INQUIRY INTO VOLUNTARY ASSISTED DYING
Alice Springs Baptist Church

Mr CHAIR: Thank you, first of all, for coming down and spending time with us. We really appreciate it. My name is Tanzil Rahman. I am one of the 25 members of parliament, and I am joined today by Oly Carlson, who is the Member for Wanguri.

Ms CARLSON: Hi, my name is Oly Carlson. I am the Member for Wanguri. I am Territory born and bred, and I represent Wanguri, Leanyer and Muirhead, which is actually the suburb set up next door to the Royal Darwin Hospital.

Mr KERLE: G'day, I am Matthew Kerle, the Member for Blain. I represent Moulden, Woodroffe and Bellamack in Palmerston.

Mr CHAIR: If you could just all introduce yourselves so we know who we are talking you.

Mr TRAEGER: I am Paul Traeger. I am the Support Worker with the Finke River Mission of the Lutheran Church. I mainly work with the Finke River (inaudible) people. I lived in Papunya for 18 years and currently living in Alice Springs, sometimes working with Alyawarr and Anmatjere people.

Mr BROWN: My name is Gavin Brown. I am a pastor here at Alice Springs Baptist Church. I have been here nine years, almost. The majority of people we work with are invested in our community, particularly with Indigenous peoples, the Warlpiri and Alyawarr mob, who (inaudible).

Ms BANNISTER: I am Jane Bannister. I belong to the Anglican Church.

Mr AULD: My name is Malcolm Auld, and I am pastor in the local church (inaudible), and I am a registered nurse with a background in remote area nursing and critical care from the hospital. Been in the Territory a number of years, I think 25 years.

Mr CHAIR: Thanks, Malcolm.

Ms BANNISTER: Jane Bannister again. I have spent the last 32 years in Alice Springs; 25 of them were nursing at the Alice Springs Hospital.

Mr BANNISTER: Peter Bannister, and I am a member of the Anglican congregation. I have been in the Territory 32 years.

Mr CHAIR: Fantastic. We have someone down the back there as well.

Ms LAKE: My name is Meredith Lake. I work at the ABC here in Alice Springs.

Mr CHAIR: Okay. I did not realise you would be joining us today.

Ms LAKE: I just thought I would come and listen. I will not share anything (inaudible); it is for my understanding of the issue. That is okay.

Mr CHAIR: I might just need to double check, actually, with my parliamentary colleagues.

[Off-mic conversation.]

Ms LAKE: I am not recording anything.

Mr CHAIR: I think, Meredith, first can I just check if everybody is okay.

Ms LAKE: Would you like me to leave while you have that?

Mr CHAIR: Yes, give us a sec if you wouldn't mind. We have not had any press with us in these discussions before, it is entirely up to you guys if you would like her to be present or not. If you do not feel comfortable having her around, I am very happy to ask her politely not to be here. At the same time, if you welcome her to be here, that is also fine with us.

Mr BROWN: I personally have no problem with her being here provided nothing is recorded. Meredith is a good person.

Mr TRAEGER: I do not really have a problem.

Mr CHAIR: Are you okay with that, Malcolm.

Mr AULD: I am only hearing part of the conversation.

Mr CHAIR: Apologies, is it okay to have Meredith Lake? She is just here to observe and not record, but is a representative of the ABC.

Mr AULD: Yes, are you all happy with that?

Mr CHAIR: Yes, I think this has to be consensus. Thanks, Malcom. We will get Meredith back in here and get started.

Just by way of background, I spoke with Meredith to explain that it (inaudible)—maybe you can just come and join us up here.

Ms LAKE: I don't want to change (inaudible).

Mr CHAIR: No don't change anything, but it is probably helpful if you just don't work in the background.

Before we start with any of these proceedings, we always, as a committee—there are three of us here today. There are also other members, Dheran Young, the Member for Daly; and Kat McNamara, the Member for Nightcliff. Unfortunately, they could not be here today. We all like to respectfully acknowledge the traditional owners of the country we are on and pay our respects to everybody past, present and emerging.

