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To: [LA VAD](#)
Subject: Submission in support of VAD in the NT
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28 July 2025

NT Legal & Constitutional Affairs Committee
Voluntary Assisted Dying Public Consultation

Dear L&CA Committee,

Re: Submission to the Public Consultation into VAD

I make this submission to the Legal and Constitutional Affairs Committee public consultation into Voluntary Assisted Dying (VAD) in the Northern Territory, as a General Practitioner of 40 years experience who works in both the Northern Territory and Victoria.

RESPONSES TO KEY QUESTIONS

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

In Victoria I am able to support terminally ill patients who would like to access VAD, yet in the NT am unable to do so.

I support VAD being legalised in the NT as it would grant Territorians the same end-of-life choices now available to all other Australians. The NT is the only remaining jurisdiction in Australia without VAD laws, creating inequity and confusion.

In my work in Victoria my patients have the right to make informed decisions about their end-of-life care, including the timing and manner of their death if eligible for VAD. This reassures my patients that if faced with a terminal illness causing intolerable pain and suffering, they can have some control over their end of life.

This not only lessens a dying patient's own burden of suffering, but also can lessen their concern about the extra burden that is placed on their friends and family who will witness their suffering and their possible loss of dignity when VAD is not an option.

Seeing the reduced suffering of their terminally ill loved one afforded by greater control and self-determination over their own end of life, can reduce the suffering of the family

and friends who will bear witness to their dying and death. The greater autonomy and control witnessed when VAD is available to a loved one can reduce remorse, frustration and sense of helplessness for those grieving their loss, positively impacting their grief journey.

Comfort can also come from the opportunity to say goodbye and share final planned experiences with loved ones.

Much torment and even post traumatic stress can result for those grieving who are denied those opportunities.

There should be equity of access to VAD across the country and no Australian should be discriminated against on the basis of their residential address.

As a General Practitioner the situation is confusing and frustrating due to the disparity in options between patients in the Northern Territory and everywhere else.

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

In support of the criteria set out in the [2024 NT VAD Independent Expert Advisory Panel Report](#), *Section 4: Eligibility* (page 56), VAD assessment criteria should include:

- That the individual is an adult who has capacity to make informed decisions;
- That the individual is suffering a significant incurable illness deemed intolerable to themselves;
- That said illness will result in death in the subsequent 6 -12 months (depending on the condition);
- That VAD must be voluntary and can only be requested by the dying person.

3. How can the NT make sure eligible people can access VAD in a safe and effective way, including people living in remote areas and Aboriginal and Torres Strait Islander people?

In all States and the ACT the rules governing eligibility for VAD are well thought out and strict guidelines exist with robust safeguards. The safety and efficiency of VAD programs has been particularly well tested in Victoria after six years of regularly reviewed operation.

(A proposed NT specific model is also set out in the [2024 NT VAD Independent Expert Advisory Panel Report](#), *Section 2: A Unique Territory Model for VAD* (page 28), and *Section 5: VAD Process* (page 61)).

First Nations people should have access to VAD the same as anyone else, although there is

work to be done to clarify the attitudes and beliefs surrounding death and dying of our first nations people, and of potential consequences for patients and community.

Related research will need be culturally appropriate and performed by culturally competent researchers to ensure the information gathered is reliable.

For many first nations people there are cultural practices and protocols which guide and surround the death of a loved one. Often this may prescribe less intervention. Often family members are expected to play a key role in decision making. We cannot make presumptions but must also ensure there is true equity of access for all eligible Territorians including first nations people.

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

In addition to my response to Key Question 3 above, I refer the Committee to the [2024 NT VAD Independent Expert Advisory Panel Report](#), Section 6: Oversight and Review (page 77).

Thank you for the opportunity to make submission to your Committee in support of VAD in the NT.

Yours faithfully,

Dr Jennifer Jobst
General Practitioner

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