Go Gentle
Australia

Submission to the Northern Territory's Parliamentary Inquiry into Voluntary Assisted Dying

August 2025

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Executive summary

Go Gentle Australia is a national charity established by Andrew Denton to promote choice at the end of life. We empower people to choose the end-of-life care that is right for them, including the option of voluntary assisted dying (VAD). We believe dying people should be listened to, and their decisions respected.

Go Gentle played a critical role in the introduction of VAD legislation across six states and the ACT. We were also instrumental in advocating for the passage of the Cth Restoring Territory Rights Act 2022 so that the option to debate and pass a VAD law was returned to the Northern Territory and ACT.

Our focus now is to ensure every eligible Australian who wishes to choose VAD is supported with high-quality VAD systems that best serve their needs, the needs of their families and the health professionals providing their care.

We support the introduction of a compassionate VAD law in the Northern Territory with appropriate safeguards that do not unnecessarily restrict access.

We note the Northern Territory is now the only jurisdiction without VAD legislation; that there is a very high level of public support in the NT for VAD; and that Territorians are increasingly frustrated at the lack of movement on introducing a Bill.

We note the parliament is undertaking further consultation on this important issue in addition to the work completed by the Expert Advisory Panel in 2024, which was unequivocal in recommending VAD be introduced. We understand that this additional inquiry is intended to supplement the earlier work and is designed to move parliament towards drafting a Bill, not to reprosecute the case of whether or not a VAD law is necessary.

We are pleased to contribute to this supplementary process. We advise the Committee that the content of this submission is similar to the information we supplied to the Expert Advisory Panel, with the addition of information from our inaugural State of VAD report and its recent update as well as the National VAD Survey 2025 as it pertains to the Northern Territory. We have also included updates on Indigenous access to VAD and the statutory reviews of VAD laws in Victoria and Western Australia.

As in our previous submission, our response details the model of VAD care we believe could be introduced in the NT and aspects of existing VAD legislation in the states that we believe the NT could improve upon. We would be delighted to provide further evidence if needed.

Our recommendations

- The Northern Territory's VAD framework broadly follows the established Australian model[1,2]
- A 12-month timeframe until death eligibility criterion for all conditions, with an 'exemption by discretion' (per Tasmania's law)
- Residency requirements that allow VAD access for Australian citizens, long-term residents and those who have been ordinarily resident in Australia for three years (encompassing Working and Skilled Visa holders; people from New Zealand; and British citizens who made Australia their home before current visa requirements were implemented in 1984)
- No territory-specific residency requirements to access VAD in the Northern Territory
- A territory-wide model of care, including centralised specialist services such as a VAD Care Navigator Service, a VAD Pharmacy Service and a Rural Access Scheme
- Health professionals must be able to initiate conversations about VAD with their patients as part of wider end-of-life discussion
- A role for nurses in the VAD process
- A duty for health professionals to provide information to a patient if they cannot accept a VAD first request
- Patients may choose between practitioner or self administration of the VAD substance, and provision is made for alternative self-administration methods e.g. intravenous self-administration
- 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
- The establishment of an independent VAD oversight body
- An implementation process that pays particular attention to Indigenous access, including the creation of culturally safe information and resources, and provision of services.

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[1] K. Waller, K DelVillar, L Willmott & B White (2023) Voluntary assisted dying in Australia: A comparative and critical analysis of state laws. University of New South Wales Law Journal, 46(4), pp.1421-1470.

[2] Go Gentle Australia (2024) State of VAD: Voluntary Assisted Dying in Australia and New Zealand 2024

‘Help us end the suffering’
Lori Martin, COPD

Lori Martin has a progressive and incurable lung condition. She wants the option of an assisted death should her illness become too much for her to bear. But she lives in the NT, the only place in Australia that has not passed a voluntary assisted dying (VAD) law.

The Katherine local has lived a life filled with adventure and contribution to her community. She was 54 when she was diagnosed with COPD – chronic obstructive pulmonary disease – a degenerative condition that slowly suffocates the person it afflicts.

Lori says, when the time comes, she wants to be able to consider all her options. However, one option is denied her: The NT Chief Minister has said drafting a VAD law is “not a priority”.

For Lori, it’s urgent. “They need to start the process now, so it’s not too late for me.”

“I used to think breathing through a straw was bad enough but as my chronic disease progresses, even that would be a luxury. Mine is a hideous, silent condition.

“It gets much worse. In time I will be bedridden. Eating and talking will become more difficult if not near impossible.”

Lori says her current options are a long, drawn-out, painful, uncomfortable death or to move interstate, something she believes she should not have to do.

“This is my home. I’m a Territorian. I don’t dare contemplate the difficulties of moving house, finding new medical and support persons, leaving my friends behind and attempting this journey with strangers.”

Lori’s message to the NT parliament is clear. “Be compassionate and help us end suffering if we choose it. Voluntary assisted dying is not mandatory.”

“It’s about hope. It’s about choice. For most of us, the alternative is horrendous.”

Read more

Consultation questions

Q1. Do you support making VAD legal in the NT?

