

From: [justin T NT](#)
To: [LA VAD](#)
Subject: VAD call for submissions
Date: Friday, 29 August 2025 2:53:45 PM

CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.

G'day,

I strongly support plans to legalise voluntary assisted dying, as recommended by last year's inquiry.

I have some personal experience with people close to me choosing to embrace agency in their end of life. One instance of a friend who refused treatment in NT, another who refused treatment interstate, and a third who accessed VAD interstate.

My experience with those who refused treatment following a significant medical juncture convinced me that the medical establishment is very capable of appreciating, respecting and facilitating that decision. I realise that there is a significant step between refusing treatment and accessing assisted dying, but I think as we approach this reform we should recognise that current practices under existing laws already address and manage the confronting challenge of clients who make a choice not to continue living.

My experience of a friend who accessed VAD interstate after a cancer recurrence is that this facility was a great source of comfort to them as they navigated their treatment. The great pain suffered during chemotherapy was made a little easier by the knowledge that there remained an alternative. And once the illness became too much, their relief at choosing not to fight any more was deep.

I'm generally comfortable with the eligibility criteria proposed by last year's final report by the Expert Advisory Panel.

I am not Indigenous and I do not have any relevant expertise, so I defer to those who are better equipped to discuss cultural differences regarding eligibility. Yes I do expect that cultural safety should be explicitly addressed in an NT Act, but I do not expect that should be an obstacle, rather a feature of enabling legislation. I've seen the likes of AMSANT and NACCHO grapple well with other similarly challenging policy development and I am confident that a co-design approach could guide appropriate outcomes.

I do note however the significant variation in service provision standards for communities across the NT, compared to major population centres. This is in part an echo of injustices of colonisation; in part due to unintended outcomes of more recent policy decisions; and in no small part due to the challenges of small populations and distance.

Rather than allowing that differential to direct a lower standard for the provision of assisted dying to remote Territorians, we should be prepared to recognise VAD as an opportunity to fully pursue the priority reform areas of the national agreement on Closing the Gap.

full involvement of Indigenous people in shared decision making
building capacity in community-controlled services sector
structural reform of mainstream government agencies and institutions

- empower Indigenous communities to participate in monitoring

I find the questions around conscientious objection very interesting. Obviously this is a morally challenging professional choice, and I strongly support the right of any worker to object to participating. However I am not so certain about a service or facility deciding same. My knee jerk reaction is that no service or facility should be able to deny provision of this medical option, but I can see how maybe different communities might think differently. Perhaps there's some middle ground, where if a facility decides their relationship to community would be harmed by providing VAD on premises, then clients can still access information, support and referral to access it elsewhere. I defer again to local knowledge and professional expertise.

More importantly I think that existing palliative and similar services must be enriched by, rather than reduced by, the introduction of VAD into NT. There is an unavoidable interface between VAD and palliative care. The introduction of VAD must come not at the expense of existing palliative resourcing but rather with additional investment in further development of existing services and facilities.

thanks for the opportunity to comment, and best wishes for your important work on this important and long-awaited reform.

Justin Tutty

[Redacted]

[Redacted]