

**From:** [Kristan Slack](#)  
**To:** [LA VAD](#)  
**Subject:** Submission on VAD  
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Of first importance to say, it is a very sad thing for someone with a terminal illness to feel their life should be ended.

I am thankful for the consultation paper on VAD, and that in comparison to other legislations seeks to be conservative in its recommendations.

However, I do not support the move to legalise VAD in the NT.

Palliative care services are very good and can relieve the sufferings of individuals with terminal illness to a point that they are at least tolerable.

Additionally, I appreciate that the consultation paper affirmed that palliative care funding and resources should not be impacted, and yet I would insist that it actually be strengthened and resourced even better than currently – and especially so in remote communities. This should be the priority of our government.

I also am concerned about some unfinished and seemingly underdeveloped aspects in the recommendations.

Assessment of intolerable suffering – how will any doctor or other person objectively be expected to assess whether a person with a terminal illness is suffering intolerably? The wording in the recommendation makes this a very subjective experience to which any other person could only simply affirm that this is what the other is feeling. On that basis, I don't even know why this assessment is expected to be medicalised.

Terminal illness prognoses – I'm not convinced that this can be accurately relied upon when the requirement is for 6 to 12 months expected further life. Prognoses are far less accurate beyond terms of weeks. The paper didn't appear to explore the reliability of prognoses, and its impact on decision making.

Conscientious objection provisions – I strongly reject any move expecting a GP or medical professional who objects to VAD to be obliged to refer a person on to a service which does not object. This does not genuinely respect conscientious objection.

I also do not consider that adequate exploration has been given to respecting the conscientious objection of organisations involved in residential housing as balanced against their residents wishes.

Self administration and VAD drugs - Given our remote communities do have very high suicide rates it would appear incredibly unwise to allow explicitly poisonous substances to be provided into homes.

Safe and effective – the language used here seems to me evasive and wrong. How can a substance with the precise purpose to end life be called safe?

Death certificate recording – Why not have the death certificate record that the death was by VAD whilst diagnosed with 'XYZ' terminal illness? Is this an insurance concern? A reputational concern? Surely the insurance concern can be addressed by mandating insurance companies not be allowed to discriminate on this basis?

Sincerely,

Kristan Slack