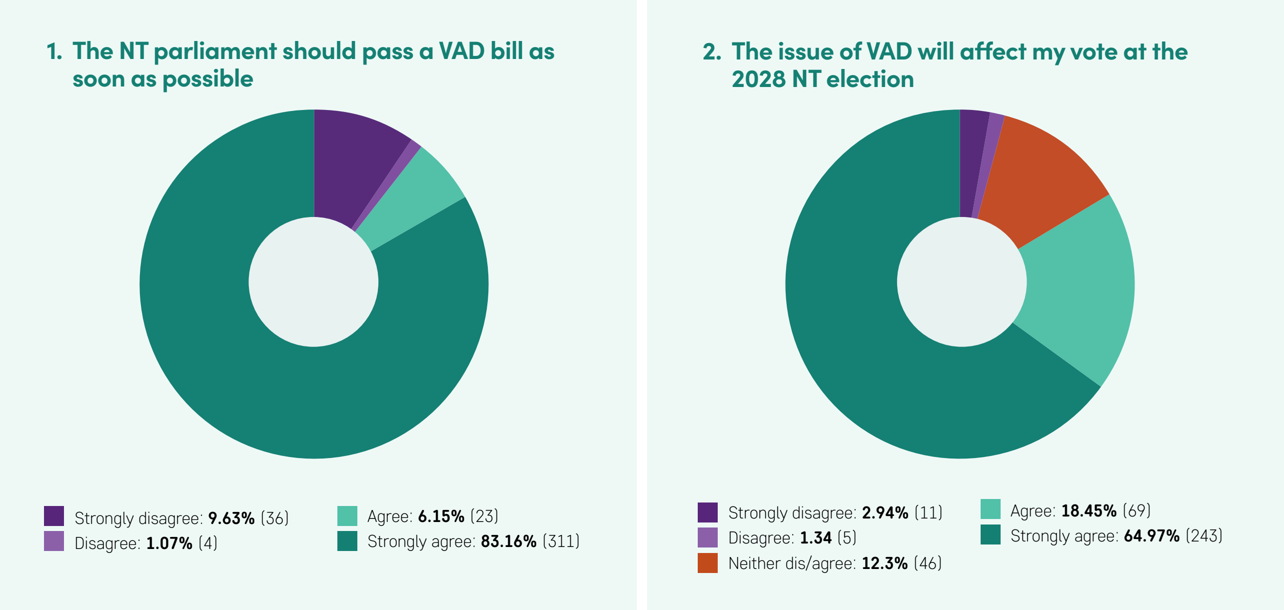
Go Gentle supports the introduction of a compassionate VAD law in the Northern Territory with appropriate safeguards that do not unnecessarily restrict access.

The NT was the first jurisdiction in the world to pass VAD legislation, with the *Rights of the Terminally Ill Act 1995*. This was subsequently overturned by the federal parliament and the NT was prevented from legislating on the issue again until 2022. Given that VAD is now a legal end-of-life choice in every other Australian state and territory, it is time that this option was restored to the NT.

NT residents are strongly in favour of the restoration of VAD. The 2019 VoteCompass survey of over 4,500 respondents in the NT revealed 79% in favour, and 9% who disagreed.[3] Support for VAD is even stronger among seniors. In a 2021 survey of over 3,500 seniors nationwide,[4] a strong majority, 85.7%, strongly agreed or agreed with making voluntary assisted dying provisions available to eligible people who have a terminal illness. This included 86.2% of respondents in the NT. A similar survey by COTA NT of its members found 91% were in favour of legislation for assisted dying.[5]

More recently in 2025, of the 373 NT residents who responded to Go Gentle's National VAD Survey,[6] the vast majority (91%) said they were aware that the NT was the only Australian jurisdiction without a VAD law. Some 89% either agreed or strongly agreed that the NT parliament should pass a VAD law as soon as possible. 85% either agreed or strongly agreed that they were more likely to vote for a politician who supports VAD. 82% agreed or strongly agreed the VAD issue would affect their vote at the 2028 NT election.

GGA's National VAD Survey (n=373)



1. The NT parliament should pass a VAD bill as soon as possible

2. The issue of VAD will affect my vote at the 2028 NT election

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3 Catherine Hanrahan, 'Euthanasia support strengthens to nearly 90pc, Vote Compass data shows', ABC, May 9 2019 and; VoteCompass, 2019

4 National Seniors Australia, The Quality of Death. Senior Australians Views on Voluntary Assisted Dying (July 2021)

5 *COTA NT 2020 Election Submission*, p.11; also Go Gentle Australia (2020) 'NT Seniors back assisted dying laws', accessed July 2025

6 Go Gentle Australia, National VAD Survey 2025 (in print)

This overwhelming support for VAD in the NT reflects a wider national acceptance. Numerous polls over the past 20 years have consistently put Australians' support for VAD at between 70% and 90%.[7]

Evidence of VAD in practice has reinforced public confidence and it is now an increasingly mainstream view that medical assistance to die has a rightful place in the spectrum of end-of-life care. VAD laws have now operated safely and as intended for six years in Victoria, four years in Western Australia and for lesser time periods in the other states. Regardless of the length of activity, each jurisdiction's independent oversight body reports that, without exception, the laws are operating within strict eligibility criteria and the safeguards determined by parliament and are fulfilling their aims of reducing suffering and offering terminally ill people an additional choice at the end of life.[8]

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[7] Newspoll, 2012; Roy Morgan snap poll, 2017; West Australian, 2018; West Australian, 2019; Catherine Hanrahan, 'Euthanasia support strengthens to nearly 90pc, Vote Compass data shows', ABC, May 9 2019; VoteCompass, 2019; 'Polling: NSW Voluntary Assisted Dying' 19 July 2021.

