VADANZ
Voluntary Assisted Dying Australia and New Zealand

VADANZ Submission to The Northern Territory's Parliamentary Inquiry into Voluntary Assisted Dying (VAD)

28 August 2025

Introduction – What is VADANZ?

Voluntary Assisted Dying Australia and New Zealand (VADANZ) is the peak body for voluntary assisted dying health professionals in Australia and New Zealand. We are an independent, member based, not for profit, registered charity in Australia.

Our vision is a healthcare system where health professionals are supported to provide excellence in voluntary assisted dying care.

Our purpose as a peak body is to represent the voices of health care professionals so they can deliver evidence-based, high quality voluntary assisted dying care.

NT is the last remaining Australian jurisdiction to legalise VAD and we congratulate the NT government on its aspiration to ensure VAD Law that will allow eligible terminally ill Territorians choice of safe access to a compassionate end-of-life program, in line with the rest of Australia. VADANZ makes this submission in support of VAD becoming legal in NT.

Consultation questions will be answered within our recommendations:
Q1 Do you support making VAD legal in the NT?
Q2 What eligibility criteria should a person need to meet before they can access VAD?
Q3 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?
Q4 How could the NT monitor the process to ensure VAD is delivered safely and effectively?

VADANZ recommends:

1. The Northern Territory's VAD framework should broadly follow the established Australian model of VAD :

   The Australian model includes strict eligibility criteria that a person must:

   a. Be diagnosed with a disease, illness or medical condition that
      i. » is advanced, progressive and will cause death within 12 months
      ii. » is causing suffering that the person considers intolerable
   b. Have decision-making capacity in relation to VAD – and retain it throughout the process
   c. Be acting voluntarily and without coercion
   d. Be aged 18+

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e. Be an Australian citizen, permanent resident (or ordinarily resident for three years) and lived in their resident jurisdiction for at least a year prior to applying as well as
f. Make at least three separate requests for VAD
g. Be assessed as eligible by two independent doctors
h. Be referred to a psychiatrist or other qualified specialist if an assessing VAD practitioner is unable to determine the person's decision-making capacity in relation to VAD

2. The eligibility for terminal illness should be **a prognosis of 12-months** until death for all conditions. In some jurisdictions there is a distinction between Neurodegenerative and other terminal illnesses.

3. Residency requirements should allow VAD access for **Australian citizens, long-term residents and those who have been ordinarily resident in Australia for three years.**

4. **There does not need to be territory-specific residency requirements** to access VAD such restrictions were enacted early on in the legislation process in other jurisdictions in an attempt to avoid potential VAD "tourism" from other states. Since VAD is lawful everywhere else in Australia it is not necessary to make this distinction. A supporting example: some people may have family members in NT that they wish to stay with when they end their life and it seems unfair to make them wait unnecessarily to meet some arbitrary residency requirement.

5. Health professionals must be able to **initiate conversations about VAD** with their patients as part of wider end-of-life discussion.

6. Eligible medical practitioners should be **specialists as registered with AHPRA**. They should be required to complete a reasonable but robust training program. NT government should provide funding for VAD services.

7. A **role for appropriately trained nurses** in the VAD process.

8. A category of VAD practitioners to be **administering practitioners** which would include appropriately trained registered nurses as well as doctors.

9. Patients may **choose between practitioner or self administration** of the VAD substance in consultation with their coordinating health practitioners.

10. A duty for health professionals to still **provide information to a patient** if the practitioner cannot accept a VAD first request. Information should be a minimum of contact details for state wide care navigator service.

11. **A territory-wide model of care,** including specialist services such as a VAD Care Navigator Service, Rural Access Scheme and a central VAD pharmacy service with authorised Territory-wide Pharmacies. We believe there should be other pharmacies that are authorised to dispense and accept returned VAD substance that is accessible to all people. Relying on a single pharmacy source can result in unnecessary delays and pharmacist workforce issues. Returning to a central pharmacy is not always reasonable for patients or their grieving families.

12. That all **government funded services should provide VAD services**. The NT government should ensure all government funded health services are adequately funded and also set up a funding source prior to implementation of the law, that includes VAD services where Medicare does not apply, so as to be ready for provision of an equitable, territory-wide service.

13. Clear guidance for **institutions detailing their obligations to patients**, and financial penalties for any institution or individual who blocks, harasses or attempts to coerce people away from their legal choice

14. The establishment of an **independent VAD oversight body**.

15. An implementation process that **pays particular attention to Indigenous access**, including the creation of culturally safe information and resources, and provision of services

16. Although the **Telehealth/carriage service ban** is a federal law issue (Commonwealth Criminal Code), VADANZ urges the NT government to advocate for change in the Commonwealth Criminal Code to allow terminally ill people wishing to access VAD and their Health practitioners and interpreters to use phone or telehealth in at least some of the process.

Thank you for the opportunity for VADANZ to make recommendations this inquiry. We are keen to be involved in the next steps and would be happy to provide further detail or discuss our recommendations.