I thank everybody who takes the time to talk to us about these issues. We know that talking about voluntary assisted dying can be very difficult for a lot of people. We always encourage everyone up front, if anyone wants to take a break or you find anything we are talking about sensitive, we can pause at any time. We also have our parliamentary support staff team here, Caroline, Katie and Georgia. They have materials to assist as well if anybody feels uncomfortable or upset about any of the issues we discuss.

As you can see, we are recording this meeting, and we will use what we get by way of testimony to help us with our report that we write. Anything you say that you do not want on the record, just let us know that you would like that to be private, and we will have that material removed from the process if you like.

With that, we might set the scene a bit and ask you tell us how you generally feel about the issues at hand. By way of background, I note that a lot of you have been around for a while, as you pointed out—Territorians (inaudible). The history of voluntary assisted dying legislation in the Northern Territory is a long one. In 1995, there was a law passed to allow the rights of the terminally ill. For about nine months there was a euthanasia law in practice. Then the Commonwealth, in 1996, intervened to stop that being able to be utilised.

In 2022 the Commonwealth Government changed its mind about that and allowed for the ACT and the Northern Territory to start making laws about voluntary assisted dying as well. In that time, starting from 2017, Victoria first, every other state and territory in Australia now has a law for voluntary assisted dying, in some form.

They are all a bit different, but they are mostly common in terms of how they work, which is basically a case of if somebody is terminally ill, fully cognisant and able to make decisions, they can see a doctor and there is a flow chart process, if you like, of being able to see a doctor, and if they agree that you are a candidate for voluntary assisted dying, then after a waiting period, see a second doctor. After that, another waiting period, and then a process of providing written consent to the formal request. After that, they can actually access a medical team to help them with a voluntary assisted death.

What we have been asked to do is very specific. We, as the Legal and Constitutional Affairs Committee of the parliament, were asked to look into this report. This report is the independent expert inquiry Report on Voluntary Assisted Dying. In 2024 the former government decided to allow an independent expert group made up of doctors, lawyers, community representatives, healthcare practitioners, all sorts of people to make a report on how VAD might work in the Northern Territory.

We were asked to look into this and see whether or not it might work for the Northern Territory, and we were specifically asked to talk to people in the bush in remote communities to try to understand how they felt about voluntary assisted dying, if they wanted to be involved or what other issues came up. We have been mostly out bush, hearing lots of things about palliative care, aged care, healthcare services, all sorts of stuff like that.

What we have done so far is written a consultation paper based on this, which we were asked to do. We have presented a first report back to parliament recently, explaining how we were moving forward with this. What we are trying to do at the moment is hear from a diversity of people wherever we can in relation to these issues to see how they feel about it.

We know from this report and other things that the suggestion is that there is more than majority support, so somewhere between 51% and 99% support for some sort of law to help people who want to choose voluntary assisted dying. We are also interested in what people who do not want it think, why that might be the case and their thoughts in relation to those issues as well.

That is a good scene setter, if you like. We do not have a tight time today before we have to head off to the meeting, about half an hour to have a chat, so we might hand over to you and let you reflect on all or any of what I just said and let us know how you feel about the issues.

Gavin, maybe we will start with you.

Mr BROWN: Sure. I suppose something that I do have concerns about is the harm that the introduction of legislation in voluntary assisted dying would have in the Territory on a number of fronts. I appreciate the fact that the legislation, as it is being suggested, is relatively conservative comparative to other states and territories. I acknowledge that. At the same time I see significant effects upon not only the potential centralised team that would be undertaking the process as well as family members, Indigenous or non-Indigenous, and the person themselves.

I see risks on a whole number of different levels. I looked at all the different submissions that have been generated at this time, and my heart yearns as a pastor for people in complex situations. That line is where we meet people. I have a real heart for meeting people where they are at, supporting people in that journey.

I suppose, from my perspective, God is present within that, but nevertheless I think the introduction of this legislation as currently written would create far more harm than good in its present form. I am happy to go into the specific details about that, but I am also happy to hear from others before we go into the detail of that broader legislation and recommendations.