[8] Go Gentle Australia (2024) State of VAD: Voluntary Assisted Dying in Australia and New Zealand 2024 Key findings p. 7 and Conclusions p.40.

‘If there was VAD I wouldn’t have to listen to doctors talking about a horrible death.’

Gavin Perry, melanoma

Darwin resident Gavin Perry, 74, has been diagnosed with a rare form of melanoma in the eye. If his condition worsens and his luck runs out and treatment no longer works he wants the option of voluntary assisted dying (VAD).

Gavin’s oncologist has warned that if his cancer spreads, he will suffer and there is a risk of going blind. “This melanoma might sit at the back of my eye for years. No one knows,” Gavin says.

“If there was VAD I wouldn’t have to worry about any of this. I wouldn’t have to sit here listening to doctors talking about a horrible death. It’s so bloody simple really.”

Gavin is frustrated that the NT, where he has lived for 52 years, is lagging behind the rest of Australia on VAD laws. “What are they afraid of? What’s stopping them?”

Gavin was born in the UK and spent many years travelling the world, including to Israel, Africa and Canada, before making his way along the Silk Road to Asia and Australia.

Gavin ended up in Darwin in 1973, and decided to make it his home. In 1995 the Rights of the Terminally Ill (ROTI) Act passed, with the NT becoming the first jurisdiction in the world to legalise euthanasia. Gavin listened to the heartfelt speeches in parliament and was in full support.

“Thirty years ago, I was 43 and we thought we were the most progressive place in the world,” he says. “I really felt I was part of a compassionate, caring, modern society.”

Then the ROTI was overturned by the commonwealth and the right of the Territories to legislate for assisted dying was suspended until 2022. The ACT acted swiftly, passing its VAD law in 2024.

The NT government took a slower road, undertaking extensive community consultation that resulted in a 2024 report recommending legislation be drafted. But since then progress has stalled.

The Territory is now the only place in Australia to deny its residents end-of-life choice. The pace of change has been disappointingly slow for Gavin and many other Territorians.

“It feels awful to see we are the last place in Australia to pass VAD laws. I’m annoyed and I’m frustrated,” he says. “Now I need VAD, I can’t get it.”

Gavin is saddened that it may be too late for him to access the choice by the time a law is passed. He urges the government not to delay any longer.

“It could end now, this year, by passing this legislation in the Territory Parliament. And we could move on to join a modern Australian society.”

Read more

Q2. What eligibility criteria should a person need to meet before they can access VAD?

We appreciate the Northern Territory has its own unique characteristics and circumstances and that any proposed framework for VAD must reflect the interests and concerns of NT citizens. We also appreciate that any VAD law must include culturally safe practices for the Territory's Indigenous community.

With this in mind, we recommend the NT broadly follows the Australian model, in line with the six states and the ACT, and where differences occur the best elements of each jurisdiction's law – based on experience and evidence – be adopted.

We are confident that the NT's unique circumstances and cultural differences can be accommodated within this broad model, and systems tailored during the implementation period via guidelines and regulations.

The Australian model of VAD

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

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

- Make at least three separate requests for VAD
- Be assessed as eligible by two independent doctors
- Be referred to a psychiatrist or other qualified specialist if any doubt exists as to their decision-making capacity in relation to VAD.

The Australian model has other hallmarks:

- Mandatory training for VAD practitioners
- Specialist pharmacy, care navigation and support services in each jurisdiction
- Access schemes for people living in rural and remote areas
- Offences for wrongdoing and protections for health professionals acting in good faith
- The right to opt out or conscientiously object for health professionals
- Obligations for health institutions to not obstruct VAD (in South Australia, Queensland, New South Wales and ACT)
- Independent oversight bodies, to which clinicians must report throughout the process to ensure every case adheres to the law
- Statutory Operational reviews.

Broadly speaking, we believe a combination of Tasmania and Queensland's legislation strikes the best balance of accessibility for the individual and the safe, workable provision of VAD.

The ACT's legislation, which will begin providing VAD services from 3 November 2025, similarly reflects the Australian model but introduces three new features that the committee may want to consider:

- no specific timeframe until death
- nurse practitioners can be involved in assessing eligibility
- protections for patients in institutions that object to voluntary assisted dying.

Being the last jurisdiction to consider a VAD law, the NT is in a position to be able to pick the best features of other laws and discard elements that do not serve a constructive purpose.

Go Gentle recommends the NT make two departures from the Australian model when defining its own eligibility criteria:

No Territory-specific residency requirements

Residency requirements were first incorporated into legislation to preclude residents of other states where VAD was not yet legal from travelling interstate to access an assisted death. The first states that passed VAD laws believed an influx of people could overburden health systems. However, given seven Australian jurisdictions have now legislated VAD, Go Gentle recommends the Northern Territory does not include similar local residency requirements. This is because:

- Local residency requirements are another layer of bureaucracy for dying people to navigate
- Australians with terminal illnesses should be free to move across state borders to access treatments, be closer to friends, family or carers, or simply spend their final days in the place of their choosing.

