

Legal and Constitutional Affairs Committee  
Legislative Assembly of the Northern Territory  
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From Rev Ken Devereux



15 August 2025

## **SUBMISSION RE VOLUNTARY ASSISTED DYING IN THE NORTHERN TERRITORY**

Thank you for the opportunity to respond to the Consultation Paper on Voluntary Assisted Dying released in July 2025.

As a retired Hospital Chaplain and Minister of the Uniting Church in Australia I wish to respond to this latest stage of the Northern Territory's evaluation of the proposed introduction of Voluntary Assisted Dying within the legal and health context.

Key questions

### **1 Do you support making VAD legal in the NT?**

1.3 Yes. Both the Law and the Medical Profession are expected to uphold the dignity and inherent worth of every person's life and to safeguard and defend the quality of that life.

However, the quality and meaning of each person's life are not necessarily protected and respected just by extending the length of a person's life when a person has moved into the final stages of life and their existence has become dominated by extreme pain or overwhelming distress or loss of capacity. Whilst I am personally committed to caring lovingly, respectfully and compassionately for other people until the natural close of their life, and believe that our society must similarly seek to care respectfully and compassionately for every member of society until their natural death occurs, I do think that the laws of the Northern Territory should be amended to allow for the possibility of medical support being available to enable a person who is already close to death to die peacefully, with dignity, and preferably in the company of those who love and care for them.

This would make them consistent with laws that have changed across Australia in recent years following earnest research, consultation and deep community debate.

I am a Christian and believe that this position is not outside the range of reasonable contemporary Christian belief, even though it may appear to some people to directly

contradict traditional orthodox Christian beliefs about the sanctity of life. I believe God has entrusted human beings with a capacity for freedom of thought and will and that is consistent with many understandings of individual autonomy. At the same time we have a responsibility to look to the good of the whole community and the wider society and must value life, and defend and sustain the quality of life for the whole social fabric in the best ways possible.

Christians are also called not only to attend to their own welfare and personal choices, but also to care about and respect other people, especially those who are vulnerable to hurt or exploitation or those who are suffering or approaching death. This includes respecting the rights of people who make different choices from their own, including choices about how they would like to end their life, in so far as they are not endangering the life or well-being of others in the process.

The alleviation of pain and suffering is central to medical care and the core business of hospitals, and in large measure this can be achieved. The development of *Palliative Care* and *Palliative Medicine* has been very important in relieving pain and suffering in the final stages of many people's illness and it is important for governments and health service providers to extend these services within hospitals and the wider community. This can often achieve a positive balance that juggles bodily frailty and pain interwoven with meaningful care and the most comfortable physical environment possible, alongside positive family and social support and constructive community engagement that works towards a 'good death'. Whilst some palliative specialists do not agree, I believe voluntary assisted dying can co-exist collaboratively with palliative care.

The introduction of Voluntary Assisted dying in Western Australia has been appreciatively welcomed by many West Australians. Families of people who have completed the process under the terms of the legal provision of this service have been widely appreciatively of the pastoral and relational benefits of this service.

The provision for Doctors and Nurse Practitioners to provide advice and information about VAD in amongst other scenarios for consideration by relevant patients is highly commended and recommended.

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

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

A submission by the Aboriginal Legal Service of WA to the Joint Select Committee on End of Life Choices Inquiry into the need for laws in Western Australia to allow citizens to make informed decisions regarding their own end of life choices on 30

October 2017 included some relevant views for the NT considerations. [Submission 670]

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informed end of life decisions.

The Parliament of Victoria's Inquiry into End of Life Choices noted the underrepresentation of Aboriginal people in palliative care, and difficulties in accessing services.' Recommendations were provided corresponding to these issues, such as supporting programs and carers to underrepresented groups. 5 Likewise, the Canadian Special Joint Committee on Physician-Assisted Dying report recommended that the government 'ensure that culturally and spiritually appropriate end-of-life services, including palliative care, are available to Indigenous patients'.

It has been observed that there are a number of barriers for Aboriginal people accessing palliative care services in Western Australia including that many Aboriginal people distrust mainstream health care services; that there is a lack of knowledge and understanding about palliative care; and that mainstream palliative care practices may conflict with cultural practices and beliefs concerning death.? It was suggested that culturally appropriate information and resources may assist and that palliative care should be delivered to Aboriginal people 'through the involvement of Aboriginal Community-Controlled Health Services'.

ALSWA agrees that Aboriginal Community-Controlled Health Services and other culturally competent services should be involved in the provision of health and related services to Aboriginal people experiencing chronic or terminal illnesses. In addition, it is vital that Aboriginal people have access to Aboriginal language interpreters. ...”

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

Centralised services may be most practical in the NT with its vast geography and scattered population, however, provision should be made for individual practitioners and clinics or private hospitals to participate in the provision of services.

Yours faithfully,

Kenneth Devereux