Mr CHAIR: We would be happy to hear that. Just to be clear, there is no legislation yet, so …

Mr BROWN: Sorry, the proposed.

Mr CHAIR: Again, there is no proposed legislation at the moment. At this point, all we have is a model (inaudible) specific critiques of this (inaudible). Why don't we hear from (inaudible).

Mr TRAEGER: For me, I want to ask a question about the majority. How do you calculate the majority? Who have you assessed? I will leave that question. My main …

Mr CHAIR: We cannot answer that question. We are not doing that calculation. This particular report made a finding suggesting that there was some 70%-plus support for it, and other previous studies done by a range of different bodies around the country and the Territory suggest the majority support. We have not tested that opposition, nor is it part of a terms of reference. We are simply reflecting on other people's data.

Mr TRAEGER: Right, okay. I do not see how you could possibly have done questioning people in Rocket Range or Kintore or (inaudible).

[Multiple people speaking.]

Mr CHAIR: (Inaudible) people saying what they think.

Mr TRAEGER: Can I just say, I have done a master's in applied linguistics, and I have been working with language—in the language. I do 90% of my work in the language of the Pintupi/Luritja people—when I talk to them, that is. The rest of the time, with the Anmatjere people I try to work within their framework.

Over the last 20-odd years, I have been constantly amazed how—and others, too, in my situation have been amazed how little understanding there is of—well-meaning, good people, even people better than me, about the lack of understanding by remote Aboriginal people of English. They have not understood that it is—the languages here are non-Indo-European, often they are not written down, often they are not taught properly or very well—not because people are incompetent, but because they just do not have the resources.

I have looked at myself and thought, am I blowing my own trumpet here? Most of the time, essentially, I do not think I am. In that report, I think they should talk about language, I would say, about 100 times more than they do, really, because it is huge.

Mr KERLE: The need for good translators?

Mr TRAEGER: The need for good really good translators; the need for people to explain things. In language you can talk to a person, think you are getting through, and you are getting through, but then two areas are really difficult: explanations and talking about emotions, which are both very much in the forefront in this whole situation.

I can give some really alarming, genuine stories which you can check yourself about failures to understand. An issue at Kintore—a guy who had mental problems but was a nice guy. He was accused of a serious crime, I think it was murder, and he went to jail for a while. It ended in a payout of a million dollars when they found out that the actual questioning was all wrong.

This sort of thing is going on all the time. I have a friend who is—I will not say who it is—a principal of a school. Did a doctorate in linguistics, and he said, 'Look, people out bush need to realise that it's not teaching English as a second language; it's teaching English as a foreign language.' It really is. I recently spoke to a guy at Yirara College; he said that a whole lot of Western Desert Pintupi/Luritja kids come in and none of them can read at all. Their reading ability is precisely zero.

This could be repeated again and again. There is a thing I would call a Kuiper Belt; I do not want to be disparaging, but it is beyond a certain point that you get people who are very remote, very traditional, extremely—Ampilatwatja, Kintore, certain other areas where these people will just have no idea, and probably no idea that they have no idea. I know that sounds like I am exaggerating, but I do not think I am. A lot of them.

And a lot of them will be vulnerable kids who are sort of caught in the twilight zone between the white world and the mob world, and trying to find their way, with a lot of mental problems and stresses. They will come across this and not be able to see the fine distinction between VAD and outright suicide. We have it hard enough to deal with copycat suicides when they break out. This will make it that much harder. The percentage of remote Aboriginal people in the Territory is way higher than any other state or territory.

Even if it is the right thing to do, it should be delayed for a decade or two until people can begin to get a grip on what is going on, because they will mostly have no idea. Alison Anderson, at Papunya, is very much the exception. Even those other people at Papunya you would have spoken to, in certain areas, they will have gaps in their understanding. They may even understand, but they need to have certainty about that understanding. Do you know what I am saying? So they go through their lives and are not quite sure they get it, and they are not even sure how to ask the questions to clarify something, necessarily. I have said enough, sorry.