If a local residency requirement is to be included, Go Gentle recommends adding an exemption, as Queensland and New South Wales have done, if the person has substantial connection to the NT. For example, currently Australians living on those states' borders are able to access VAD provided they can show a 'substantial connection' to NSW or Queensland[9].

Trish Walker relocated following a motor neurone disease diagnosis

When first diagnosed with motor neurone disease (MND) in 2020, Trish Walker relocated to Melbourne from Adelaide to be closer to her daughter and to access the excellent quality of MND care available in Victoria. "Victoria has got, probably, the best MND care in Australia," her daughter, Miki, said.

Trish was also interested in VAD. However, because of the residency requirements in the VAD legislation (a person must have lived in Victoria for 12 months to be eligible) Trish wasn't able to immediately begin the application process. This meant by the time she could apply, her MND had progressed to the point where she had trouble speaking and moving.

"When she got here, she could write, she could speak; she would have been able to make the request easily," Miki said. "With MND, you know, you can lose so many functions very quickly. Allowing that request to be made straight away would have taken away a lot of stress."

Miki said her mother's VAD death was a blessing.

"For someone who was unable to speak and to move and to have that, to have control over that and to know that she could choose when she had had enough, that's a really huge thing to be able to give to someone."

"So, I fully support VAD. I just hope that when my time comes it's a little bit less bureaucratic, and there are fewer hurdles."

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[9] Queensland Voluntary Assisted Dying Handbook (2022) pp97-98.

No timeframe to death

All state laws contain a timeframe to death, requiring a person to have a prognosis of 6 or 12 months depending on their condition and jurisdiction. For many years, Go Gentle supported this approach. However, with six years of VAD practice and evidence base to draw upon, timeframes are proving more of a barrier to access than a safeguard:

- Timeframes force the rigorous VAD assessment process to be undertaken in the final months of life, adding to a person's stress and anxiety – the very stress and anxiety VAD is meant to relieve.
- Even a wider 12-month timeframe can prevent otherwise eligible people from accessing VAD. Although designed to allow greater flexibility for the unpredictable progression of neurodegenerative conditions, people with these conditions often decline suddenly and rapidly, despite initial assessments that death is not imminent. Some neurodegenerative conditions can also reduce or remove a person's decision-making capacity early in their trajectory, rendering them ineligible for VAD well before they approach their final year of life.
- It is problematic and devastating that many people with conditions such as Huntington's disease, for example, are unable to meet the eligibility criteria; especially when this condemns them to greater suffering over a longer time period.
- Timeframes, and seeking and receiving an appropriate prognosis, can deter dying people from starting the VAD process early, which is recommended by most practitioners. Around half of people who apply for VAD never make it through the process – many die before they can be approved.[10]
- Timeframes add unnecessary difficulties and variability in how the law is operationalised. Health professionals comment that prognosis can be imprecise, and that this requirement in the VAD legislation adds stress for health practitioners and unintentionally can create delays in the application process.[11]
- In Victoria and Western Australia, parliamentary committees did not initially recommend timeframes for the assessment of terminal illness (although expert panels did later recommend 12 months). WA's committee considered a time limit as 'too prescriptive'[12]. Tasmania's law was introduced to the Upper House without a specific timeframe to death; they considered doctors well equipped to decide when a dying person had reached a point of unbearable suffering making them eligible for an assisted death.

To rectify these issues, the Northern Territory could consider two options:

1. Remove timeframes altogether, as in the ACT

Leading end-of-life researchers Professors Ben White and Lindy Willmott of Queensland University of Technology's Australian Centre for Health Law Research have said this about the ACT's removal of timeframes:

> *This new feature must be seen in context. Voluntary assisted dying eligibility criteria work together so all of them must be satisfied before a person can access voluntary assisted dying.*
>
> *The ACT bill requires the person's condition be 'advanced' and this is defined to include requiring that the person is in the 'last stages of life'. Because this criterion must be satisfied too, just having an illness that will cause death is not enough to access the service.*
>
> *Our research has shown that because eligibility criteria work together, removing the timeframe to death is unlikely to affect which conditions will allow people to access voluntary assisted dying.*[13]

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[10] Victorian Voluntary Assisted Dying Review Board, Annual Report July 2022-June 2023, p5. Accessed July 2025

[11] Review of the Operation of Victoria's Voluntary Assisted Dying Act 2017 (2024), *Feedback regarding specific eligibility criteria within the Act*, p.92

[12] WA Joint Select Committee on End of Life Choices Report (2018) [7.43]

[13] L Willmott & B White, The Conversation (2023) 'Voluntary assisted dying is finally being considered in the ACT. How would it differ from state laws?

2. Mandate a single 12-month timeframe for all illnesses and conditions (as Queensland has done and Victoria is seeking to do) but add an ‘exemption by discretion’ as in Tasmania’s law

Tasmania’s Act allows the VAD Commission to exempt a person from the requirements of a ‘relevant medical condition’, which means they would not have to meet the timeframe criteria, if they are ‘satisfied that the prognosis of the person’s relevant medical condition is such that the [timeframe] should not apply’. They must obtain a person’s medical records and the opinion of a specialist in the condition in question to apply this exemption.[14] This ensures the law remains accessible to those people it is clearly intended to help.

