that VAD is one of many euphemisms for euthanasia.

All euthanasia is homicide, namely the killing of one person by another. The term VAD or Voluntary Assisted Dying is itself an oxymoron given that it is a figure of speech in which **Voluntary** is contradictory when it appears in conjunction with **Assisted**. In the macabre death dance which is VAD, it takes two to tango. As its protagonists always insist, euthanasia or VAD is not suicide. The administering doctors in their clinical role, are doing much more than just "assisting". Additionally, in the Netherlands a significant number of such so-called voluntary doctor-assisted deaths are non-voluntary.

I was quite troubled that several of the matters covered in the July 2024 Report by the Advisory Panel selected by the then ALP Chief Minister were lacking in objectivity and demonstrated a strong bias in favour of VAD.

For instance, p.4 of the said Report reads: "...we believe we should convey to you a strong body of opinion...that there should be legislation to enable a person..." to access VAD. Admittedly the Report itself effectively renders this comment ultra vires, null and void or inept by admitting that the particular comment was "not within the Panel's Terms of Reference".

It needs to be added that VAD is never necessary and even less so since the advent of some degree of palliative care in the NT. However, very professional external academic advice provided to the Panel referred to the inadequate availability of palliative care. This was troubling. It also indicated that palliative care must first be in place before VAD is

considered. This does not seem to be the case today in the NT.

Where VAD has been legalised, there has invariably been process abuse, whether in Australia or globally. In Oregon US, an insurance company refused to pay a claim for a woman's chemotherapy but offered her assisted suicide instead. Also in Oregon the "slippery slope" syndrome has been such that since euthanasia was introduced in 1997, the number of annually reported VAD deaths has increased by 307%.

In 2005, the Netherlands became the first country since the end of Nazi Germany to decriminalise euthanasia for infants.

Lancet in July 2012 reported that in the first full year of legal euthanasia in the Netherlands - in July 2012- there were 1,815 reported cases of euthanasia. Despite an approximate (20 – 23%) rate of under-reporting there has been, according to Lancet, a 73% increase in euthanasia deaths since 2003. It has been empirically proven that some of both the reported and unreported cases were non-voluntary. Further slippery slope evidence is found in the extension of euthanasia to small children. This year, in a race to the bottom, it was announced that Dutch regulations are being modified to allow doctors to actively end the lives of children aged one to 12 years. Until then, Belgium was the only country in the world to allow assisted dying for children under 12.

The ethics, or lack thereof, of euthanasia have been a contentious issue since the beginning of medicine. The Hippocratic Oath written in ancient Greek dates back to the third century BC and required doctors to uphold specific ethical standards, including an injunction "to do no harm" to patients. In recent years I have attended a university graduation ceremony for medical students where the Oath is affirmed by all relevant graduands.

Research conducted at Cambridge University mentions that euthanasia legislation may make it acceptable to end one's own life, a message in conflict with that of suicide prevention. Where euthanasia is legalised, the consequent diminution of respect for human life can lead to higher rates of suicide.

Very conveniently, euthanasia has become an economical method of "treating" the terminally ill. The cost of the poison to inflict death is about \$50 per injection while chemotherapy can cost thousands.

Is this what the Northern Territory Chief

Minister Lia Finocchiaro is seeking? When she was elected on 18 September 2024, Mrs Finocchiaro is reported in the media as stating that Euthanasia was 'not the priority' for the new Northern Territory government as it had been for the previous Labor government. No doubt many NT voters who voted for her with little or no warning are now asking what caused this metamorphosis.

Yours faithfully.



JT Dominguez CBE AM