

**From:** [REDACTED]  
**To:** [LA VAD](#)  
**Subject:** VAD submission  
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Please find below updated submission, apologies for the inconvenience.

To whom it may concern,

Please find below my submission, postcode [REDACTED], in support of the submission by Christians supporting choice for voluntary assisted dying.  
Please omit my name for online publishing.

Kind regards ,

[REDACTED]

1. Do you support making VAD legal in the NT? Thank you for the opportunity to make my submission. I'm a former journalist who followed the euthanasia debate during my 20-year career. However, my interest is now personal. My mother had always been a VAD supporter and said she would choose euthanasia when her time came. However, when that time came last year and she was diagnosed with terminal lung cancer, under pressure from her Catholic faith, she declined VAD. Though she became unable to speak in the days before her death, I have no doubt she regretted her choice. She first became a supporter in her work as a palliative care counsellor, in which she intimately witnessed the unbearable end-time suffering of both strangers and close friends in our closeknit community. She was wonderful at her job, but so traumatised by the horrors of death, especially the deaths of people she had known her entire life, that she only worked in the field for a year or so. It was her then-unshakable belief that no God would want His people to suffer in such a way, and that God had inspired humankind to create euthanasia out of love and mercy. Not just for the dying person, but for the family, partners and friends who are traumatised by watching their loved one waste away, cry in pain, soil themselves, and lose all traces of dignity, joy and power. All this was simply words to me until her death. Over the course of fifteen months I watched my beautiful, once vivid mother become skeletal, her cancer-ravaged body bruised and bleeding. I sat with her for endless hours trying pointlessly to comfort her in states of screaming agony, uncontrollable hysteria, and absolute emotional breakdown due to grief, inescapable pain despite medication, coughing volumes of blood, delusions and anxiety, all worsened by the anxiety-inducing toxins released by cancer and steroids, oxycontin and other medications that made her lose her mind as well as her agency. I tried to assist in her case management as she was no longer in her right mind to be able to manage her own case, and she made countless wrong choices that caused her even more suffering. I was with her in her panic when she developed leg clots-an earlier death sentence, as the doctors couldn't treat them with blood thinners or she would cough up so much blood from the cancer tearing up her lungs, she'd die sooner and more gruesomely. Without blood thinners she was given two weeks to live. She had already lasted twelve months longer than she had been given, though she spent most of that time in a state of panic. Still, the news made her inconsolable, and she did not last the full two weeks. One morning in the nursing home, she got out of bed and fell to the floor on a leg she did not realise was swollen. The damage the fall did to her emaciated elderly body caused such excruciating damage, she begged the doctor to start the morphine. Three horrific days later, she died. In nappies. In agony, even with the morphine. Writhing,