Acting on recommendations from the Review of the Operation of Victoria’s Voluntary Assisted Dying Act 2017, the Victorian government has signaled it will amend its legislation to abolish the 6-month-to-death prognosis timeframe for cancer and other non-neurodegenerative conditions and replace it with a blanket 12-month timeframe for all conditions.[15] This would align Victoria with the Queensland approach.

It should be noted that a person would still need to meet all the eligibility criteria, including retaining decision-making capacity throughout the process, but would allow for exceptional cases to prepare for and access VAD beyond a 12-month period if their disease or condition’s likely trajectory would otherwise preclude their eligibility.

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[14] End-of-Life Choices (Voluntary Assisted Dying) Act 2021 (Tas) s 6(3).

[15] B Carmody, The Age. ‘Victoria to widen access to assisted dying after heartbreaking stories’ (20 Feb 2025)

‘In our experience of patients requesting voluntary assisted dying, we’ve seen improved patient-related symptom control of previously difficult to manage symptoms such as fatigue and anxiety. And this has happened almost as soon as the first assessment has been completed.

My advice to patients is to start early… The shorter the timeline you’re working to, the more fraught it gets.’

Fiona Jane
Clinical Hospice Manager, Albany Community Hospice, WA

‘My only option is the dark web. It’s a terrible thing to consider.’

Tony Mims, Huntington’s disease

Tony Mims has been diagnosed with Huntington’s Disease, an inherited illness that causes the degeneration of nerve cells in the brain. It has a similar incidence to motor neurone disease (MND) and affects around 2000 Australians at any one time, with around 9000 Australians at risk of developing the condition.[16]

Like many other terminal neurological conditions, it results in psychiatric and cognitive symptoms as well as physical decline. Physical symptoms can include uncontrollable muscle spasms affecting speech, movement and swallowing. The rate of progression of the disease varies but is normally 10-20 years between first symptoms and death.

Under the current law in Victoria (and laws elsewhere in Australia), Tony will likely be unable to access VAD. While each case is individual, by the time he reaches the window to apply (6-12 months to death) the cognitive impairment caused by the disease and his inability to consent to VAD will probably rule him out.

“I can’t access VAD in its current form, because I don’t meet the criteria. Particularly the need to be able to make a decision about VAD and communicate it to a doctor within 6 or 12 months of my expected death. By this stage I will be unable to express my wishes.”

‘I meet all the criteria but one.’

Tony believes, when the time comes, he will be forced to take matters into his own hands – with all the associated risks.

“My only option at the moment is the dark web. It’s a terrible thing to consider and quite impossible to conceptualise the details, like how late should I wait to think about it, what if I go too early, or if I miss my chance?

“Although my own circumstances are unique, there must be many diseases and illnesses whose sufferers are in the same position as me.”

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[16] Monash University/ ‘Huntington’s Community Connect’ Gap analysis report

‘If you only have 12 months to live, and you’re wasting six months on applying for this, that’s the best six months.’

Nicole Lee, mother, used VAD in Victoria in 2022

By mid-2022, six months after Sue Parker began her VAD application, the paperwork was complete.

Because hers was a neurological condition (motor neurone disease), Sue had to be examined by her GP and two specialist neurologists, to confirm her diagnosis and agree on how long she was expected to live. “I naively thought it would be an easy process,” she said.

It was the middle of a Covid lockdown, securing appointments was difficult, and very few neurologists had completed the VAD training, especially in regional Victoria where Sue lived. “I think at the time there were about two-and-half who had done the training,” she said.

There was also the requirement that all the consultations be in person, and not via Telehealth, which was prohibited under a Commonwealth prohibition on using a carriage service to discuss or incite ‘suicide’.

Sue wrote of her relief on being finally deemed eligible. “Now I can really relax. The burden of MND has been lifted. Life is wonderful. I can now live and enjoy my life knowing when I feel the quality has gone... so too can I go.”

Sue achieved her wish of an assisted death on the 28th of November 2022 with her family at her side.

Nicole Lee, who was with her mother until the end, said the death was “unbelievably peaceful”. The family was relieved Sue achieved the death she had fought so hard for, but they remain angry the assessment process was so difficult.

“It was too long and the hoops you have to jump through ... she wasted six months of the only 12 months that she had left, getting it done.

“If you only have 12 months to live, and you’re wasting six months on applying for this, that’s the best six months.”

Nicole said right until she had the medications in her hand her mother was worried that something would drastically go wrong with her health and she would be denied her wishes.

“That she would lose the ability to swallow and therefore she wouldn’t be able to take the medication. Or she would have some sort of MND brain haemorrhage, and therefore wouldn’t be able to speak and give consent. It was the biggest fear.”

Nicole Lee pictured with her mother Sue
Photo: Julian Kingma

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?

Safety should always be paramount but not to the extent that it becomes a barrier to an eligible person's access to VAD.

