

From: [Suzanne James](#)
To: [LA VAD](#)
Subject: Submission to VAD Public Consultations
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10 August 2025

NT Legal & Constitutional Affairs Committee
Voluntary Assisted Dying Public Consultation

Via email: LA.VAD@nt.gov.au

Dear L&CA Committee,

Re: Submission to the Public Consultation into VAD

I make this submission to the Legal and Constitutional Affairs Committee public consultation into Voluntary Assisted Dying (VAD) in the Northern Territory, as a [VAD advocate](#) who is familiar with VAD legislation Australia wide.

Unfortunately I also have personal experience caring for a loved one who, before being able to apply for VAD, died at home from terminal illness under palliative care in January 2025.

That experience, combined with my advocate's understanding of the legislation and knowledge of the history of VAD in the NT, has given me unique insight into the issues your Committee is addressing - and why VAD is so essential to the terminally ill.

The too-often toxic debate we saw in the other States also showed the necessity of highlighting the reality of VAD legislation over the ideology of its minority opponents.

It is against that background this submission is hereby made.

RESPONSES TO KEY QUESTIONS

1. Do you support making VAD legal in the NT?

Yes.

I live in NSW where it has been operational since 2023 and I have seen it help many people have a much better death, spending quality time with loved ones and free of the fear of having no control over their inevitable end from terminal illness.

My Late Husband wanted to access VAD however died from his illness before being able to apply. His story is a textbook example of the unnecessary end of life suffering approval for VAD could have prevented.

Whilst provided at the end with the best available palliative care enabling him to die at home under my care, overall he lingered for many months in terrible pain and dreadful emotional distress.

People are fond of invoking palliative care and "the comforting haze of morphine" in lieu of VAD. But it's not all hand holding and candlelight vigils. It can still be terrible for the patient as they do not have control over their own medication and often no control over their bodily functions resulting in a complete loss of dignity and autonomy.

Morphine dosage can be hard to get right and the palliative morphine pumps used are not fail safe. Accidentally under dosed patients can wake in screaming agony in the middle of the night, often fearful and disoriented from the drugs. It can take hours for the dosage to level back out once the problem is addressed. In the meantime anti anxiety shots can be given, which can also wreak havoc with the

patient's lucidity.

It's ironic that I was mostly alone with him and several syringes of potentially life ending drugs day and night for over a week (notwithstanding regular RN visits) and no one ever said the things opponents say about the VAD medication, such as "but what if someone's child got hold of it?" or "what if she decided to bump him or someone else off?" or my personal favourite "what if she sold it?" Seriously? There was no risk because the Palliative Care Team had already done a full risk assessment of our circumstances - just as the VAD Teams do with every applicant.

My beloved Husband spent his final months in too much pain, emotional distress and fear. In his last days he was lapsing in and out of consciousness under palliative morphine, becoming completely unconscious only in the final 48 hours. Had he had time to access VAD all that could have been prevented which is what he wanted more than anything.

My point is, no one is suggesting VAD be used instead of palliative care, just that it be available as a corresponding option as it is everywhere else in Australia.

Whoever opponents of VAD think of it, whether for religious, ideological or political reasons, they have no right to block the majority of Territorians, who have polled consistently in favour of it by a significant majority, from accessing it.

To suggest inflicting such unnecessary suffering and cruelty on terminally ill Territorians is somehow the higher moral ground, fires in the face of the now irrefutable and independently reviewed evidence of its safe operation in every other jurisdiction in the country (ACT excepted, to commence in November).

2. What eligibility criteria should a person need to meet before they can access VAD?

In support of the criteria set out in the [2024 NT VAD Independent Expert Advisory Panel Report](#), *Section 4: Eligibility* (page 56), VAD assessment criteria should include:

- That the individual is an adult who has been assessed as having capacity to make informed, independent decisions;
- That the individual is suffering a significant incurable illness deemed intolerable to themselves;
- That VAD must be voluntary and can only be requested by the dying person, with appropriate checks and balances as also set out in the Expert Advisory Panel report

3. How can the NT make sure eligible people can access VAD in a safe and effective way, including people living in remote areas and Aboriginal and Torres Strait Islander people?

In all States and the ACT the rules governing eligibility for VAD are well thought out and strict guidelines exist with robust safeguards. The safety and efficiency of VAD programs has been particularly well tested in Victoria after six years of regularly reviewed operation.

A proposed NT specific model which addresses remote areas, is also set out in the [2024 NT VAD Independent Expert Advisory Panel Report](#), *Section 2: A Unique Territory Model for VAD* (page 28), and *Section 5: VAD Process* (page 61).

In relation to First Nations people in particular, they should have the same access to VAD as anyone else.

Their distrust of the Government and any health related policy is perfectly understandable but cannot be a litmus test for whether or not VAD is appropriate for the NT as a whole. As an advocate I am also aware that Indigenous people generally prefer to stay on country

and pass away, rather than have to move into Darwin for *any* treatment of a life limiting illness, whether it be oncology, palliative care or other major treatments.

Their non-uptake of VAD will no doubt be in a similar vein regardless of what is or is not in the legislation.

They should be provided with the same equity of access as everyone else and be reassured it is a decision only they can make for themselves and that they will be supported on their journey in a culturally appropriate manner regardless of their end of life treatment choices.

An Indigenous liaison officer should be available to the VAD Team and patients, perhaps as part of the Care Navigator Service.

4. How could the NT monitor the process to ensure VAD is delivered safely and effectively?

I refer the Committee to the [2024 NT VAD Independent Expert Advisory Panel Report](#), *Section 6: Oversight and Review* (page 77).

The legislation has been well tested elsewhere, particularly in Victoria where it has now been operational for six years. Regular independent reviews are written into the legislation and every single application is forensically reviewed. Early claims by opponents that there were significant risks of coercion and wrongful deaths have been comprehensively disproven.

In closing let me say this.

The only reason the NT lost its VAD legislation in the first place was because of the biggest act of political sabotage since The Dismissal. What Canberra did to the Territory's right to self govern was morally bankrupt and politically reprehensible, even by

Canberra standards.

It has taken almost 30 years for the Restoring Territory Rights Bill to be passed, reversing that injustice and restoring your right to self-legislate VAD.

The current CLP government can now either go down in history as finally righting a monumental anti-democratic wrong, or go down in history for inflicting more unnecessary misery and suffering on already terminally ill people, and those yet to be diagnosed, who are desperate for this legislation to be passed. They have to live every agonising day knowing that their fellow Australians are able to access VAD everywhere else while they are denied it. And for what? Religion? Politics? Ideology? Conscientiously object if you must - your right to do so is written into all VAD legislation - but don't deny others the basic compassion and humanity of VAD.

May the work of the NT VAD Expert Advisory Panel and that of your Committee combine to give the good people of the Northern Territory back what they fought so hard for.

Thank you for the opportunity to make submission to your Committee in support of VAD and I wish your Committee well in its endeavour.

Yours faithfully,

Suzanne James
VAD Advocate

