



The Pharmacy
Guild of Australia

SUBMISSION

Parliamentary Inquiry into Voluntary Assisted Dying

The Pharmacy Guild of Australia Northern Territory Branch

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NT Branch

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ABOUT THE GUILD

The Pharmacy Guild of Australia (the Guild) is the national peak organisation representing community pharmacy. It supports community pharmacy in its role of delivering quality health outcomes for all Australians. It strives to promote, maintain, and support community pharmacies as the appropriate providers of primary healthcare to the community through optimum therapeutic use of medicines, medicines management and related services.

Community pharmacies are the most frequently accessed and most accessible health destination, with over 443 million individual patient visits annually and the vast majority of pharmacies open after-hours, including on weekends. Owned by pharmacists, community pharmacies exist in well-distributed and accessible locations, and often operate over extended hours, seven days a week in urban, regional, rural and remote areas. They provide timely, convenient, and affordable access to the quality and safe provision of medicines and healthcare services by pharmacists who are highly skilled and qualified health practitioners.

The Guild has Branches in all jurisdictions, representing member community pharmacy owners. The Northern Territory Branch represents 31 pharmacies in all major and regional centres in the Northern Territory.

GUILD RESPONSE

The Pharmacy Guild NT Branch (PGNT) welcomes the opportunity to provide input into the proposed operations of Voluntary Assisted Dying (VAD) in the Northern Territory. We are commenting specifically on the potential role of community pharmacy in providing VAD services, including the use of VAD medicines.

Do you support making VAD legal in the NT?

End-of-Life Care

The Pharmacy Guild has a position on End-Of-Life Care which is publicly available at www.guild.org.au.¹ End-of-life care is the healthcare that people receive in the last years, months, and weeks of their lives and is provided with dignity, respect and compassion and aligned, as far as possible, with the values, needs and wishes of the individual, and their family or carers. It includes:

- Palliative care and care provided in the last days of life, including VAD. Community pharmacists play an important role in supplying and supporting the safe and effective use of a person's palliative care medicines as well as other pharmacy-related needs. The involvement of pharmacists in palliative care teams improves the quality of care and quality of life of patients who require palliative care, and allows patients to remain in their home for longer.
- Terminal care is healthcare provided to patients who are anticipated to die within a matter of hours, days, or occasionally weeks and is distinct from VAD. During this phase, management of the patient's symptoms is paramount and the timely and appropriate management of medicines can allow patients to remain at home with their families through the dying process. Community pharmacies provide vital access to medicines during terminal care, particularly with people preferring to remain at their own home for as long as possible.

¹ [Policies & Position Statements - The Pharmacy Guild of Australia](#)

- VAD, when legislated by the NT Government, will become a legal end-of-life care option for eligible people living in the Northern Territory, offering the opportunity for a terminally ill patient to choose when to die with dignity.

VAD is not a stand-alone process and must be recognised as part of a continuum of a person's end-of-life care, ensuring the whole health care team remains informed, involved and aware of the patient's needs and wishes. Community pharmacists must be recognised as part of a person's end-of-life care arrangements. Communications between all health providers and the patient and their carer and/or family must be optimised, including any transition to VAD, which may involve a change in health providers and an addition of new members to the patient's health care team.

The PGNT notes that VAD legislation has been implemented in all other jurisdictions and supports access being enabled for NT patients. We support all health practitioners who are trained and familiar with end-of-life care, having the right to initiate or respond to professional discussions about VAD within the full context of end-of-life care. It is important in such situations that the health practitioner understands their scope and can refer appropriately for any follow-up discussions if needed.

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

No comment

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?

In our position statement, the Guild recognises VAD as an option that some people may choose. It also recognises community pharmacists as responsible custodians of medicines and that, where the laws allow, some community pharmacies could provide VAD services and manage the storage and supply of VAD medicines.

In such circumstances, the competence of community pharmacists to dispense VAD medicines professionally and compassionately for their patients should be recognised in the design, implementation, or review of VAD healthcare services. Involving community pharmacists in VAD service design may increase the accessibility of the service in rural and remote areas.

The PGNT expects community pharmacies involved in VAD services to have the appropriate clinical governance and quality assurance arrangements in place to ensure the safe, confidential and professional provision of VAD services. We also expect these pharmacies to ensure all staff are culturally aware and responsive to the specific needs of First Nations people with regard their end-of-life care preferences and services.

Conscientious Objection

The legalisation of VAD may present an ethical or social challenge for some community pharmacists who may have an objection to the supply of medicines used to end the life of a terminally ill patient. The PGNT respects and supports the rights of all health practitioners, including pharmacists, who conscientiously object to VAD to refuse to participate in discussions of, requests for, or processes of, a VAD service. We believe it is appropriate for the health practitioner to inform the person when first approached and to be prepared to refer appropriately.

The personal freedom for pharmacists to refuse to supply VAD medicines must be preserved, and pharmacists must be protected from victimisation for their choice. The PGNT believes all health practitioners are entitled to keep private the reasons for their decision.