Go Gentle suggests the Northern Territory adopts the ACT's safeguarded process which broadly follows that of the states:[17]

- A person makes a first request to access VAD
- A qualified health practitioner accepts the first request, becomes the coordinating practitioner, and undertakes the first assessment
- If the coordinating practitioner finds the person eligible, they refer the person for a second, independent assessment by a consulting practitioner
- The consulting practitioner accepts the referral and undertakes the consulting assessment
- If the consulting practitioner finds the person eligible, the person may make a second formal request to the coordinating practitioner in writing with two independent witnesses
- The coordinating practitioner and consulting practitioner can refer to a third party practitioner if they are unable to assess whether the person meets the eligibility requirements
- The person may make a final request to the coordinating practitioner, who certifies that the person is acting voluntarily and has decision-making capacity
- Key steps in the process must be reported to the VAD Review Board and recorded in the person's health record within [a reasonable number of days], with penalties for non-compliance
- If a practitioner is unable or unwilling to continue as coordinating practitioner, they may transfer their role to another qualified practitioner
- A person can pause or stop the VAD request and assessment process at any time
- It is an offence to induce the making or revocation of a request to access VAD.

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[17] Summary of the ACT's framework for voluntary assisted dying. Accessed July 2025.

A Territory-wide model of care

Other Australian jurisdictions have adopted a statewide model of care. This includes:

VAD Care Navigation Services: Staffed by specialist nurses, social workers and other allied health, these services run helplines for people seeking information about VAD and will signpost people to support. In some states, they take on a case management role, often supporting people through the entire process. They have a particularly important role to play if a person is finding the process difficult or blocked from accessing VAD in some way.

VAD Pharmacy Services: A specialist, centralised pharmacist service responsible for dispensing, delivering and providing advice on VAD substances.

VAD Visiting Medical Officers: In New South Wales and Queensland, a new model has been adopted to help support regional access. This involves specialist VAD practitioners, employed by the state to provide VAD care on a part or full-time basis. Part of their role is to service areas which may not have access to trained VAD practitioners.

Rural and remote access schemes: These are state-funded schemes that provide support for patients to travel to access VAD assessments and/or health professionals to travel to patients to provide VAD services.

Go Gentle is confident that the NT can design a similar model of care that meets the Territory's specific challenges.

The 2024 Expert Advisory Panel report referenced these:

- NT's large land area and relatively small population – 50% of the population is in rural and remote areas; one-third is Indigenous.

- Health care needs are higher with a 77% higher burden of disease compared to the rest of Australia. Access to health care is more challenging. There are also workforce staffing issues.

The Expert Advisory Panel recommended VAD services in the NT be standalone and located separate from existing health facilities due to cultural safety concerns. It also recommended a commitment be made to the recruitment and training of Aboriginal staff and liaison officers who have access to culturally appropriate resources and are equipped with the knowledge and skills to have culturally safe conversations.

We endorse these recommendations while emphasising the need to consider the limitations in some areas of available health practitioners or health facilities. VAD services must be designed to help support access for eligible Territorians and not act as a barrier.

There will likely be a need to utilise Telehealth for at least some of the VAD assessment process. Lamba and Vellar et al provide an excellent summary of the advantages and challenges of using Telehealth in the VAD context in the NT. [18]

While VAD may not align with some groups' spiritual and cultural beliefs, VAD is an individual choice. Like Lamba and Vellar et al we would caution against assumptions that Indigenous people speak with a single voice on VAD. Like other segments of our population, a variety of views exist. For example, in the Northern Territory, three of the four federal parliamentarians are Indigenous. Among them, Malarndirry McCarthy and Marion Scrymgour are firm supporters of voluntary assisted dying laws.

Similarly, among the NT's Indigenous MLAs there are a range of views on assisted dying, with several proponents, including the opposition leader Selena Uibo.

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[18] Lamba G, Vellar K, Burgess CP, La Brooy C, Komesaroff PA (2025) Voluntary assisted dying: challenges in Northern Territory remote Aboriginal communities. The Medical Journal of Australia

In South Australia in 2020/21, then Shadow Attorney General and Aboriginal Affairs spokesperson Kyam Maher (now Attorney General) was responsible for drafting and championing the Voluntary Assisted Dying Bill 2020. He introduced his bill in the state's Legislative Council, sharing his experience of his mother's death from pancreatic cancer:

> *My Mum Viv... She was a proud, fierce, strong woman, an advocate and fighter for older women, marginalised people and for her Aboriginal community... She ran the women's shelter in Mount Gambier, worked as a social worker at Centrelink and dedicated her final working years to Pangula Mannamurna, the Aboriginal Health Service in Mount Gambier. For her work and dedication she was awarded life membership to the Labor Party, life membership of the Australian Association of Social Workers and awarded the South-East's NAIDOC Lifetime Achievement Award for service to her Aboriginal community... Viv lived her life with great dignity, and she ought to have had the right to choose to die with the same dignity.*[19]

In Queensland, all three MPs who identified as Aboriginal or Torres Strait Islander strongly supported the state's voluntary assisted dying legislation when it passed through parliament.

In Western Australia, the first identified person to use the state's voluntary assisted dying law in July 2021 was Wongatha-Yamatji woman Mary-Ellen Passmore (see page 17).

The Committee should also be wary of some Christian groups' attempts to invoke Indigenous concerns as a reason for denying Territorians the VAD choice.