Mr CHAIR: Let's move on.

Ms BANNISTER: My concern is this business of, I think, the doctors have to say, or assert, that somebody is going to die within three months. Is that correct?

Mr CHAIR: It is longer; it is 12 months. For some places it is six, for some conditions in some places. The general Australian standard is about 12 months, and this report proposes that a medical prognosis would have to be of 12 months or less.

Ms BANNISTER: I still have a problem with that, whatever the timeframe is, because we do not know. Doctors do not know, and the people who are being told it do not know. We are all (inaudible) in the medical world. There are many people who have been told they have X long to die and they live for years and years. To me that is a real problem.

Mr BROWN: I think one member of our congregation was diagnosed with lymphoma, cancerous lymphoma. He was diagnosed, and I was literally sitting with him in a cafe in Alice Springs and was talking about being about to head up to Darwin, and they were saying weeks to live. We were talking about the end of life, about death, and what that meant. He came back and we do not know how, call it what you will, but it was gone. It was gone. We can call it miraculous; we can call it intervention. Then, for the next 18 months/two years of his life, were some of the most rich, loving, transformative moments of his life. I asked him, 'Why do you think'—to use our language—'that God healed you?' It had to be for a purpose, right?

It was only when he ultimately succumbed to cancer about two years later that he talked about—just prior to that—the richness of those last two years and how that absolutely shaped and changed his life and his relationship with family, experience life and love. I was like, 'Man, imagine if he did not have those two years'. It is amazing how someone's life can be shaped by a small amount of time, and this man's life was. I said that on the basis of that prognosis of weeks. I was fully expecting (inaudible).

Ms BANNISTER: We have someone like that in our church, and all over the place.

Mr CHAIR: Malcolm, are you happy to contribute next?

Mr AULD: Yes, I think the foundational principle for me as a person, as a Christian, as a pastor, is that life is actually precious and not—it is given to us and it is taken away from us outside of our control. It is a gift of God, and his literal command is not to murder. This relates in that I know we have the term 'voluntary assisted dying', but there are all sorts of euphemisms used to dress it up as something else, I believe. Essentially, it is a change of the valuing of life, rather than looking for ways to make the most of life and improve services, such as palliative care, and to make us as a population increasingly care for one another and care for the vulnerable and the sick, and those grieving and in pain, to rather see it as a way out, to look at options for ways out. It decreases our humanity.

I think that is a significant point for me. I am pretty I am clear that the bulk of the church leaders in Alice Springs see this potential legislation as a risk for the community rather than a gain, and see this as harmful.

Secondly, as a nurse—and doctors and nurses in healthcare—the predominant, foundational principle is to first do no harm. Our objective is to protect life and nurture life, and assisting somebody to an untimely, forced death goes against the principle of doing no harm. The term 'safe and effective' is misleading for people. I think the majority, getting back to the Indigenous population, quite a large, significant proportion of the Indigenous population would consider themselves to be either Christian or familiar with and engaged in the Christian understanding of the world, life and faith.

I think we would find that their belief in the protection of life, as opposed to assisting, essentially, a suicide, they would be opposed to it. To bring doctors and nurses into a place where they are required to have some form of involvement, even if, as the document says, not to be—what was that? Freedom of conscience not to be involved—but then there is also the other side mentioned in there that explains they would have to be giving some form of minimal information. That, therefore, implicates them in involvement against their conscience. That is a significant issue for a health worker.

Mr CHAIR: Thanks, Malcolm.

Mr BANNISTER: I only have two things. One is, it is morally wrong, against God. Life is a gift. (Inaudible) we can dispose of it whenever we wish. My second point is that palliative care deals very humanely with people dying who are in pain. I am not sure how available it is. I suspect that people in communities are unable to access anything like that, but people have been dying for thousands of years, and they have accepted death just as they accept being born. It is something that happens and you make the best of it in between. That is really all I have to say.

