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To: [LA VAD](#)
Subject: Submission to Parliamentary Inquiry into VAD
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Re: The Parliamentary Inquiry Into Voluntary Assisted Dying

Dear Committee Members,

Thank you for the opportunity to contribute to this Inquiry with my submission.

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

I do not support VAD, for the following reasons:

As a registered veterinarian with over 20 years of experience euthanasing non-human animals, I have grave concerns for the support structures for people around those who might choose VAD.

The veterinary profession has the highest rate of suicide of any profession in Australia and is currently 4 times the national average. The emotional toll of performing euthanasia as well as access to lethal injections are significant contributing factors in this awful statistic. I am concerned that by allowing Voluntary Assisted Dying we will see the same effect in those medical professionals who become involved in the authorisation and distribution of lethal injections for humans.

As a veterinarian I fully support euthanasia of non-human animals, however, some of the fundamental differences between non-human animals and humans means I cannot extend this support to Voluntary Assisted Dying in the human sphere. Our ability in modern Australia to provide palliative care is in large part one of these reasons. As a society we have understood the importance of providing this care and there are government structures and funding to do so. In the case of a beloved pet or a livestock animal (the areas where my experience lies), there is no such funding, and most owners are not trained or equipped to know how to do this well in their own homes.

There is also the question of communication that is very limited between species (domestic animals and humans). Humans can communicate with each other in great depth and understanding, therefore a person facing a terminal illness can, in most cases express their thoughts, fears, wants, pain, desires etc. in a way that can be

catered for in a palliative care situation that is impossible with domestic animals.

Having lived in the Northern Territory for more than a decade, I know of the very high workloads many of our professions struggle under. There are never enough people with the necessary skillsets and many of us have needed to upskill in different areas to meet the demand of the work we do. This aspect of living in an under resourced part of Australia concerns me in respect of Voluntary Assisted Dying. My first concern is that Palliative Care will fail to receive the ongoing funding and support that it needs to be a caring and dignified place for those with terminal illnesses. That Voluntary Assisted Dying negates the need for money spent in this most important part of our lives and as a society we become poorer for it.

I am also concerned for the medical professionals who may be relied upon, coerced, or find they are acting against their own moral judgements because they are the only professionals in the locality to sign off on a case for Voluntary Assisted Dying. The potential for moral injury here is high and with an under resourced medical system, who is going to care for these professionals?

We should also consider the families of those who may choose Voluntary Assisted Dying. How are these families going to be cared for in their grief for a loved one choosing to end their life? Added layers of complexity also occur if that choice wasn't supported by those left behind. We have a tyranny of distance in the Northern Territory making it expensive and difficult to visit loved ones. I already know of a local family who couldn't afford to fly interstate to say goodbye to their relative who had chosen VAD and suspect their grief was compounded by this knowledge in a way it may not have been if that person had died from their terminal illness. Our lives are not lived in vacuums and the decisions we make affect our wider families, friends and community. The life of a terminally ill person should not be seen as burdensome or less important than the well. Those who are terminally ill can speak important truths and teach soft skills into the lives of others that would not otherwise have occurred. Our society loses out if we turn away from learning about compassionate care and putting others before ourselves.

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

Eligibility similar to those in other jurisdictions for those accessing VAD, however I would also suggest some consideration for the enormous responsibility of those signing off on any eligibility criteria and some checks and balances for these medical professionals too. Perhaps a limit to the number that can be signed off per year?

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?

I'm not sure this can be achieved remotely in a way that is safe and effective for all, not just the person accessing VAD but those administering lethal injections, families and the wider community. It will be difficult enough to safely access in those towns with hospital facilities.

Ask any veterinarian and they will recount their "euthanasia gone wrong" stories. There is variation in biology that requires individualised medication. For a person in a remote community accessing VAD, the amount of lethal injection sent to that community would have to be enough to cover all possibilities. Where is the lethal injection going to be stored in that remote community so that it is safe? Who will have access to these drugs? What happens in the case when not enough lethal injection is supplied? What happens to the "leftover" injection if it isn't used? What processes will be in place for when IV access is not achieved or that IV access is blocked midway through the injection? These are all situations I've been in when working both remotely from a veterinary clinic and within a clinic environment.

Safety also extends to those medical professionals who conscientiously object to being involved in VAD that they continue to be able to object over time without fear or favour.

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

Wide consultation is needed, speaking to families, medical professionals both those involved and those conscientiously objecting. Discussions with palliative care and aged care providers to ensure continued support in funding and resources by government and stakeholders.

Yours sincerely,

Margot Tong 