

To Whom it may Concern:

Thank you for the opportunity to make a submission to the Inquiry into VAD

Do you support making VAD legal in the NT?

Absolutely not, I am strongly opposed to the legalizing of VAD, one of the many euphemisms such as mercy killing, physician assisted suicide, etc, which have evolved over time for Euthanasia – the intentional taking of human life under the guise of compassionate relief of suffering..

A bit of history: In 1920, two highly respected German academics, Karl Binding, a law professor, and Alfred Hoche, a physician, wrote *Permission to Destroy Life Unworthy of Life*, which advocated euthanasia as a compassionate "healing treatment." The authors argued that mercy killing should be permitted for three categories of patients upon request of competent patients or the families of the incompetent: the terminally ill or mortally wounded, people who were unconscious, and disabled people—particularly those with cognitive impairments. The book, which may have coined the term "right to die," also promoted euthanasia of cognitively disabled people as a way of saving resources in society.

This influential book is credited with being responsible for legalising euthanasia in Germany in the 1920's and 1930's and later for Hitler's philosophy on ethnic killing.

The 1930's also saw a groundswell of pro euthanasia movements develop in the UK and the US. Initially their direction was to non-voluntary killing, but rapidly their language switched to voluntary euthanasia. Their aim was, over time, to work to overcome the moral opposition of people in western society to accepting euthanasia, and to alter the perspective of the medical profession which was also opposed.

While in 2025, the majority of countries in the world have not legalized euthanasia, there are a handful which have, among the earliest being the Netherlands and Belgium , in 2002.

Prior to legalization, the Netherlands had for many years tolerated the practice of euthanasia even while it remained illegal. The abuses of recommended safeguards in that country have been well documented, including extension to non voluntary euthanasia.

A Dutch Government inquiry produced the Rummelink Report in 1991, <https://archive.org/details/Remelink> which showed that there were 2,300 instances of euthanasia at the patient's request. However when, to these, are added the 400 instances of assisted suicide, the 1040 patients actively killed by doctors without the patients' knowledge or consent, and the 4941 patients who died following lethal morphine overdoses without explicit consent, these are staggering figures for one year. It was further revealed that the guidelines for careful practice were frequently disregarded. 27% of respondents admitted they had killed patients without any request and 72% reported that after they had carried out euthanasia, they falsified the death certificate to make it appear that death was due to natural causes.

So - no Government can ensure that assisted suicide (VAD) legislation can be watertight to adequately protect against abuse. Nor should any government legislate for one person to take, or assist to take the life of another innocent person. To do so sends a confusing message when so much is being directed to support those in our community with suicide ideations, and we all know the devastating impact on loved ones when someone does take their own life.

With other States now having legalised VAD, and the NT evaluating its future direction, it is a concern that the political driver in 1995 of The Rights of the Terminally Ill Bill, former Chief Minister Marshall Perron is criticising current laws in other jurisdictions as being too restrictive. History has shown that over time there will be attempts to broaden the eligibility for VAD and in some cases for people who may not be suffering any illness.

To legalise VAD in the NT is to create great risk to the vulnerable in our society, to put a lower value on life of those who may be ill, the disabled, the frail aged who could well be made to feel they are a burden and be coerced, especially where there are financial considerations.

We live in a jurisdiction that is unique with approximately one third of our population being Aboriginal or Torres Strait Islander. When you live and work with communities over decades, you realise that trust is integral to your relationship. Consultations have already demonstrated that the majority of ATSI communities are very strongly opposed to the notion of VAD.

If we consider ourselves a civilized society, traditional and cultural values must be respected as well as the various faith traditions that regard intentional taking of life as murder.

I find it hard to believe that there is the claimed majority in favour of legalizing VAD in the NT when you consider our ethnic demographic. I have also found it highly inappropriate that a member of the Panel has been publicly and constantly lobbying for VAD in her professional capacity.

Under no circumstances should any NT Health personnel either in primary care or acute have any role in VAD - it would engender strong mistrust of our health system and lead to people avoiding any contact with it, which would create a public health issue.

There are also misunderstandings around terminology, During the consultation preceding the Rights of the Terminally legislation 30 years ago, the term “passive euthanasia” was frequently used, usually in the context of withdrawing of life support or of futile treatments – so that nature could take its course. This was regarded by some people as euthanasia, despite it being ethically and legally acceptable, including by Christian denominations.

In fact last year, a family member was on life support and conscious. He understood that treatment was futile, and asked to be supported with that medical care until such time as his extended family could be at his bedside. He was able to have practical and spiritual comfort, and then made the decision to discontinue the medications sustaining him, and left this life.

Another consequence of introducing VAD into the NT is that it would place health professionals and organisations who conscientiously object to the practice of euthanasia, in a difficult moral position, if they are required to refer a person requesting VAD to the applicable service. Let our doctors do what they do best – provide comprehensive medical, mental health, and palliative care to their patients.

In Alice Springs we have an excellent Service in Palliative Care, but their capacity is very stretched, and needs to be strengthened in all aspects. The priority of the NT Government should be to raise the whole profile of Palliative Care and significantly increase funding and resources . Palliative care should be accessible and in place throughout the NT – it provides valuable supportive care which can extend in some instances, across many years to give quality and extension of life. It is a matter of social justice and I ask that the Panel please not recommend introducing voluntary euthanasia into our jurisdiction.

David Reilly, [REDACTED] 25th August 2025