



August 12, 2025

Dr. Tanzil Rahman
Chair
Legal and Constitutional Affairs Committee
Voluntary Assisted Dying in the Northern Territory
LA.VAD@nt.gov.au

Dear Doctor Rahman,

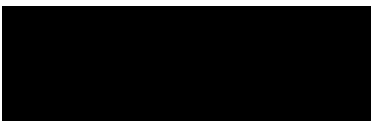
On behalf of Dying With Dignity Queensland and myself, I am proud to provide this submission to the Committee to assist in its consultation into Voluntary Assisted Dying in the Northern Territory.

We strongly support the legislation which makes VAD available to eligible individuals choosing this end-of-life health choice. Our submission demonstrates this result. The experiences to date in Queensland further support the acceptance and efficacy of legislation which provides dignity and respect for individuals in this process.

Our response to the four key questions posed by the Northern Territory Parliament's Legal and Constitutional Affairs Committee are below.

Should any additional information or support require our attention, please let me know.

Regards,



Michael Kaltenbaugh

President

Dying With Dignity Queensland



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

Position Statement

Dying With Dignity Queensland, our 8,000 members and supporters, the 2024 – 2025 Management Committee and I (President, DWDQ) *strongly support* the legalisation of Voluntary Assisted Dying in the Northern Territory, with a statutory framework modelled on Queensland’s **Voluntary Assisted Dying Act 2021**, operationalised via a central support and pharmacy service, and overseen by an independent Review Board.

Supporting rationale

- The Queensland model has demonstrated *safe, equitable, and regulated* implementation since 1 January 2023, with robust data governance, practitioner oversight, and access across rural and metropolitan settings [Queensland Health+2Queensland Health+2](#).
- Data through 30 June 2024 shows **1,560 individuals commenced the VAD process**, with **793 resulting deaths** via VAD substances; median age 74; 58% male; 52% from regional or remote areas; 76% with cancer diagnoses [Queensland Health+3Queensland Health+3Right to Die Federation+3](#).
- Strong safeguards—including multi-stage assessments, legal penalties for misconduct, and conscientious-objection protocols—ensure safety and trust in the process [Queensland LegislationAustLII](#).

Relevance to NT inquiry

- NT faces similar geographic and demographic challenges: dispersed population, high First Nations representation, limited specialist access. Queensland’s model directly addresses these features through integrated logistics and governance.

2. Eligibility criteria: What should be required before accessing VAD?

Following Queensland’s Act and eligibility provisions:

Eligibility framework (must meet *all* criteria) [Queensland Health+15Queensland Health+15Queensland Health+15](#):

- **Eligible medical condition:** advanced, progressive, expected to cause death within approximately 12 months; experiencing intolerable suffering (physical, mental, or treatment-related), based on the person’s subjective judgment.
- **Decision-making capacity:** the person can understand nature and consequences, communicate their wish, and make a voluntary decision; capacity presumed unless evidence indicates otherwise.
- **Voluntariness:** no coercion, persuasion or undue influence.
- **Age:** 18 years or older.

- **Residency:** Australian citizen or permanent resident (including approved NZ visa holders); ordinarily resident in Australia for ≥ 3 years and NT for ≥ 12 months, with potential for exemptions under compassionate or substantial connection grounds.

Adaptations for NT context

- Residency criteria should mirror Queensland, with possible exemptions for cross-border or remote residents with strong NT ties.
- Consider explicit inclusion that mental suffering accompanying physical terminal illness qualifies, while excluding mental illness alone without an eligible terminal condition.

3. Access: How can NT ensure safe and effective access, including for remote and Aboriginal & Torres Strait Islander people?

A. Service architecture: NT VAD Support & Pharmacy Service

Establish a centralised VAD Support & Pharmacy Service (NT-QD-style), paralleling Queensland's QVAD Support and Pharmacy Service [Queensland Health+12Queensland Health+12en.wikipedia.org+12theaustralian.com.au+4qld.gov.au+4Queensland Health+4](https://www.health.qld.gov.au/health+12en.wikipedia.org+12theaustralian.com.au+4qld.gov.au+4Queensland+Health+4):

- **Care coordination:** central intake, care navigation, and counselling.
- **Pharmacy logistics:** authorised supply, safe transport, secure storage protocols, and disposal mechanisms.
- **Remote reach:** mobile outreach or practitioner flights for face-to-face assessments in remote areas; telehealth where legally permitted.