During the 2022 Restoring Territory Rights campaign, Aboriginal elder and Senator Patrick Dodson reversed his long-held opposition to VAD in the NT, citing the Australian Christian Lobby's (ACL) tactics and hypocrisy toward Indigenous people:

> *I've been distressed by these scornful, hateful diatribes from so-called Christians, who are prepared to recruit First Nations peoples to support a campaign against euthanasia yet won't allow them a seat at the table.*[20]

Senator Dodson referred specifically to the ACL's eagerness to platform Indigenous voices while at the same time publishing YouTube videos opposing the Uluru Statement from the Heart and Welcome to Country ceremonies.

Evidence shows that Aboriginal and Torres Strait Islanders are seeking assisted deaths. According to the latest data collected from each state's Review Boards, between 1% and 2.5% of VAD applicants are Indigenous.

First Nations Australians' access to VAD*

First Nations Australians as	VIC	WA	TAS	SA	QLD	NSW
No. of applicants	18	17	<5	-	37	24
% of VAD applicants	1	1.3	-	1	1.9	2.4
% of population	1	3.3	5.4	2.4	4.6	3.4

* State of VAD 2024 update (data available on request)

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[19] Kyam Maher MLC, second reading speech in the SA Legislative Council, 2nd Dec 2020, p5

[20] Wesselinoff Adam, 'Euthanasia is Whitefella law', The Catholic Weekly, (14 Sept 2022)

Indigenous people, like all Australians, benefit from information and engagement, not scare campaigns.

Recognising this, South Australia is working to develop an Aboriginal VAD model of care to offer a meaningful process and pathway to support access to VAD for Aboriginal and Torres Strait Islander communities.[21]

> *Early engagement with expert cultural advisors identified the need for a co-design approach to work with Aboriginal communities to identify the issues specific to them and to seek advice on how SA Health can better develop and support equitable and culturally safe access to voluntary assisted dying. The co-design of the model of care is expected to include the following elements:*
>
> - *The development of ways to talk about death, explain what voluntary assisted dying is, and how it can be accessed; as many of the concepts around death and dying have different meanings and interpretations, particularly in language.*
> - *The role of family and community and how to support decision making about voluntary assisted dying.*
> - *Pathways for voluntary assisted dying teams to work with trusted health care workers to visit country to support a request for voluntary assisted dying, and to facilitate medication supply and dying on country.*

Developing an Aboriginal model of VAD care was also a focus of Victoria's review of the Voluntary Assisted Dying Act 2017. As part of the process, the Centre for Evaluation and Research Evidence (CERE) engaged Karabena Consulting to conduct culturally sensitive data collection with Aboriginal and Torres Strait Islander people to assess how VAD systems meet First Nations peoples' needs.[22]

The evaluation revealed that the current transactional and impersonal nature of end-of-life care does not align with the cultural values and needs of First Nations communities. It highlighted the necessity for more culturally respectful and inclusive approaches, advocating for Aboriginal-led VAD processes to ensure appropriate practices and build trust.

To enhance the support for Aboriginal and Torres Strait Islander peoples in accessing VAD, Karabena recommended the health department engages in short, medium, and long-term actions:

- Inform people about their rights to VAD so people know to ask for this as an option (short-term action 0-1 year)
- Develop a culturally competent workforce, who can facilitate ceremonial and clinical end-of-life practices (medium-term action 1-3 years)
- Work with services to ensure Aboriginal-centric end-of-life VAD can be delivered in line with Treaty aspirations for self-determination across a person's entire life, including their death (long-term action 3-5 years).

Karabena concluded:

> *By addressing educational needs, enhancing cultural safety, establishing supportive structures, advocating for policy changes, incorporating traditional practices, improving pain management resources, and ensuring regular community feedback, we can create a more inclusive and respectful end-of-life care system. This approach will help mitigate the distress and trauma experienced by those who have faced discrimination, such as members of the Stolen Generations, ensuring their end-of-life journey is dignified and culturally appropriate.*

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[21] SA Health, Voluntary Assisted Dying Review Board Annual Report 2023-24 p.32 (accessed July 2025).

[22] Victoria First Peoples' Consultation: Five-year review of the operation of The Voluntary Assisted Dying Act 2017, Appendix 5 p58.

'Eternally thankful'

Indigenous woman Mary-Ellen Passmore

In July 2021, a 63-year-old Indigenous woman from Perth became the first identified Western Australian to use the state's Voluntary Assisted Dying law. Her story was told to Go Gentle by her family. It was also published in The West Australian and SBS.

Mary-Ellen Passmore, a Wongatha-Yamatji woman, died in Perth on 29 July of motor neurone disease (MND). She was one of the first to be assessed under Western Australia's Voluntary Assisted Dying Act.

Her children, Chontall, Challan and Charleton, her sister, partner, and medical staff were all at the bedside. The family described her death as "beautiful". "All were singing along to 'Hallelujah', including her doctors," her sister said.

The family said Mrs Passmore had confirmed her choice multiple times before accepting the medication. She thanked her doctors and VAD coordinator and "gave them her love".

Mrs Passmore had applied to be assessed for VAD soon after the law came into effect on 1 July.

"I feel very honoured to choose when and where I can die," Mrs Passmore said. "I am excited because I won't have to suffer any more."

Mrs Passmore's family issued a brief statement after her death, saying she had received excellent care from everyone involved in the VAD process.

