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Subject: Submission in Support of Voluntary Assisted Dying Legislation in the Northern Territory
Date: Tuesday, 15 July 2025 3:12:00 PM

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Written Submission: Support for Voluntary Assisted Dying Legislation in the Northern Territory

To: Legal and Constitutional Affairs Committee

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Name: Andrew Gordon Roberts

Organisation (if applicable): N/A

Postcode: ██████

Subject: Submission in Support of Voluntary Assisted Dying Legislation in the Northern Territory

Dear Committee Members,

I write in strong support of legislating Voluntary Assisted Dying (VAD) in the Northern Territory (NT). I believe that all Territorians facing intolerable and incurable suffering at the end of their life should have the legal right to choose a medically assisted and dignified death, should they meet strict eligibility criteria. I offer the following points in response to the Consultation Paper and associated key questions.

1. Support for Legalising VAD in the NT

The NT was a pioneer in legislating VAD in 1995 under the Rights of the Terminally Ill Act. The Federal revocation of that law unfairly stripped Territorians of the same rights later granted to residents of all other Australian jurisdictions. Now that the Commonwealth has restored our right to legislate, the NT should act to implement safe, compassionate and well-regulated VAD laws.

End-of-life decisions are deeply personal and should remain with the individual. No one should be forced to endure prolonged suffering when palliative measures are no longer effective or tolerable. Providing VAD as one of several end-of-life care options restores dignity, personal autonomy, and relieves unnecessary suffering.

2. Supporting a Culturally Safe, Centralised VAD Framework

The NT's vast geography, unique cultural makeup, and healthcare delivery challenges warrant a VAD model tailored to our needs. I support the 2024 Expert Panel's recommendation to establish a **centralised VAD service** separate from existing NT Health structures. This would ensure consistent clinical practice, workforce support, secure supply of VAD substances, and cultural safety — particularly for Aboriginal and Torres Strait Islander communities .

Co-design with Aboriginal Community Controlled Health Organisations (ACCHOs) is essential to ensure the service is culturally appropriate, respectful of kinship-based decision-making, and able to support people to “finish up on Country” where desired .

3. Safe and Equitable Access in Remote Areas

To ensure fair access, the NT should adopt principles of equity similar to those used in Queensland and NSW. This includes:

- Permitting the use of **telehealth**, once Commonwealth law is amended.
- Funding travel and accommodation for VAD-related services through a program similar to **QVAD-Access**.
- Supporting outreach VAD practitioners or visiting doctors.
- Embedding equity principles in legislation, requiring that rural and remote Territorians be entitled to the same access to care as metropolitan residents .

4. Eligibility Criteria and Safeguards

I support eligibility criteria aligned with national standards:

- A person must be 18 or older, have decision-making capacity, and be diagnosed with a terminal illness expected to cause death within 12 months .
- Safeguards such as independent assessments by two trained medical practitioners, voluntary written requests, and access to interpreters are appropriate.
- VAD should **not** be accessible for mental illness alone, nor available via advance directives at this stage.

The model proposed balances compassion with robust safeguards to prevent coercion and protect vulnerable individuals.

5. Oversight, Review, and Practitioner Rights

Strong oversight via an independent Review Board is essential. I support mandatory reporting, regular reviews, and compliance mechanisms outlined in the 2024 Expert Panel Report.

Health professionals must retain their right to conscientiously object but should be required to refer patients to the centralised VAD service. No individual’s objection should impede access to lawful care.

Aged care facilities and hospitals must also allow residents to access VAD services on-site if they meet eligibility, as a matter of dignity and choice .

Conclusion

Voluntary Assisted Dying legislation is long overdue in the NT. With every other state and territory implementing VAD, Territorians deserve the same rights and protections. A model grounded in compassion, equity, and cultural safety will ensure the law respects

individual dignity while protecting vulnerable people.

Thank you for the opportunity to contribute to this important discussion. I urge the Committee to recommend the timely introduction of VAD legislation consistent with the recommendations of the 2024 Expert Panel.

Sincerely,

Andrew Roberts

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