

Parliamentary Inquiry into Voluntary Assisted Dying

Submission by Grusha Leeman, [REDACTED] August 29 2025

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

YES.

Absolutely.

Please swiftly make VAD legal in the NT. We were the first and now we are the last jurisdiction in the country where the right to die with dignity is a right. We are now no longer pioneers and the road has been well trod so the details are easy to replicate.

If someone is going to die anyway, why must they be made to suffer when there are less cruel solutions if they may choose? There are people who spend the last months of their lives in completely unrelieved pain, even at the highest standards of palliative care.

In 2024, 73% of Territorians who responded said "A person should be able to choose when they die."

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

An adult of sound mind should need to thrice repeat their request for VAD, and be fully informed, in appropriate language and cultural ways, about their health and their options. But this shouldn't require the person to repeatedly travel long distances.

Whilst it is expedient to begin the process with more restrictions than we anticipate as it becomes entrenched, we should aim to increase eligibility allowing more people greater dignity in death. We can grade ourselves into allowing choice for more people by ensuring regular revisions to expand on those who can access VAD.

Teenagers shouldn't have to be morphined out just because they haven't reached the current majority. If children can be deemed mature enough to be imprisoned, then they should be able to request a nicer way to die. Prolonging unrelieved pain and increasing dependence and decrepitude isn't always what even young people or their families want.

Although it is vital there be clear declaration of the request for VAD, it should be expanded to those who anticipate dementia. There must be an option for clear instructions given in advance, like a Do Not Resuscitate request, or an Organ Donor permission, or a Will, but with added safety clauses. Those who are already too far gone cannot be included. A directive done in advance needs to follow international best directives such as when an agreed number of symptoms are reached, and when a chosen advocate team deems it, and as per previously given instructions. Maybe Canadian practice is worth checking for this. It is unconscionable to consider caring for people in a chronically vegetative manner is what we all desire. Of course there are many stages to decline with dementia, and surely it should be up to us when we deem an end should come.

In 2024, 71% of Territorians who responded said: "Someone should be able to say in their advanced care plan that they want to have the option for VAD in the future, even if they don't have the capacity to make that decision themselves at the time, due to something like dementia."

There are other incurable diseases and conditions with profound loss of quality of life that sufferers could be granted the option to go with dignity. Thus the time limitations should not be too confined. My understanding is that is the case with the ACT legislation.

People who are not citizens should not be refused voluntary euthanasia. The category of residency should not determine whether a less cruel death can be administered. Nor should eligible prisoners be denied.

Those with profound disabilities should be added to the list of those who can access VAD. Even after nearly four decades, I strongly remember reading "Whose Life is it Anyway?" by Brian Clark. It tells a compelling story of a paralysed person who, following a car crash which paralysed him from the neck down, fought against his physician to be allowed to make the choice to end his life. In contrast, I have also known someone with a similar profound disability who never-the-less cherished their life, but appallingly was left to die by a medical team who thought they were putting them out of their suffering. It should be up to the person to decide if they want to access VAD.

Eligibility should also be able to be contested. I had a relative dying from a truly nasty disease in a place where VAD was legal, but was disappointed they did not reach the stringent criteria, and so suffered in pain longer than they wished. For example, if the medical team is not absolutely sure how long a person may take to die, they will be unlikely to be granted permission for VAD. But if the quality of life is poor and the prognosis is in inevitable decline, and the person is well informed and persistent in their request for VAD, they should be able to have their case reviewed.

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?

For a start we need to properly fund palliative care services. There needs to be expanded options for more culturally appropriate palliative care and dying at home and on country care services. Plus greater access to interpreters and Auslan services.

We will need a well resourced and diverse education program reminding people that if they aren't comfortable with VAD they can wait to die.

Palliative care and VAD are not mutually exclusive as people who choose VAD are likely to require access to quality palliative care. It is essential for people to have access to both options, as some people may initially decline VAD and later choose it, and vice-versa.

Some aspects of the decisions should be able to be done with technology and we should try to minimize the distance and frequency any dying person needs to travel for VAD appointments.

There are many options for how to administer VAD and it would be best if there were a range of methods so that the wishes of the dying person are best met. Dr Nitsche, formerly a Territorian, is an expert and trials new methods. One is a [capsule](#) to lay in and breathe in a poisonous gas. Such a method would not be as affordable to use in remote areas, but it is vital that options be given to the dying person to die where and when they wish.

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

Yes, it will need a committed team to ensure all the considerations are made and regular reviews are performed. There are strong programs elsewhere worth replicating.

Finally

Most of the recommendations of the [Report into Voluntary Assisted Dying in the Northern Territory FINAL REPORT 2024](#) are worth following.