

**From:** [Suanne Tikoft](#)  
**To:** [LA VAD](#)  
**Subject:** VAD consultation  
**Date:** Friday, 29 August 2025 5:24:36 PM

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Good afternoon,

Name: Suanne Tikoft

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Background:

I am a trained teacher (retired) who worked in the Northern Territory with Indigenous people from non-English-speaking backgrounds for almost 29 years - at Ntaria; the Institute for Aboriginal Development; Yirara College; Batchelor Institute (training Indigenous Language interpreters); and the Alice Springs Lutheran Church. I speak, read and write Western Arranta. I have strong relationships and ongoing contact with Indigenous and non-Indigenous people in Central Australia.

I would like to comment on aspects of the VAD consultation currently underway.

## Consultation Topic 1: Legislating VAD in the NT

• Do you support legislating VAD in the NT? Why or why not?

For the practical reasons below I do not support legislating VAD in the NT, although I believe this will probably happen. If VAD is legislated, it will be critical to deal with the following (and other) issues with careful culturally-led consultation and planning, and managing these will cost considerable time and money. Is the NT government able and prepared to spend this?

1. Having worked closely with Indigenous Language interpreters I believe it will be difficult to find Indigenous people who are comfortable interpreting in the VAD context. The number of competent non-Indigenous speakers of Indigenous languages is low. Therefore there will be practical issues around providing interpreters. And while many Indigenous people speak English at a level adequate for everyday interactions, this type of English is not adequate for medical contexts, or for complex and stressful situations. How will necessary interpreters be accessed?
2. Very few professional-level interpreters are available in Indigenous Languages. Can an adequate level of interpreting actually be assured?
3. Very often Indigenous peoples' perceptions of, and feelings about, a location are profoundly affected when a death or deaths occur in that area, even when the deceased person is not personally known to them. (An example is the way some elders have spoken about the tourist deaths which have occurred at Uluru.) I believe that many traditional owners may not be happy about VAD taking place on their lands. How will suitable sites for professionally-administered VAD be found?
4. For historical reasons, many Indigenous people already fear and distrust non-Indigenous institutions, including medical institutions and professionals. Legislating VAD will almost certainly add to this distress and increase feelings of vulnerability in medical contexts.

These perceptions will be only partially mitigated by separating the VAD service from other medical services. How will this affect Indigenous peoples' already fragile willingness to attend hospital sites, to access medical treatment and to adhere to it? How will this impact health outcomes for Indigenous populations and individuals?

5. Although the intention is to fund palliative care facilities adequately, does the government actually have adequate funds, personnel, resources and time to do this? Is the palliative care currently available really accessible to everyone in a practical sense? Would health care professionals be comfortable recommending palliative care when it is often available only at a long distance from clients' homes and families?

6. How will the safeguards be truly assured given that there is a dearth of qualified medical practitioners in remote areas? If a standalone service is decided, how will this be staffed in the bush? What will happen if a community member wishes to utilise VAD but others are against it?

I agree strongly with:

2024 Expert Panel Recommendation 2

The NT should develop and fund a single, centralised service for the delivery of VAD. This should include VAD practitioners, pharmacists and care navigators. Due to the very specific cultural safety concerns related to provision of VAD, the service should be stand-alone, and clearly separate from existing NT Health facilities. <sup>11</sup>

2024 Expert Panel Recommendation 6

The process for addressing Aboriginal and Torres Strait Islander cultural safety issues needs to be designed and resourced as a core part of the operationalisation of VAD.<sup>35</sup>

2024 Expert Panel Recommendation 17

Recognising the importance of palliative care services in the NT:

- A person who requests VAD must be informed of all treatment options including the nature, scope and availability of palliative care services.
- Further resources should be provided to educate the community about the nature and scope of palliative care options, particularly for people who wish to remain at home.
- Palliative care services must be consistently and adequately resourced to provide specialised and holistic palliative care to patients, wherever they live in the NT and to address the gaps in those services that result in inequities in people's end-of-life options. Implementation of VAD services in the NT must be complementary to, not at the expense of, expanded palliative care resources.<sup>148</sup>

2024 Expert Panel Recommendation 1

The NT should implement VAD legislation that is broadly consistent with VAD legislation in other Australian States and Territories.<sup>4</sup>

2024 Expert Panel Recommendation 4 (Part 1)

Health professionals should be allowed to conscientiously object to participating in any VAD framework under NT legislation. Conscientious objectors should be required to inform requesting patients of VAD services.

Respectfully submitted,

Suanne Tikoft