In communities in which there is only one community pharmacy, there must be a backup plan in place should those pharmacists have a conscientious objection to VAD, such as using a hospital or pharmacy supplier from a major urban centre.

VAD legislation, including any future amendments, must contain protections for all health practitioners who conscientiously object to VAD. The VAD legislation and the mechanisms that facilitate the operation of this legislation should not publicly identify whether community pharmacies are, or are not, dispensing VAD medicines.

Coordination

The PGNT supports the use of a coordinator to oversee and assist with the provision of VAD information and services without necessarily being directly involved in the patient's clinical care. This could be a health practitioner at a centralised clinic, as seen with the management of substance abuse with opioid dependence treatment (ODT). With ODT, the relevant drugs and alcohol clinic liaises with general practitioners (GPs), community pharmacies and other members of the patient's health care team. The clinic provides support to the clinicians involved in the service and assists with the management of any patient-related issues, enabling patients to access services remotely. As such, a coordination role is not involved in the direct clinical care; it need not be confined to any particular health discipline.

A central coordination clinic provides a referral pathway for health practitioners who conscientiously object to discussing and/or providing VAD services. It can enable potential liaison with members of the local health care team who can and are willing to provide further assistance without the need to publish a particular practitioner's position.

Supply and Storage Arrangements

It should be recognised that pharmacies already safely store and supply a wide range of medicines that are very potent and very toxic if used inappropriately. Pharmacists already have strict legal and professional obligations in place to ensure the safe storage, access to and supply of all medicines, which are supported by internal processes involving all staff. If a community pharmacy is willing and able to be involved in supplying VAD medicines for use by an eligible patient, the VAD medicine can be treated similarly to other Controlled Drugs. Pharmacies have safes in which Controlled Drugs are stored and maintain a register for receipt and supply. Similar arrangements are in place for GPs and health clinics if holding Controlled Drugs. As such, the PGNT sees no reason to distinguish remote, regional or urban communities.

There needs to be clear instructions to the community pharmacy as to whom any supply is to be made, whether to a health practitioner who will be responsible for administering the medicine or to a family member or carer if it is to be self-administered. To minimise any public risks, the collection or delivery arrangements from the community pharmacy should ideally be on the proposed day, with arrangements also in place for the return and disposal of any unused VAD medicine. Consideration otherwise will be needed if the pharmacy is not located in close proximity, such as with remote communities. In such a case, delivery from a pharmacy may need to be to the local health clinic, subject to their willingness to participate.

To ensure the necessary quality assurance and clinical governance for such a service, the PGNT recommends that any participating community pharmacy must have quality accreditation² against the relevant Australian Standard.

Return of Unused Medicines

The PGNT notes that the proposed centralised Pharmacy Service would be responsible for providing a disposal service for any unused substances. It is common for family members to return all of a person's unused medicines to a local community pharmacy after a person dies for disposal by the Federal Government's Return of Unwanted Medicines (RUM) Program³. We wish to highlight that there might be potential for unused VAD medicines to be returned to a community pharmacy for disposal as part of the general collection of unused medicines. Consideration needs to be given to how this will be managed to avoid any unexpected or onerous administrative burden on a local community pharmacy needing to manage the return of unused VAD medicines.

In Queensland, community pharmacies are recognised as authorised disposers of VAD medicines⁴. PGNT do not oppose this arrangement being implemented in the NT, however, pharmacy should be appropriately recompensed for completion of any additional administrative requirements beyond what is required for disposal of other medicines. It is also important that, should unused VAD medicines be inadvertently returned to a local community pharmacy, there is no liability or penalty for either the community pharmacist or the family members/carers returning the medicine.

VAD Resources and Implementation

When legislation is passed, we recommend that public information and clinical guidelines covers end-of-life care holistically, with VAD as one element. Resources should be developed to support health practitioners to engage in considered end-of-life discussions, including providing information on palliative care and treatment options as well as VAD. These resources would need to include the role of community pharmacists in interdisciplinary health care teams providing end-of-life care, including palliative care and terminal care in the last days of life. Additionally, procedural resources should be available to assist all members of the patient's VAD team to undertake their roles effectively and professionally.

Funding Arrangements

While attendance to the patient by a GP would be covered by Medicare (at least in part), VAD medicines are not a benefit under the Federal Government's Pharmaceutical Benefits Scheme (PBS). There must be clarity with how the medicine and related services are funded; whether the service will be a state-funded service for all or some eligible patients or whether the patient will be responsible for all or some associated costs.

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

Review Board

The PGNT recognises the recommendation for a Review Board to monitor compliance and review the operation of the VAD legislation. We support a pharmacist being eligible to participate on the Review Board, as the management of the VAD medicine is a critical element of the service. The PGNT has no objection to a pharmacist being from any practice setting.

² www.qcpp.com

³ www.returnmed.com.au

⁴ [Disposing of the voluntary assisted dying substance - Fact sheet for Pharmacists](#); Dec 2023

We believe 18 months after implementation would be a reasonable time to review the VAD legislation and operations. A decision can then be made as to whether a follow up review at the three year or five year mark is appropriate.