

From: [Melissa Hinson – CEO – Urapuntja Health](#)
To: [LA VAD](#)
Subject: Submission to the Inquiry into Voluntary Assisted Dying in the NT
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Dear Committee Secretariat,

Please find below Urapuntja Health Service Aboriginal Corporation's submission to the Legal and Constitutional Affairs Committee's Inquiry into Voluntary Assisted Dying (VAD) in the Northern Territory.

Name: Melissa Hinson
Organisation: Urapuntja Health Service Aboriginal Corporation
Postcode: 0872

Submission to the Inquiry into Voluntary Assisted Dying

As a remote Aboriginal community-controlled health service, Urapuntja Health Service provides cradle-to-elder care for the Alyawarr and Anmatyerre peoples across the Utopia Homelands. We offer this submission in the context of our role supporting end-of-life care, cultural safety, and clinical practice in a highly remote setting.

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

We acknowledge that this is a deeply sensitive issue and that views differ widely across Aboriginal communities. While Urapuntja Health Service does not adopt a formal position for or against VAD, we support the right of Aboriginal people to make culturally safe and informed decisions about their care, including end-of-life options, provided any legislative framework respects cultural protocols, kinship decision-making, and the unique context of remote life and death.

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

Eligibility criteria should align with national standards but be applied with flexibility to reflect cultural, linguistic, and contextual realities in Aboriginal communities. Importantly:

Cultural input should be built into assessments.

Group or kinship-based decision-making should be respected.

Residency requirements should not exclude Aboriginal people returning to Country to die.

3. How could the NT ensure safe and equitable access to VAD, especially for remote and Aboriginal people?

A standalone service model is appropriate, but it must include strong relationships with Aboriginal Community Controlled Health Organisations (ACCHOs).

Services must be co-designed with Aboriginal communities, including ACCHOs, Elders, interpreters, and cultural advisors.

Telehealth restrictions must be resolved to ensure equitable access for remote populations.

Options to "finish up on Country" must be actively supported and funded, including transport and culturally appropriate care planning.

Resources and guidance should be available in first languages (e.g., Alyawarr and Anmatyerre for Urapuntja).

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

A culturally informed Review Board should oversee implementation and provide independent oversight.

Annual reporting should include disaggregated data on Aboriginal and remote access, cultural safety issues, and community feedback.

Cultural safety complaints processes must be independent, confidential, and accessible.

Additional Comments:

Trust in government systems is limited in many Aboriginal communities due to past traumas. This makes it essential that VAD is not imposed but discussed in ways led by community voices, with cultural humility and patience.

Death and dying are not solely clinical processes—they are spiritual and communal. Any legislation must respect this.

Our staff, especially Aboriginal Health Workers, require training, supervision, and support when navigating VAD conversations and associated ethical challenges.

We welcome further consultation and the opportunity to participate in community forums on this matter.

Kind regards,

Melissa Hinson
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