

From: [RAY INGAMELLS](#)
To: [LA VAD](#)
Subject: proposed VAD legislation
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Dear L & CA Committee,

I am a medical practitioner in Alice Springs [REDACTED] My work as a General Practitioner in Alice Springs for over 30 years, includes providing medical care for residents of aged care facilities and assisting in the provision of palliative care to patients in their own home. Many of my regular patients are now approaching the end of life and I frequently discuss issues of death and dying with patients and their family members.

I strongly object to the introduction of Voluntary Assisted Dying laws in the Northern Territory.

As a medical practitioner, I have a calling to provide health and healing to my patients. It goes against my training and my medical experience to consider actively ending one's life prematurely. I will be a conscientious objector to supporting VAD in the Northern Territory.

In my experience, the vast majority of patients who have a terminal illness and are nearing the end of life can receive very good control of potentially disturbing symptoms such as pain and emotional distress. Modern palliative care can easily address most of the issues that patients are fearful of. Rather than introducing VAD laws it would seem that a better approach would be to increase the funding and availability of high quality palliative care services. This is especially an issue outside the main centres in the Northern Territory.

I am concerned that once VAD laws are introduced, then the proposed strict inclusion criteria may be relaxed over time so that VAD becomes more easily accessible to people without all the currently proposed checks.

I fear that many indigenous people will not have a clear understanding of what VAD means. There is already a degree of mistrust regarding health institutions such as hospitals. Indigenous people may be unwilling to seek medical assistance for serious health issues if there is a concern that VAD may be suggested to them.

In the NT VAD reports, I note that a health professional who is a conscientious objector will be legally required to inform patients of VAD services that would be available. This means that I cannot exercise my right to be a conscientious objector and simply refuse a patient's request for VAD, but I will be required to provide information that helps them take the next step towards taking their own life. This would make me part of the process of providing VAD for them.

In the NT VAD reports, I note that the criteria for intolerable and enduring suffering is whatever the patient feels is unacceptable to them. This is very subjective and leaves no room for any evidence to be provided as to the actual degree of suffering they are experiencing.

For these reasons I object to the introduction of VAD legislation in the Northern Territory.

Dr Ray Ingamells