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Subject: Submission to the NT Parliamentary Inquiry into Voluntary Assisted Dying Sonja Pastor
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Submission to the NT Parliamentary Inquiry into Voluntary Assisted Dying

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

I support making voluntary assisted dying (VAD) legal in the Northern Territory.

People who are terminally ill, enduring unbearable suffering, and nearing the end of life should have the compassionate choice to die with dignity, surrounded by loved ones, and free from prolonged pain. The NT remains the only jurisdiction in Australia without access to VAD, which creates inequality and forces people to either endure suffering or relocate interstate to exercise a choice that is available elsewhere.

The NT has a proud history of leading the world on this issue, as the first place to pass a VAD law in 1995. Reintroducing a safe, modern framework would align with contemporary values of compassion, autonomy, and respect for personal choice, while ensuring the strongest safeguards.

2. What eligibility criteria should a person need to meet before they can access VAD?

I believe the eligibility criteria should be consistent with other Australian states and territories, including:

- The person must be over 18 years of age and have decision-making capacity.
- They must be diagnosed with a terminal illness that will likely result in death within 6–12 months, and be experiencing suffering that cannot be relieved in a manner acceptable to them.
- They must make voluntary and informed requests for VAD, without any coercion, and demonstrate this through multiple requests over time (with a cooling-off period).
- Two independent doctors should assess eligibility, with at least one being a specialist in the person's condition.
- The person must be a resident of the NT to avoid VAD tourism.

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?

- Cultural Safety and First Nations Consultation: It is essential to co-design the system with Aboriginal and Torres Strait Islander leaders to ensure culturally respectful approaches. VAD must always remain voluntary and should not be assumed to align with all cultural or spiritual beliefs. Clear education, interpreters, and community discussions are vital.
- Telehealth and Regional Access: The NT must provide telehealth options and ensure rural and remote residents can access information, medical assessments, and procedures safely without the need for costly travel.
- Health Professional Training: Doctors, nurses, and Aboriginal Health Practitioners should receive specific training in VAD, including cultural competency and ethical safeguards.
- Oversight: An independent review board should monitor all VAD cases and publish annual reports to ensure transparency, safety, and accountability.

4. How could the NT monitor the process to ensure VAD is delivered safely and effectively?

- Mandatory reporting of all VAD requests and outcomes.
- Audits and independent reviews to ensure compliance with the law.
- A publicly available annual report to provide transparency and maintain community trust.
- Accessible complaints and appeal processes for patients, families, and practitioners.

Conclusion

VAD is not about ending life prematurely — it is about giving people the freedom to choose the timing and manner of their death when suffering becomes unbearable and death is inevitable. I believe the NT has an opportunity to create a framework that is compassionate, culturally respectful, and grounded in the highest standards of safety and care.

Thank you for considering my submission

Sonja Pastor