groaning, visibly tortured, until the final day. The images burned on my memory of her hideous suffering are not the final memories I wanted to have of my dear mother. Her unbearable physical, mental and emotional pain and misery were not what she deserved. And there is no one on Earth who can convince me that God WANTED his child to die screaming in agony and choking on her own blood in her own feces. Or that God wanted me and my family to be traumatised for life by the horrors of helplessly watching their mother's unendurable pain and humiliation. If God WANTED his beloved children to suffer in this way, he would not have allowed the invention of euthanasia, or he would have ensured it was given solely to pets. Surely Milo and Otis do not deserve mercy MORE than we do? Five months later, my sister, my aunty and I are in intensive therapy and EMDR attempting to treat the Complex Grief that has almost crippled us while caring for my mother and watching her die, and has since her death made us unemployable and near non-functional with emotional overwhelm, mental fog, exhaustion and suicidality. My aunt was hospitalised in suicide watch during my mother's illness. Complex Grief makes you six times more likely to suicide, and I've certainly considered the option as I've struggled with overpowering heartbreak. My nervous system is only now beginning to recover from the burnout; the professional view is it will take much longer. Is this what God wanted for me? For my loved ones? And for my precious mother, who gave love and kindness but died in godforsaken agony? When I made these points with my church community (my aunty and I joined a Pentecostal church in desperation for solace during Mum's illness), I was howled down by Jurassic points of argument that were neither sensical nor scientific. Turns out they weren't even Biblical. "Thou shall not kill," and yet the Bible is rife with mercy killings, justice killings and mass killings for conquering crusades done by God Himself and his angels and prophets. Clearly, there was an asterisk and footnote missing from that particular commandment. To say nothing of the Inquisition and Christian Crusades (land grabs). Nowhere in the Bible does it state you cannot take your own life. Just like nowhere in the Bible does it state basically any of the foundational rules the Church preaches. Most principles are based on isolated instructions given to prophets for their subjective situation, not blanketly to all of humankind. Even then, it's always drawing a long bow. If He exists, which I believe He does from personal experience-though not via the Church-God is love. Death is hell. There is no doubt in my mind that God inspired humankind to invent VAD out of His love, mercy and compassion. Another neon point ignored by the church is that almost all deaths already ARE euthanasia. Morphine is murder-suicide. Without it, patients would take days, weeks, months longer to die. Largely, only sudden deaths occur without being caused by morphine. Morphine is just a longer, more painful, more outdated form of euthanasia than VAD. We have become more sophisticated as a species, and so too has our science and our demonstration of compassion. A palliative care nurse informed me that even morphine is not that humane. It does not stop a patient's pain in the days or weeks it takes for the drug to hurry their death. It merely renders them mostly unable to speak or move, so they can't express that pain. Isn't that horrific? Even with morphine-before she started on the pump which hastened her death-my mother was writhing and groaning in what appeared to be unspeakable excruciation. Surely, we can do better than this. We can do better than forcing the dying to endure even more horrendous suffering. Morphine is simply a bandaid for the family, who gets the peace of falsely believing their loved one is dying without pain. But they ARE dying in horrific pain-they just can't express it. The fact they are silently screaming in a hell we can't and would not want to imagine, while we think they're passing peacefully, is a travesty. It's something out of a horror movie. Any God who would prefer we die that way, and become traumatised by watching our loved ones die horribly despite having the science to prevent it, is not a God I care to know. And this is one of many reasons why churches struggle to draw and keep members. Who wants to believe in a God that delights in your suffering? It's not only the dying and their families who suffer needlessly during the palliative process. From my canvassing of health professionals, it's little wonder the suicide rate is so high among nurses. A huge loss to our medical system.

And much of the trauma they bear is preventable through VAD for patients. The evidence is clear that when a patient is granted approval for VAD, there is great peace of mind. If only my mother could've had this peace of mind. So, yes. I support making VAD legal in the NT and everywhere else. God speed.

2. What eligibility criteria should a person need to meet before they can access VAD? After researching VAD after Mum's death (and when a journalist does research, boy, do they do research), I feel I am of an informed opinion that criteria for VAD should be far more inclusive than it already is in other Australian states. There is compelling evidence that it should not be limited to a 12-month prognosis. Why should anyone have to endure hellish pain for any length of time? VAD should be possible no matter the timeframe of a prognosis. Why should external influences dictate how long an individual is allowed to live? It's an infringement on liberties. It should also be expanded to include dementia, Alzheimer's and all other degenerative disorders like MND and Parkinson's at any stage of the disease. Honestly, spend five minutes in any nursing home witnessing the dead stares, and you'll agree no one should have to spend their last years-up to 20 years-slouched in a bingo corner, drooling and soiling themselves. Is that how you want to die? Slowly, agonisingly? For years? Because someone decided you're not allowed to take a mercy drug just yet, because a disease that slowly drives you insane and makes you incapacitated might take years to kill you? Such a prognosis demands more mercy and access to VAD, not less. Doctors should without doubt be permitted to decide on a patient's behalf if that patient, whether at diagnosis or during disease progression, has declined beyond decision-making capacity, and past the ability to enjoy their life or even know who they are or what is happening around them. Doctors should be legislated to do this with or without the consent of family who may want to extend the patient's life for selfish reasons. It's basic empathy. If you had degenerated beyond being able make a choice whether or not you become a non-functional vegetable-the living dead-or suffer paranoid delusions that make you violent to your family, wouldn't you want someone to have mercy and end your life for you? I know I would. The prolonging of life only to endure and deal trauma is senseless. The loss of life from family suicides caused by caretaking, trauma and abuse suffered from the relative being cared for is significant. There's no use saying the patient is unaware, and therefore not suffering; they often suffer extreme distress at constantly forgetting things and not understanding what's going on. We must make the call to allow VAD for dementia and any degenerative disease, even and ESPECIALLY after the patient has lost mental capacity. Being trapped in an inescapable hell inside your own mind for years because of rigidly unchanging, religiously (archaically) influenced government legislation is a cruel and unnecessary way for any living being to die. Thirdly, VAD should be available on mental health grounds, like it is in Switzerland and Belgium and possibly in the near future, Canada. Suicide is the leading cause of death for Australians aged 15-44. That's a drastic figure. Approximately one million people per year choose to end their lives in a way that is painful and traumatic for them, their loved ones and whoever finds their bloody, mangled or vomit-soaked body, because they have no humane or painless option to end what is very clearly unbearable suffering. With the mental health crisis worsening at a rapid rate, we need to get our heads out of the sand. We need a more compassionate way to allow people who, because of trauma in their body they have not been able to heal with therapy if they have even had the capacity to try, cannot go on living. Trauma is as much of a killer as any disease, and is just as biological. No one chooses to be suicidal or incapacitated by mental illness, and the majority of mental disorders that cause suicide are incurable. Some such as PTSD are treatable, some like BPD can go into remission, but many including schizophrenia can only be managed by medications and therapy that in too many cases are not sufficiently effective to prevent suicide, violence or homicide. Permitting VAD for mental illness would take enormous pressure off the jail system, which is where many end up before taking their life. Like terminal illnesses and dementia, mental illness can place an untenable burden not only on the sufferer but their carers and loved ones, who may be driven to breakdown or suicide

