INQUIRY INTO VOLUNTARY ASSISTED DYING
Australian Christian Lobby

Mr CHAIR: Thank you very much, first of all, for taking time to meet with us. We are interested in meeting with as many people as we can.

As you know, the remit of the work we are doing at the moment is very specific and time-limited, so it is not a case of us holding town hall meetings to talk to everybody about everything that they have ever thought of in respect of that. Instead, what we are doing is sticking very much to our terms of reference, which is to focus on engagement in remote communities in and around the 2024 inquiry report as well as to speak to people who can speak for others, to some extent. You fall into that category, of course, as well.

I think we can skip over some of the things that we normally go through where we explain everything from the beginning to the end of how this process has evolved, because I am taking it on faith that I suspect you probably are well across a lot of the nooks and crannies of it, but just by way of a few procedural things, we always acknowledge—even in the absence of our two colleagues who are elsewhere today—traditional owners of the country that we are on, and we pay our respects to elders. We are also grateful to hear from everybody who will talk to us, wherever they are.

To that point, we record these meetings, as you know, and we will use the data as part of our overall testimony that will inform the report that we have. If there is anything that you do not want on the record publicly, or you want something to be redacted or kept private, please let us know and we will be very happy to do that. This is still a proceeding of the parliamentary committee, so all the conventions of privilege apply, which is also worth knowing.

The other thing we say, finally, even when we are talking to palliative care doctors, is we are talking about voluntary assisted dying, which many people find difficult, especially when we get into the nuts and bolts of it. If anyone is feeling upset or needs a break, we always encourage you to say you need a bit of a break. We have support services available. We are joined by our parliamentary colleagues who are helping us to manage the process, and they have access to resources in that regard as well.

For the record, can you state your name and the capacity in which you are appearing before the committee.

Mr LAY: Nicholas Lay, I am the NT Director of the Australian Christian Lobby.

Mr CHAIR: Thanks, Nicholas. I am Tanzil Rahman, the Chair of the Legal and Constitutional Affairs Committee, joined by Oly Carlson, the Member for Wanguri; Matthew Kerle, the Member for Blain; and today we are not joined by the Members for Daly or Nightcliff. They are unable to be with us.

As you know, we are here to, in the first instance, interrogate the parameters of the 2024 inquiry report into voluntary assisted dying, and to look at whether or not the model that's suggested therein for VAD to move the agenda forward for the Northern Territory might be applicable and workable in the Northern Territory. I might just hand over to you to allow you to make a statement, if you like, and/or ask us questions, if you wish, to set the scene.

Mr LAY: I have a lot I can go through, and we have the submission that we are planning to submit by the end of the date, so thank you for the extension on that.

Mr CHAIR: It's to line up with data collection period. It was really just a technical extension.

Mr LAY: I am happy for that, thought. Based on the recommendations, the one that sticks out the most for us is recommendation 1, that we should legislate. I have a lot to talk about on that, if you are happy for me to go through that. Then also, on the other recommendations, we have a lot to talk about as well. I will try to pump through it as much as we can.

ACL represents Christians in the Northern Territory and supporters. The Christian belief is well known to be valuing life, the sanctity of life, God created us in his image and that is to be protected. All those values. This issue is of particular importance to us and one that we do a lot of work in this area in trying to prevent the taking of life.

That is not news to you, I imagine. We represent those voices, and obviously there is certain disagreement but we find it is fairly well consistent among Christians in the majority that would oppose this.

The discussion always comes to when we say Christians are opposing the introduction of this legislation. The discussion always goes to it being a choice. People can choose not to. I guess one of the big things for us is we are involving the government of the day in this process, and our health system, health staff and tax dollars. That is why we are so outspoken on this, because we do not think it is a good thing—a wise thing—to involve the health system in these decisions.

Investing in those things—I think we can agree in the Northern Territory our health services and workers do a great job, but they can only produce and deliver so much healthcare. I think any system that we bring out will inevitably reallocate resourcing, whether it is staff, finances or policy-makers.

Mr CHAIR: I will just pause you on that one. I encourage you to read this, which is public testimony at this point. This is the public hearing transcript from Tuesday 5 August where we spoke with the Health department, among other stakeholders, who have explicitly made clear that they could not and would not reallocate resources from their existing paradigm to facilitate this, but that instead, if things were to go in the direction of the 2024 model, they would be seeking additional resources in order to provide a VAD service. Just to make that clarification. You may find this of interest to read as well.

