

Key Question No. 1: Do you support the legalisation of Voluntary Assisted Dying (VAD) in the Northern Territory?

Response: Absolutely.

My Qualifications – I qualified as a Registered Nurse in 1986 at the university level.

Following the completion of my graduate program at a large general hospital, I continued my employment there for two additional years before relocating to Sydney to join a leading Palliative Care Hospice. Over the following twelve years, I completed Postgraduate Studies in Advanced Palliative Care (The University of Technology Sydney), became a Clinical Nurse Specialist, a Community Palliative Care Consultant, and ultimately, a Level 3 Supervisor, a position I held for the final four years of my employment.

The Reasons Why I Support VAD – Without a doubt, life is precious. Most people diagnosed with a terminal illness will do everything to sustain their life for as long as possible, by whatever means are available; surgical intervention, chemotherapy or radiotherapy.

When all interventions fail and their deterioration becomes obvious, people fear what lies ahead—how will they cope? Their primary concerns are a rapid decline in their quality of life, the likelihood of uncontrolled suffering, and the possible loss of dignity.

Like most people, I believed that effective Palliative Care could address whatever adverse side effects might arise—I WAS WRONG!

Let me make it abundantly clear, I remain the greatest advocate for Palliative Care. I witnessed and helped deliver the very best Palliative Care possible. I also came to witness its limitations. The percentage of those affected may not be significant, but one person about to lose their life and forced to endure more needless suffering is one too many!

The Difference Between Living and Existing – When the quality of life diminishes, a greater concern is that **choice** may be taken away, and treatments continued which provide little or no benefit to the patient's eventual outcome, and may prolong their discomfort.

How Many Beg to Die Daily? – I nursed multiple people suffering horrendous side effects of their illness who were facing a slow death, and who begged to die. One man had no facial features remaining, was almost blind, waiting until he developed an untreatable infection or the cancer invaded a major artery. Likewise, a woman in her late thirties who had no viable flesh from her armpits to her waist, rather a fungating tumour requiring a two-hourly dressing each day, which caused excruciating agony regardless of the morphine administered. I could name countless others!

Another great tragedy is having family attend loved ones, witnessing their agony, and suffering along with them, feeling helpless, and knowing the best Palliative Care couldn't alleviate or reduce that suffering. This situation might entail many weeks.

There are many terminal states with the potential to cause uncontrolled suffering; Pancreatic Cancer, Motor Neurone Disease, Pelvic/Uterine/Cervical cancer, Metastatic Bone Cancer, to name a few. There are many more.

### **Key Question No.2 – What Eligibility Criteria Should a Person Need to Meet before They Can Access VAD?**

The Northern Territory has a distinct advantage in assessing how the criteria were implemented under legislation elsewhere. Some problems became apparent in those states first, instigating VAD.

That the person must have a terminal diagnosis is a given. I don't believe setting a time limit to access VAD serves the patient's best interests, such as some states stipulating a patient must be in the final stages of their illness (either six months or twelve months). What the Australian Capital Territory, Canberra (ACT) has adopted is preferable. The very nature of some cancers and other terminal illnesses can alter rapidly. I believe the criteria should rest with the person affected, and when they decide there is a need for VAD.

### **Key Question No. 3 – How Can The Northern Territory Service Remote Areas and Assist the Aboriginal and Torres-Strait Islanders?**

Liase with the state bodies in Western Australia and Queensland, both serving similar large remote communities. Assess what works best. The Royal Flying Doctor Service now provides

Palliative Care as part of their care delivery, a potential avenue to assist in the delivery of VAD practitioners to remote areas.

**Key Question No. 4 – How Can The Northern Territory Monitor the Process to Ensure VAD is Delivered Safely and Effectively?**

Again, the Northern Territory has the advantage of assessing the data and outcomes of other states where VAD has been operating for several years.

**IN CONCLUSION**

Before I became a Registered Nurse, I was one of those people who sat by a bedside watching a loved one suffering. I watched my father, riddled with cancer, die in abject agony, a memory I will never forget. It became a driving force for me to consider nursing and specialise in Palliative Care. I believed there had to be a better way. There is—It's called Voluntary Assisted Dying!

When you serve the needs of people with a terminal illness, it is about giving them a **choice**. Only **they** have the right to decide when their level of suffering is no longer bearable, and when their diminished quality of life is no longer acceptable.

With regards

Beverley Young

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