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**To:** [LA VAD](#)  
**Subject:** Submission regarding VAD  
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Hi VAD Committee.

I am writing to express my opposition to the provision of Voluntary Assisted Dying.

I am a Christian and hold a high view as to the value of human life. Ameliorating suffering is important, and I understand that, for some, the thought of death may come as a relief when they are experiencing extremes of physical and mental illness and distress. However, I do not believe it should be the role of the State to facilitate that end - it becomes somewhat indistinguishable from euthanasia. Experience elsewhere, especially Canada and elsewhere in the world, demonstrates that the provision of Medically Aid in Dying (as it's called there) has led to widening this 'service' to a much greater range of people for whom life has become a challenge. The original aim of reducing the length of suffering for a person who is in the terminal stages of an illness has broadened to include the mentally ill, and others who may otherwise be assisted to recover than to end their lives.

In addition, I believe this would inevitably entail the intervention and decision making of medical doctors, and possibly others including family and lawyers. Doctors are people who are sworn to heal, not to kill. Whilst they have the requisite knowledge of healing and what would most likely lead to death, they are sworn to use that knowledge in a positive way rather than to kill. Small wonder that where medical aid in dying has been legalized, doctors and lawmakers have quickly begun asking why they need a patient's permission before exercising 'compassion'.... Once death is a treatment option, patients can no longer trust their doctors, their insurance companies, or even their families to have their best interests at heart. 'Terminal illness' quickly broadens to include 'intolerable suffering' which soon, in turn, broadens to include 'mental suffering.' I believe, especially amongst those who already have eroded trust in the motives of medical doctors to help in healing - especially aboriginal people, but perhaps others as well such as the mentally ill - medical intervention may come to be viewed with increased scepticism and mistrust leading to an avoidance of seeking health care - especially in palliative and hospice services. It may also thus lead to an increase in tensions in intimate and family relationships. It might also become a subject for lawyers as to what constitutes 'intolerable suffering' or as to who can be declared 'competent' to make such a decision, leading to a broadening of the scope of the application of VAD.

This approach dignifies death as something to be welcomed rather than avoided, and so, I believe, reduces the value of life itself.

Finally, in a time where we 'harvest' organs, people are often sustained on life-support in order that their valuable organs are healthy enough for others. This leads to a blurring of the definition of death, and potentially may lead to the encouragement of, or provision of VAD to a patient whose organs could prove of use to another person. Surely not an intended outcome?

I recognise that VAD is now legislated throughout Australia with the sole exception of the NT, and thus I am 'swimming against the tide', but I am against this legislation. It is my sincere hope that the committee tasked with making a recommendation regarding this issue recommends against its introduction.

Yours sincerely,  
Max Broadway, Alice Springs