

## **SUBMISSION TO THE NORTHERN TERRITORY PARLIAMENT'S LEGAL AND CONSTITUTIONAL AFFAIRS COMMITTEE.**

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As an introduction, I am 85 years-of-age, a long-term resident of Darwin, and not affiliated with any group or organisation.

### **SUPPORT OF VOLUNTARY ASSISTED DYING (VAD)**

I strongly support the introduction of Voluntary Assisted Dying (VAD) in the Northern Territory.

I do not believe that anyone should have to live in a situation where they are in intolerable pain, have no quality of life and there is no prospect of their getting better. I therefore consider there should be no requirement for a person to have a specified life expectancy before accessing VAD,

In support of my views, I cite the case of my late 99-year-old mother-in-law who had been in acute pain for over 15 years due to spine and hip degeneration. Her treatment progressed from painkillers to morphine patches followed by injections then intravenously. She was also legally blind, almost totally deaf and suffering from skin and mouth ulcers and, consequently, had no quality of life. Her level of her pain increased to the point of being unbearable, but the Federal body authorising dispensing of morphine ruled that her dosage could not be increased because doing so might kill her. The solution was to sedate her then withdraw food and water until she died. It took almost five days of her labouring for breath before she mercifully departed this life.

This occurred in South Australia before VAD was introduced but the criteria of the current legislation would have precluded her from doing so because her condition was not deemed to be a terminal illness.

I consider that much of the VAD Legislation of other States is more concerned with ticking bureaucratic boxes rather than providing a humane and legal manner for applicants to end a life of pain and suffering and die with dignity on their own terms.

Of particular concern is the requirement that the applicant have an expected lifespan of twelve months and a cooling off period of nine days. Both of which ignore the pain and suffering endured by the applicant while complying with these requirements.

### **ELIGIBILITY CRITERIA**

#### **Mental Capacity**

I strongly support the Tasmanian model which requires that the applicant can:

- understand information or advice that is reasonably required to be able to make the decision,
- remember that information or advice to the extent necessary to make the decision, use or evaluate the information or advice to make the decision, and
- communicate the decision and the person's opinions about the decision in some way; and
- are acting voluntarily.

## **Life expectancy**

As stated above, I consider the current life expectancy criteria of six to twelve months required by most states is too restrictive with the result that people are suffering unduly while waiting medical practitioners determine whether they have a pre-determined time to live.

I therefore consider the Northern Territory should adopt the Tasmanian model and that persons should be able to access VAD at any time after:

- they have been diagnosed with either a terminal illness from which they are unlikely to recover; or
- they are suffering long-term pain the cause of which cannot be cured in a manner the person considers tolerable; or
- if they consider the proposed treatment will cause unbearable physical or mental suffering.

## **Process for accessing VAD in the Northern Territory**

I agree that a request for VAD must be voluntary and without coercion.

I consider the requirement for independent assessment by three doctors (including a psychiatrist) to be overly burdensome given the difficulty in accessing health services particularly in rural/remote areas.

The processes required by other states are drawn-out and assume the patient has access to multiple medical practitioners. They also lack compassion by overlooking the fact the applicant is no doubt suffering physically and possibly mentally while trying to comply with an overly bureaucratic process.

## **On-line access**

I strongly support VAD being available on-line. I can see no reason why teleconferencing (e.g. Telehealth) could not be used for the first and subsequent meetings, subject to the Commonwealth amending the Telecommunications Act.

## **Use of Nurse Practitioners**

I support the NT model including the use of nurse practitioners in the VAD process.

## **Taking VAD substance to die**

I consider either the Applicant or practitioner should be allowed to administer the dying substance depending on their circumstances.

## **Notifying and registering person's death.**

I believe the cause of death should be registered as what illness/disease or condition would ultimately have resulted in their dying had they not been euthanised.

## **Helping a person through the voluntary assisted dying process**

### **Skills and experience of practitioners.**

I consider all health professionals, including nurse practitioners, who intend to assist patients through the voluntary assisted dying process must have first completed VAD training. There should be no requirement for them to have had a minimum level of experience because doing

so would no doubt restrict the number of persons able to perform this service. Apart from which 'experience' is too vague. People may have had a range of experience outside the health system that would admirably equip them to assist patients through the process.

### **Initiation of Discussion**

I believe that medical practitioners should be allowed to initiate discussion about assisted dying provided they discuss other treatments at the same time.

### **The VAD substance**

I support the VAD substance only being prescribed by doctors at which time they must provide the recipient patient with information regarding its use.

### **Dispensing substance**

Pharmacists should have sole responsibility for dispensing the substance, but the NT should include provision for it to be handed to the relevant health professional because face-to-face dispensing would often be impractical.

### **Health professionals not wanting to help with voluntary assisted dying**

I believe health professionals should be able to choose whether they want to be involved in VAD. One way to circumvent any difficulties and confusion would be for surgeries or a Government VAD information site to list practitioners who are willing to discuss VAD.

### **The role of health services in voluntary assisted dying**

I believe that all health facilities receiving Commonwealth or State funding should be required to allow patients to either have access to VAD health practitioners or else arrange for the patient to be transferred to a suitable establishment where they can access voluntary assisted dying.

Healthcare institutions should also be required to provide information on their website regarding their views on voluntary assisted dying.

### **Reporting by health professionals.**

I believe that there should be minimal requirement for health professionals to provide information regarding an individual's VAD process because doing so would no doubt result in excessive delays causing further stress to the patient. Apart from which, health services are already stretched to the limit so why increase workloads with additional paperwork which could discourage them from participating in the VAD process.

### **Checking if health professionals are following the law.**

I DO NOT believe it necessary for a health practitioner's decision as to whether a person is eligible for VAD to be reviewed by a tribunal, court, or other body because those conducting the review would not have the same insight to the patient's circumstances. It would also prolong the process causing further pain, suffering and distress for the patient.

### **Consequences of breaking the law**

Action should be taken against health professionals who:

- a. Submit false reports about VAD,
- b. Fail to submit required reports,

- c. Breach any part of the VAD legislation,
- d. Anyone who helps a person use a VAD substance outside the lawful VAD process,
- e. Anyone who convinces a person to use a VAD substance.

I suggest a jail penalty of five years.

### **Protecting people from misusing VAD substance**

I do not consider it practical that the NT require pharmacists to give information and warnings to patients about the VAD substance because in many circumstances distance would prevent patients from having face-to-face access to their pharmacist. However, pharmacists should be required to keep records of prescribed VAD substances.

I therefore recommend this requirement be restricted to the prescribing health professional.

VAD substances should be kept in a secured and locked place and any unused substances returned or destroyed within a set time frame (suggest one month).

### **Permits**

I do not believe it would be practical for the NT to require health workers to have permits. I would think that pharmacies already have requirements to fulfill before dispensing drugs of this nature.

### **Residency**

I believe that a person who is ordinarily a resident in another state or territory in Australia but wants to access voluntary assisted dying in the Northern Territory (due to cultural or family connections), should be able to do so.

### **Regional access**

I believe that those in regional areas should be given the same quality care and treatment as those in urban areas. This includes adequate funding for them to attend appointments, or for medical practitioners to visit them.

### **Age barrier**

I believe that persons under the age of eighteen years should, in some circumstances, be able to access Voluntary Assisted Dying should they meet certain criteria which could include their being assessed by a psychologist/psychiatrist.

### **In summary**

I strongly support the view of some international jurisdictions that a person does not have to have a particular eligible condition that is likely to cause their death. But rather their eligibility for VAD is based on the seriousness of their condition, their level of suffering, have little or no quality of life and there is little chance of their recovery.