But also, it frightens me—terrifies me—that in the wrong hands people could be put to death who did not want to or did not understand.

Mr KERLE: Thank you for sharing. I acknowledge we have a lot of experience in front of us of people who have spent a lot of time working with the local traditional people. Can you comment—one of the things we are interested in is what does a good finishing up look like? When people are in the context of a terminal illness and not responding to medication and it is progressing, for the Western 'white' context versus traditional people in community, what does it look like to have a good finishing up. In the context of terminal illness, progressive suffering.

Mr TRAEGER: I would say, for Aboriginal, just having your family around comforting you constantly. Large numbers of family being with you, crying with you, supporting you, praying with you and so on, and being with you the whole time knowing that—perhaps reminiscing and just being with you.

Ms BANNISTER: (inaudible) I agree, Aboriginal people, family is most important. Also being on country, on their own country, is very important. For white people, the most important thing is to have good medication. All this talk, all these stories people give about how their father suffered this—people do not need to suffer with pain anymore. We are perfectly able to deal with it and keep people comfortable. As long as they are comfortable and have access to family and so on, it is the same. It is made easier.

Mr CHAIR: All of you touched on palliative care and pain relief a lot. As you may well predict, when we have been out in remote Indigenous communities, a lot of people have expressed to us that this is not something they would choose for themselves, but they have all indicated to us that they would like more help and choice to 'finish up', as they put it.

Being surrounded by family and having access to pain relief—these are all things that there is a great deal of sympathy for, so we are starting to think more broadly about what the word 'voluntary' means—choice—and what the word 'assistance' to be able to finish-up well looks like. For some people, that may be with not necessarily actively taking medication, as it were, but to be able to choose to pass naturally, with pain relief, surrounded by friends and family. That is the broader thinking behind this, but palliative care specifically, you have all mentioned it. Can you speak to the availability of services, support and help for people in end-of-life care?

Ms BANNISTER: In the community?

Mr CHAIR: Yes, in the communities you all service.

Mr KERLE: Ones you are aware of.

Ms BANNISTER: I cannot comment on that. I do not have experience. I know what it is like in our hospitals.

Mr CHAIR: Yes.

Mr TRAEGER: Do the people at Papunya and other places absolutely and clearly understand that taking off life support is not the same as voluntary assisted dying. It is a clear distinction from it.

Mr CHAIR: All I can say to that is we spent about two hours in Papunya yesterday. It will all be recorded and available to public. You are most welcome to interrogate it. there is a process of a hundred people sitting outside, Alison Anderson next to me, and us going through things line by line by line, translating, lots of nodding heads, lots of, 'How do you feel about this? Why not that? Yes, I think that's okay. Not for me, but okay for someone else.' All sorts of stuff like that.

Down to process and stage and models. I think it would be interesting for you to have a look.

Mr TRAEGER: It would be, yes. I would not mind.

Mr CHAIR: It will become public in due course.

Ms CARLSON: We have a lot of people with lots of faith, and you guys addressed some issues …

Mr AULD: Could you speak up, please.

Ms CARLSON: Sorry, I forgot. Obviously, VAD is a sensitive nature; however, I am probably curious and want to know your reflections and anything you would like to say about if VAD does become law, and obviously through this whole process there are still a lot of steps to go through. If it comes to play at some stage in the Territory, I am curious as to how the churches—would you still support the people who want to use it? If you could share what that would look like, if you could still do.

Mr BROWN: As a pastor, my responsibility is to meet people where they are at, so if somebody chose that path I would not necessarily endorse it, but at the same time I would be there with them 100% of the way and help them to discover that God is present within it. I do not think the church would simply remove—or I hope not—themselves from that space just because it makes them uncomfortable. The church has a responsibility to meet people where they are at, from my perspective.

One of my concerns about making a public statement on some of this stuff was the fact that I would not want to close the door with the presumption that the church is 100% against this and, therefore, we lose access to the ability to meet people in those vulnerable spaces. However, I have much greater concerns around—if I can refer to a previous question—what is really important to people in that dire stage. I think one thing that was not mentioned is genuine understanding of what is going on.