Mr LAY: I agree with what you are saying there. I suppose we will always have a finite amount of health staff in the Northern Territory. Staffing is a big issue. I probably should have mentioned I also have a background in remote communities, in allied health, organising delivery service in communities, so I spent a lot of time in communities as part of that.

I think it is naive to think that will not be redirected. It is for that reason, or one of the reasons, that we should focus on life-saving care rather than life-taking care.

I asked Robyn Lambley about this in an interview. We have done a bunch of interviews and recorded them and put them in our submission, so I encourage you all to have a look at those, interviewing people in town and out bush. One of them was Robyn Lambley, and I asked her how much she would estimate this would cost. Based on her experience, she is thinking around $10m. That is just an estimate; take it or leave it. It is just the only estimate I have heard so far.

Mr CHAIR: Again, in the transcript hearings, the numbers are about a tenth of that to give effect to the parameters of the model that are broadly spoken about at the moment. Nobody is suggesting that it would cost $10; it is more a case of in the ballpark of $1 to provide a service of some description. But again, that is based on the testimony we have received, which is not …

Mr LAY: A tenth of that, so a million dollars a year, you think?

Mr CHAIR: That is what—we are reporting what has been reported to us.

Mr LAY: Okay. I think it would be really good in the case that this progresses to be transparent around how much it will cost so people know before it goes to the parliament on what is the costing of this, so that would be a recommendation. We have the health system stuff, and I have spoken about that. I think it would inevitably redirect services where we need more services in that area.

Then there is obviously the Aboriginal people. I would be curious to hear how you guys go with your consultations, what your feedback is on that.

Mr CHAIR: It will all be available publicly. You will be able to read the transcripts as well.

Mr LAY: Yes. I look forward to that. I suppose, in my personal consultation, I have been going around talking to people as well, seeing where people line up. I have been finding the overwhelming opposition. I think also there is the conversation around the fear of health services, which I am sure you have heard. I think it is fairly consistent on my own experience and the experience of others.

The Member for Mulka raised it in the motion in parliament that you will probably see this fear of accessing health services. We have seen that in the past; it is not a new thing. I think palliative care, aged care and the health system have done a good job of chipping away at those barriers over many years. No matter how we present this, how well it is educated, I think there will still be the fear, unfortunately. People not quite understanding it or whatever, and just being apprehensive.

I think the cost of that will be so much more significant than potentially—we are looking at numbers of six to 20 people a year potentially accessing it. I am not sure what you have heard, but …

Mr CHAIR: Certainly less than a three-figure sum. You are right, a small number of people, if we are to extrapolate from data in other states and territories.

Mr LAY: Yes, that is what I am hearing as well. It is a very small number of people. I think with this issue, I know there are a lot of people calling for it, and I sympathise with their arguments. My and many Christian's beliefs come from a belief in God and the value of life. Outside of that, I understand people are suffering and wanting an out, so I sympathise with the argument, but I think you all have been placed in a very important position.

Your colleagues will look to you in what your consultations reveal and seek wisdom from you guys. I think you are in an important position to make a wise choice around this, not what people want but what will be best for the Northern Territory, what is best for the people. Is bringing in this law best for the Northern Territory or is it just what people want? I do not think good governance comes from majority rules. We have to make hard decisions at times, and you will understand that.

With this issue, I encourage you all to make the hard decision in not recommending legislation to the Attorney-General, because it is kind of all on you guys at the moment. The Chief Minister said if you recommend legislation she will table it, so it will be very much based on your decision, your deliberations.

Mr CHAIR: To clarify that, we should not speak beyond out remit in that regard. We are tasked with writing a report which will go back to the parliament, which the government will then do what it wants with. It may reject anything we say; it could accept it, but part of our remit at the moment is not to table a Bill, it is to table drafting instructions for a Bill which the government can take or leave if it wants to.

We take our responsibility very seriously in that regard, but you also hold a very valuable position as a community stakeholder, leader, head of a group, so we might just dig into a couple of things you were talking about to get your reflections on behalf of the Australian Christian Lobby or your personal reflections, if you want to separate them out. Palliative care is one that you brought up, for example. Can you speak to what the Australian Christian Lobby's position is on the state of palliative care in the Northern Territory?