B. Workforce and practitioner readiness

- Authorised practitioner training and CPD-accredited modules (GPs, nurse practitioners) as provided via Queensland Health's training frameworks [Queensland Health](https://www.health.qld.gov.au/health).
- Clear conscientious-objection clause, with mandatory referral pathways or care navigation when providers opt out [Queensland Legislation](https://www.legislation.qld.gov.au/queensland-legislation).

C. Equity and cultural accessibility

- Proactively engage NT Aboriginal communities to co-design culturally appropriate communication materials, language translations, informed-consent pathways, and roles for Indigenous liaison officers.
- Embed cultural representation on the Review Board to ensure oversight reflects First Nations perspectives.

D. Outreach and access support

- For remote or mobility-restricted clients: fund **practitioner travel** or outreach clinics (similar to Queensland’s flight funding for remote regional access due to federal telehealth restrictions) theaustralian.com.au.
 - Explore telehealth for request and assessment stages where permissible under Territory and Commonwealth law.
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4. Monitoring: How can NT ensure VAD is delivered safely and effectively?

A. Independent oversight—the NT VAD Review Board structure

Establish an independent Review Board, modelled on Queensland’s:

- Mandated under statute.
- Reviews every completed request and case to assess legal compliance.
- Issues public annual reports with anonymised demographic data, system performance, and recommendations for legislative or operational improvements [Right to Die Federation](#).

B. Data systems and transparency

- Deploy a digital **Review Board IMS** akin to Queensland’s (QVAD Review Board Information Management System) for capturing each stage of the process via approved forms [Queensland Health+2Queensland Health+2](#).
- Include metrics on requests submitted, assessments approved/refused, substance supply, administration mode, demographic splits (age, gender, geography, diagnosis), and palliative care integration.

C. Compliance, risk management, and incident review

- Replicate Queensland’s offence provisions for unauthorised administration, coercion, falsification of documents, misleading the Board, and misuse of substances [Queensland HealthAustLII](#).
- Incorporate reforms to address coroner-identified risks—such as suitability checks for ‘contact persons’, safeguards for self-administration without supervision, and safe storage/disposal requirements—given criticism of Queensland’s initial flaws theguardian.com.

D. Continuous quality improvement

- Include a statutory or explicit mechanism to act on Board recommendations (e.g. enhancing workforce awareness, adjusting funding/remuneration, refining administrative forms, improving interpretive/cultural access) [Queensland Health+1](#).

- Align NT data definition and reporting with national standards to support policy research and cross-jurisdictional benchmarking.
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Recommendations (stand-out)

1. **Enact NT legislation modelled on Queensland’s Voluntary Assisted Dying Act 2021**, preserving eligibility criteria, procedural stages, offences, and legal protections.
 2. **Establish a central NT VAD Support & Pharmacy Service**, enabling equitable access and logistical management—especially for remote/First Nations communities.
 3. **Create an independent NT VAD Review Board**, with digital IMS, mandated case reviews, public reporting, and formal processes to implement improvements.
 4. **Incorporate cultural governance and targeted engagement**, ensuring First Nations peoples are central to design, information delivery, and oversight.
 5. **Implement robust contact-person screening and safe administration protocols**, addressing coronial concerns identified in Queensland’s experience [Queensland Health+15theguardian.com+15Queensland Health+15Queensland Health](#).
 6. **Provide funding support for remote access**, including practitioner travel or outreach clinics, pending telehealth reforms (reflecting Queensland’s flights scheme) [theaustralian.com.au](#).
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Summary

- **Position:** Dying With Dignity Queensland, our 8,000 members and supporters, the 2024 – 2025 Management Committee and I (President, DWDQ) support legalising VAD in the NT under a framework reflecting Queensland’s safe and transparent model.
- **Eligibility:** Defined via stringent criteria of terminal condition, capacity, voluntariness, adult age, and residency.
- **Access:** Delivered via a central NT Support & Pharmacy service, practitioner training, rural outreach, and culturally sensitive processes.
- **Monitoring:** Conducted through an independent Review Board, robust data systems, legal compliance mechanisms, and responsiveness to systemic feedback.

Conclusion

By adopting a framework closely modelled on Queensland’s *Voluntary Assisted Dying Act 2021* and implementing an **integrated VAD Support & Pharmacy Service**, accompanied by an **independent Review Board**, the Northern Territory can successfully legalise and operationalise Voluntary Assisted Dying in a manner that is **respectful, equitable, safe, and strategically robust**.

Queensland's data—1,560 people commencing the process and 793 receiving assistance within 18 months, across urban and remote areas, with transparent oversight, strong patient autonomy, and robust safeguards—demonstrates that such a system can be **safe, effective, compassionate, and scalable**.