My wife works in renal and pathology, and we know the narrative around even dialysis, that people come to Alice Springs to die. These narratives circulate, and I am concerned about if some of these processes occur and there is miscommunication, the narrative that would generate among the medical distribution, the liability of medical staff on country. That could potentially have disastrous effects not just for the VAD space or the life space or palliative space, but actually for medical consultation more broadly. I am more concerned about the narrative that misunderstanding could generate.

Mr CHAIR: The submission we got from the Alice Springs Hospital very much talks about that as well. We hear loud and clear your concerns about communication, understanding and how important it is for people to be part of the process and understand or object, let alone conscientiously object, whatever it might be.

I am really sorry, but we are very short on time. We have another meeting at 1.30 pm, and I just want to make a couple of points on that. We are happy—our written submissions are still open until the end of next week. We would be delighted to hear from all or any of you with one line, two lines—whatever you might want. Likewise, we have a VAD hotline, which people can phone into and say what they think as well, and we included that testimony as part of our deliberations as well.

I should be very clear. Our remit is not to make a law; our remit is to write a report. We are doing the best we can to hear from as many people as we can within our time limitations and to essentially report back to the parliament later this year, and then allow the government to choose how it wants to progress the agenda. The more open, clear conversations we have, understood by all parties, the better chance there will be that whatever happens going forward, people have a shared stake in. So that is very much our hope.

I apologise for the fact that we have such a tight timeframe today. Did you have a question?

Ms BANNISTER: Yes, where is your first report? You said you had already …

Mr CHAIR: It is here. We will leave a copy for you. It is a technical report to explain what has been happening, what the process is, where we are going. We are happy to leave copies of all of this documentation for you. this is the 2024 expert panel report; this is just a one page of the model we point to sometimes; this is the consultation paper that raised the pertinent issues, if you like, that we digested and was produced by our parliamentary team; and this is the first interim report presented in the July sittings of parliament.

Parliament is sitting again on 2, 3 and 4 September, around which time we anticipate being able to communicate where we are up to, in some form or the other. Here is today's one-pager as well; we might as well give you the full set. As I said, all our documentation and process, we are trying to make this as transparent and clear to people as possible. That includes including Meredith Lake from ABC, and all this documentation which you can find on the parliamentary website, and on my website as the Chair, if you want to search for it there.

We very much appreciate your time, and for coming online as well, pastor. Thank you so much for making time to spend with us today.

We are aware that more conversations need to be had. That is why we were charged with having more conversations, particularly out bush. We will be off next week to Numbulwar and in and around the Tennant region. We are just wrapping up around this space at the moment.

Thanks again for contributing. Please feel free to contribute again verbally or in writing. We would love to hear some more submissions to add to the hundreds we have.

Mr AULD: Thanks for that. Thanks for the opportunity. One thing I want to say, and it has been raised by a number people I know, is that they were hoping for a public forum. It has been nice to have community groups that you are consulting, but some people do not fit into that category of a particular community group, but they wanted an opportunity. It seemed to be promised on the website, you know, that there would be consultation and forum, so that is something for the committee to consider.

Mr CHAIR: That is a fair point. As you will appreciate, we received this inquiry referral on 14 May, and we were then charged with getting all that done with reporting back to parliament by September, with a remit to consult across the whole remote Northern Territory. We all appreciate that that is an ambitious ask. We are doing the very best we can on a budget of time, and that is partly why formal consultations which covered public hearings, town hall meetings and urban centres—that just has not been at the top of our list. It has been more important to get something in Papunya, Numbulwar et cetera.

I take the point. There are people who want to express themselves, so we are trying to make sure we are at least providing for people to provide written and verbal submissions right up until as late as we can tolerate so we still have time to process the information. But I take the point, and it is something we will reflect on for our final report as well.

Mr AULD: Thanks.

Mr CHAIR: Thank you again, everybody, for your time. We have to dash.

Committee concluded.
