

**From:** [Anna philip](#)  
**To:** [LA VAD](#)  
**Subject:** VAD  
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To whom it may concern,

My name is Anna Philip and I live in [REDACTED] I have lived here for 3 years and am appalled that there is no Voluntary Assisted Dying (VAD) legislation in the Northern Territory.

Currently, I work at NT Health as a Project Lead in Environmental Health Strategy. Previously, I worked as a physiotherapist both in the NT and in Melbourne. During my time at a leading cancer hospital in Melbourne, I witnessed firsthand the vital importance of high-quality end-of-life-care, including VAD. I was there throughout the period when VAD legislation was introduced and implemented and I saw the immense relief and dignity it brought to patients and their families.

I am in full support of there being VAD legislation in the Territory and am ashamed that it is the only jurisdiction in Australia that does not allow it. I understand the unique context of the NT and the additional efforts that will need to be taken in order to create safe, effective and compassionate VAD laws for everyone.

Eligibility criteria should align with the other Jurisdictions across Australia. There should be strong focus on QLD and WA legislation given some similar context.

The NT needs to have additional support for patients requesting access, accessing it and family and carers of those accessing. There needs to be extensive education to healthcare workers, clinical and non-clinical staff within hospitals, clinics and healthcare centres. This needs to be culturally appropriate and further consultation with Aboriginal people needs to be done around the communication of VAD post legislation change but prior to implementation. This does not mean it should not be legislated, it just means that there needs to be additional measures in place to ensure safe effective care.

Given the unique geographical locations of some remote communities across the Territory, telehealth appointments should be allowed for patients and clinicians to discuss VAD.

The NT should utilise a monitoring and evaluation research centre such as Menzies School of Health to monitor the effectiveness and safety of VAD implementation. This should include both quantitative and qualitative analysis. Finding subjective opinions from those accessing VAD, trying to access, clinicians working in the space, as well as support networks of those going through end of life care.

Thank you for allowing me to express my opinion on such an important matter.

Kind Regards,  
Anna Philip