Mr LAY: Yes, we would think there needs to be more done in palliative care, more funding. I have put this in my submission—it is not completely signed off yet, but I would like to see an increase in funding the same amount that we are putting into—if we are going down the path of assisted suicide—increasing palliative care to show people that they will not lose their funding. It is more of a comforted increase in those services.

With palliative care, we have talked about the different models, and there is a lot of talk about accessing communities and the like. I think the thing to remember with that is palliative care is only located in Darwin and Alice Springs. There are some services they can help with remotely, but those are the two places. If we were to come up with an alternate pathway, not a complementary pathway but an alternate system, it should not be more extensive and more available than our palliative care in the Northern Territory.

Mr CHAIR: On that point, we are aware from all other states and territories that have introduced VAD legislation that there has been thereafter an increase in demand for palliative care services. That is part of why we spend a lot of time asking people about the state of aged care, palliative care, health services generally and the availability of telehealth. There is a tapestry of things here beyond just VAD itself that are part of an ecosystem, so are there other parts of the healthcare system or the social services system that you also think there are deficiencies in, or that the Christian Lobby would like us to see focused on, whether adjunct to or independent of or complementary to voluntary assisted dying?

Mr LAY: I think in this conversation on assisted suicide, palliative care is the obvious one. If you wanted to take it further into general healthcare stuff, that would probably require another conversation.

Mr CHAIR: What about specifically in relation to—because you work in this area, as you pointed out quite a lot—interpreter services and aged-care services? Because again, most of the uptake for voluntary assisted dying is for people who are generally quite old and absolutely terminally ill, have medical support and a prognosis of passing away within 12 months. Any thoughts on behalf of the Christian Lobby in relation to prognosis, aged care?

Mr LAY: On prognosis, I think we were going to recommend six months. Primarily, if you look at Victoria's definitions of 'prognosis', when they give a prognosis of 12 months, it essentially means indetermined. They are not sure how long the prognosis will be. It is, essentially, if you are terminal, that is the standard prognosis; they are just not sure how long you will live.

A six-month one is a much more reasonable ask in terms of people advocating for this, the end stages of life. If you look at cancer as an example, which is typical of a high percentage of uptake in other states, you see fairly reasonable living standards of living. They are going about their day, there is a slight impact in their life—well, a major impact, but in terms of being able to do stuff and not an intolerable suffering, you really see it in the last two months, that real dive in suffering and their experiences with pain.

Mr CHAIR: And you are basing that on the basis of what?

Mr LAY: I did some research on it. It is referenced in our submission that we submitted. That link is there.

Mr CHAIR: And what is the Australian Christian Lobby's position on pain relief and palliative care and management of pain?

Mr LAY: It is all relevant things to use. I think it is great that we have palliative care and medications to alleviate suffering that does not end life. The distinction is the intent. Is this intended to end their life, or is it intended to help their suffering? We are not thinking this will end their life.

Mr CHAIR: On suffering, for example, we know that pain relief is part of palliative care, so does the Christian Lobby have a position on palliative care, pain relief and what are applicable standard for pain relief in that context?

Mr LAY: I am not sure I understand the question.

Mr CHAIR: The question being that when people are terminally ill and in the end stages, a lot of the time they are given things like opioids, which will help them to be relieved of pain. It may be the case that when they are very frail and very weak that pain relief can end up blurring into helping people to pass on comfortably. Do you have a position on that at all?

Mr LAY: I think, just as I mentioned, it is the intent. Is the intent to help this person with their suffering? A contradiction of that is they may pass away—may get tipped slightly over the edge. Or is it given to end of life?

Mr CHAIR: Actively end of life, sure.

Mr LAY: Actively. So that is the distinction for us. It is the same with any medication, right? You can take any medication hoping it will help you; there is the small chance that it could have an adverse effect.

Mr CHAIR: One of the things we found in going out and talking to people out bush is that many people out bush might not choose to have an active voluntary assisted death themselves, but there is a broad-brush support and understanding or interest in the idea of help and choice to finish up, particularly on country, for people who are very ill and have a wish that they have expressed to return to country, be surrounded by friends and family and pass forward.

What is the Christian Lobby's position in relation to, for example, choosing to withdraw from treatment?

Mr LAY: Withdrawal from treatment is a very reasonable outcome of—not choosing to accept treatment, going home to die on country, unassisted in terms of naturally going, that is very cultural, as we know.

