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To: [LA VAD](#)
Subject: VAD submission from Tasmania
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Submission:

I'm writing as a retired Clinical Psychologist, having served for eight years as Vice-President of Dying with Dignity Tasmania, and currently working with people like Mike Gaffney MLC, Dr. Keith McArthur VAD Clinical Lead, and Professor Ben White QUT Queensland, to make changes to Tasmania's End-of-Life Choices (Voluntary Assisted Dying) Act 2021 in our legislated 2025 Review.

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

Yes. My Sydney son died a dreadful death at a stage when the NSW voluntary assisted dying legislation had been passed but not implemented. And because of residency restrictions, he couldn't come home to Tasmania, where he had lived for thirty-five years. Without their own access to VAD, such restrictions would prevent Northern Territory residents accessing VAD in other States. In the days before we had our Tasmanian VAD legislation, my father died a hard death in one of Tasmania's best palliative care wards. And during my decades of work as a clinical psychologist, when I sometimes supported people with a terminal illness or their families, I only thought of their dreadful suffering in terms of palliative care. The voluntary assisted dying world opened my eyes to an option I wish some of them could have chosen.

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

You have the advantage of seeing how the eligibility criteria in other States have worked. The detailed information provided in Tasmania's Voluntary Assisted Dying Commission's annual report for 2023-24 makes it apparent that Tasmania's implementation reflects the findings across other States: That VAD laws and their strong criteria "are working safely and as intended with a high level of compassion, care and integrity. Without exception, they

are operating within the strict eligibility criteria and safeguards determined by parliament." (Go Gentle Australia's [State of VAD Report](#))

With eligibility criteria, the one area where I hope you will improve the legislation of other States is to not legislate for prognosis (predicted life left) restrictions. The ACT has already done this; Tasmania will be making the removal of the prognosis eligibility requirement a priority goal in our 2025 legislated Review; and it is the plan of all Dying With Dignity groups across Australia to work for the removal of prognosis restrictions as their States' legislated Reviews come up. This would give voluntary assisted dying access to so many who are currently denied it.

I asked Dr. Keith McArthur, our Tasmanian VAD clinical lead,

"What will happen if we remove prognosis restrictions from our legislation?"

And he replied:

"There are numerous neurodegenerative conditions that are very slowly progressive, where time-to-death is an impediment. But there is also the difficulty trying to prognosticate cardiovascular disease, cerebrovascular disease, respiratory disease - and numerous other medical conditions where the removal of prognosis would mean people can apply earlier with the assurance that they can manage their death when they choose."

Prognosis is the major barrier for those denied access to voluntary assisted dying. Achieving a six or 12-month prognosis has emerged in every State and New Zealand as a major barrier to a person requesting, across a wide diagnostic range, a medically assisted death.

MLC Mike Gaffney, who brought Tasmania's legislation to fruition, wrote, "Overall, we know, **it's not a question of if you will die, more a question of how much suffering has to be endured before a person is allowed to die – the prognosis criteria could be said to be the suffering clause as it is the most unreliable assessment in a voluntary assisted dying eligibility assessment** – even for the most experienced and skilled Medical Practitioners."

The six-month prognosis emerged in Oregon as part of the first medically assisted death legislation in the USA. It was included as a criterion because a person became eligible for hospice care funding once they had a prognosis

of six months or less. **The six-month prognosis for hospice care was a policy response to managing the Oregon health budget. An economic decision followed by Australian States as a time-to-death criterion.**

I was the Tasmanian representative on a working group appointed by the national Dying With Dignity committee. Our research showed that the six and twelve-month prognosis is the least evidence-based of any of the VAD eligibility criteria. VAD practitioners and Care Navigators refer to its inaccuracy, with different doctors providing different advice on the same person's prognosis, or no advice at all. The prognosis is seen to have improved accuracy only for a person with weeks or years to live; with a prognosis between weeks and years consistently being shown to be unreliable, and an unreliable safeguard. In some states many people report that their doctor will not provide a prognosis, so they believe they are not eligible for VAD; others report that the advice on the time left to live was vastly different from the experience of their loved one.

VAD legislation has other more reliable and medically-based criteria which allow an assessing VAD practitioner to confidently assess that the person has a disease, illness or medical condition which will cause their death.

Repeal of the prognosis (predicted life left) criterion would leave the remaining eligibility criteria, which would be wholly adequate

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.

The legislation in all Australian States has shown that the principles/content/legal consequences embedded in their Acts do provide a safe and effective way for people to access VAD.

However, beyond that, **there should be some government responsibility for making people aware of voluntary assisted dying's existence,** particularly those living in remote areas and Aboriginal and Torres Strait Islander people.

In a recent QUT survey, only 33% of Queenslanders were aware that voluntary assisted dying is legal in Queensland. 41% believed it was illegal,

and 26% weren't sure. This research, conducted 17 months after VAD became lawful, also found that only 26% of respondents knew how to access VAD if they wished to.

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

The VAD Boards or Commissions have the experience to advise you in this area. All States have legislated requirements for Reports and Reviews to monitor the safe and effective implementation of VAD.

Robyn Maggs

August 2025

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