themselves. As a society we are now too trauma-informed to deny the neurobiological reality of trauma and mental disorders and how they can make life unliveable, despite attempts at recovery. It is often a biological issue, not a nebulous emotional issue. Suicidality is not a weakness or a flaw; it is a biochemical imbalance from stress or trauma that may never regulate, and leads to chronic misery for the one suffering and their caretakers, be they children, parents, partners, or mental health workers. If someone wants to end their life, whether it's from PTSD, schizophrenia, depressive disorder or any other mental illness, and they have wanted to for a long period without reprieve, there is no reason why we shouldn't show as much compassion for their suffering as for anyone with a terminal or painful condition. Which brings me to my fourth point: pain conditions. If someone wishes to end their life because of an intolerable chronic pain condition, by rights they should be able to, through the dignified and painless mercy of VAD. Lastly, all cancer patients whose cancer has metastasised should have access to VAD. Chemotherapy is one instance where the cure is often worse than the disease. I know of too many people who regretted getting years of treatment that made their life such a living hell it was not worth living, only for their cancer to come back a year later and kill them. If a cancer is not isolated to one small area easily fixed by surgery without further therapies, the patient should have the right to reject chemotherapy and choose VAD.

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? Government agencies need to consult with these communities according to best practice, to make them aware of their options and rights, and rollout programs. Many in these communities are suffering direly due to addiction, (sometimes selected) homelessness, and physical and mental conditions they can't afford to treat, and would benefit from VAD. It would provide a safer community as well as give people with no other prospects an option to end a life of endless suffering. Without the interference of superstitious religious lobbies. Needless to say, I no longer attend Church, and now recall why I not only left the Catholic Church after finishing Catholic school, but loathed and rejected its hypocritical, psychotic, Satanic and frankly idiotic God in favour of literally any other potential belief system.

While I believe in God and Jesus, I oppose many of the teachings, because they perpetuate and celebrate unnecessary suffering and were grossly misinterpreted by mankind for power and money. It is laughable to believe God wants His people to suffer. It's time the Church supported the divine mercy of VAD. In fact, it's long overdue, given the Church's countless backflips on supposedly unbreakable laws over the centuries for economically beneficial reasons. This may be the most important backflip. Allowing those who are suffering without hope, whether it's from a terminal illness, chronic pain, mental illness, dementia or even addiction they haven't been able to stop, to die with dignity, will create a happier, more productive world overall, with fewer crippling flow-on effects to the family unit, the overloaded health system, and society.

4. How could the NT monitor the process to ensure VAD is delivered safely and effectively? By following the procedures already in place in other parts of Australia and the world. Consult with states that have passed the VAD bill, and with the authorities in the Netherlands and Canada who have already done the legwork on expanding criteria. This is an issue of primary importance. It will affect every single one of us at some point in our lifetime, and we need to get it right. We owe it to ourselves, for when our end time comes, and for future generations. Do you want to be forced to die slowly and painfully? Do you want your children or grandchildren to be forced to die slowly and painfully? Or do you want mercy for all?