Mr CHAIR: Again, when that happens, there is an intersection again with making sure people who do go back to country still have access to pain relief, so that is when we start having a blurring of the lines if we are not careful. Intent is important for us as well in that regard. We want to know what the hard lines are for the Australian Christian Lobby in relation to what constitutes a standard of care for somebody who is terminally ill passing away and suffering?

Mr LAY: I think it is the intent. Is the intent to end the life?

Mr CHAIR: Okay. And for the Australian Christian Lobby, we understand, of course, that you are not broadly supportive of any introduction of this legislation, which is a perfectly defensible position, but how does the Australian Christian Lobby feel about it being introduced for the broader public? Is it anathema for you completely?

Mr LAY: Yes. Completely oppose it for us and for all people for the reasons I mentioned earlier, that—fundamentally, because of our belief, but also those secondary unintended consequences that will occur.

Mr CHAIR: And can you articulate some of those secondary concerns again for us, just for specificity?

Mr LAY: Yes, unintended consequences, redirection of health services—I know we have talked about that, but I still think it is a valid argument—fear amongst Aboriginal people, adversely affecting their health outcomes, their access to services. There is always the slippery slope argument, which you have probably heard, but I think it is valid. We see it overseas, very quickly happening. In Victoria they are already talking about expanding access after their review. I think it would be naive to think that if we legislated it today, bare minimum, it would not gradually expand as the years come.

Mr CHAIR: I am mindful that we have a short space of time today. I am really fortunate that we got the opportunity to speak. I will just let my colleagues chime in with anything that I have not covered that you might want to ask specifically.

Mr KERLE: There is a question I asked to the people at the previous site, so I will ask it again, because it is relevant. Living down here and having experience with Indigenous people as you do, what does a good end—in the context of a person who has a terminal illness that is progressive and they are suffering—so death is coming swiftly and it will hurt the whole time. What does a good end look like in, for want of a better word, white culture? You know, people in town versus Indigenous people who may be on a remote community?

Mr LAY: Interesting question. I suppose most people would like an end that is not particularly drawn out. I think there are still important things that happen in those times. I think people do still die with dignity even though they have not chosen the assisted suicide pathway, and I think that time of someone fading out is an emotional time of mourning, saying goodbye and an opportunity for family to be involved.

If there is availability for medications that would help alleviate some suffering, I see that as a good thing, but it is obviously up to individuals to decide that for themselves. I would probably say the same thing for Aboriginal people. Often they would like to go out to country, so it is a bit different in that way. Both independent of any sort of assisted suicide scheme.

Ms CARLSON: If there were a voluntary assisted dying model here in the Northern Territory, how would the Australian Christian Lobby be able to support those people who—and again, we think the numbers will be quite low. If there were some community members willing to use it, how would the Australian Christian Lobby support those types of (inaudible – background noise)?

Mr LAY: I think it should be up to the individuals in how much they want to be involved. I think strong conscientious objections need to be in place, and it would be good to expand upon that in a sec, but I will address your question first. I think it needs to be up to the individuals. Chaplains and various people feel very conflicted about this. We have had chaplains reach out to us and in other jurisdictions and say, 'What can we do about this, because this is really not what I signed up for?'

I think leaving it up to the individuals to decide, and having robust conscientious objecting clauses—for example, the individual one, which I would argue needs to include not providing minimum information. I know that was recommended in the report, but it is still against someone's conscience to do that. If this is to be a separate, standalone, centralised service, there is no reason—the people who really want this, I believe, will be able to seek that out. But I think for someone who does conscientiously object, to provide minimum information can put them in a tricky situation.

I think some people will still do it, even if they do oppose it, but I think that should be up to the individual, but I think the legal protection around that should still be there in terms of not being able to provide the minimum information.

Mr CHAIR: We have to wrap up because we are short on time. We would very much encourage you to put in a written submission, which I believe you will do anyway. We also have a VAD hotline, which might not be applicable for you but other people you represent might wish to phone in and provide oral testimony if they want to. We are time limited in the data collection we can do, but we are doing the best we can to cover as much ground as we can geographically and make sure we speak to critical stakeholders as well.

Thank you very much for taking the time today, and if there is anything you want to follow up with us as well, you can get us and all the documentation associated with this through the Department of the Legislative Assembly.

Committee concluded.