"We wish to express our gratitude that our proud Black mother, daughter, grandmother, sister, aunty, niece, cousin, godmother, friend, and mentor Mary-Ellen Passmore has been able to have her choice of a dignified death, voluntary assisted dying, finally fulfilled."

"We wish to thank the campaigners, the medical professionals, the families, and the state politicians who fought for the right thing – for the law to catch up and allow for choice and dignity."

"We would especially like to acknowledge and give our loving thanks to those who did not get to have the choice, and those who love them, for sharing their hearts and stories to help bring about this reform. We see you. We hurt for you. You are in our hearts and minds."

Mrs Passmore said she felt "privileged and grateful" to have the choice of an assisted death.

"It is terrifying being trapped by your own body and it's a relief to know there will be an end to my suffering," she said.

Mary-Ellen Passmore and family.
Image: Aaron Fernandes/SBS News/NITV

Health professionals must be able to raise VAD with their patients

Go Gentle believes health professionals must be able to instigate conversations about VAD with their patients. This view is shared by many peak bodies representing health professionals, including the RACGP[23] and the peak body representing VAD health professionals.[24]

VAD is a legitimate, legal end-of-life choice and patients have a right to know about all the options available to them. We support the requirement that all other appropriate treatment options, including palliative care, must also be discussed in the same consultation. We recommend every effort is made to ensure health professionals can have open conversations about VAD with their patients, in culturally informed and safe ways, without fear of legal repercussions.

When health professionals are restricted in the conversations they can have with their patients it is often people with poorer education, or who are not informed, or who are from culturally and linguistically diverse communities, who are disadvantaged. The need for open conversations about end-of-life choices is particularly important given there have not been public information campaigns about VAD in Australia.

We note that Victoria – and South Australia and New Zealand, following Victoria's model – are the only jurisdictions in the world with assisted dying that prohibit health practitioners from starting such a conversation. We applaud recent moves in Victoria and New Zealand – based on recommendations from respective statutory reviews – to remove these "gag clauses".

Go Gentle supports the integration of VAD choice into Australian care provision. VAD is now legally available to those who meet strict criteria, and should not be treated differently or exceptionally within health care. It should also not carry stigma for the people who deliver it or who seek to use it. VAD works best, with the highest quality of care, when it is given equal footing with other end-of-life care options.

Dr Andrea Bendrups, GP and Rheumatologist, Royal Melbourne Hospital

"One of the most important things that I think should be changed in the legislation that doctors are not allowed to bring it up in a consultation. You can talk about palliative care, but you're not allowed to tell them about the VAD option, which is a bit mad to me"

Dr Cam McLaren, Oncologist, Melbourne

"The other effect, apart from on the doctor-patient interaction is the impact on the nurse-patient interaction and any other interaction that might happen on the ward. No-one is really sure whether every time the topic of VAD needs to be discussed, they have to wait for the patient to raise it first.

Dr Nick Carr, GP, Melbourne

"It's like saying to someone with heart disease, I can give you pills but not tell them about the option of surgery. And voluntary assisted dying is one of their legal rights of medical care and for a doctor not to be able to inform some of that is ridiculous. The idea that any doctor is going to foist voluntary assisted dying on people is just an insult... It's not gonna happen."

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[23] News GP (2025) 'GP gag clause for VAD to be scrapped'

[24] VADANZ (2025) 'VADANZ welcomes plan to update Vic VAD law'

A role for nurses

Nurses play an important role as part of multidisciplinary teams involved in VAD. Qualified nurse practitioners can administer the VAD substance in Western Australia, Tasmania, Queensland and New South Wales. Queensland and Tasmania also permit registered nurses (subject to certain levels of qualification, for example five years post registration)[25] to be administering practitioners.

The ACT has decided that nurse practitioners will also be permitted to perform one of the two eligibility assessments (the other must be performed by a doctor). The rationale is that nurse practitioners are experienced, highly qualified nurses and enabling them to perform some of the VAD procedures, alongside doctors, will ease workload pressures in the ACT's already small workforce and support sustainability of VAD services.

At the 2023 trans-Tasman VAD Conference, we asked delegates to vote on their top priorities. A broader role for nurses in the VAD process was one of the highest priorities.[26]

Administration of the VAD substance

Go Gentle supports the right of a person to choose between self and practitioner administration. No one method should be privileged or prescribed as a default option.

It should be noted that allowing patient choice around administration methods in Queensland and NSW has resulted in a far greater number of practitioner administrations compared to self administrations; in Queensland the figure for practitioner administrations is 67%[27]; in NSW it is 79%[28]. This is compared to 19% in Victoria[29] where self-administration is the default method and where practitioner administration is only allowed if the person physically cannot swallow or ingest the VAD substance.

In Western Australia, the number of doctor administrations has been rising year on year and in 2023-24 reached 95%[30]. This higher proportion is likely to be the result of the wording in the WA legislation that forbids the person using self-administration from receiving any assistance in the preparation or handling of the VAD substance (in other states a nominated family member or carer is allowed to assist with the preparation).

Go Gentle recommends the NT pay special attention to the wording of its legislation in regard to administration methods. In the same way self-administration should not be the default method, practitioner-administration should not become the default method by proxy simply because the legislation makes the alternative so onerous.

In the case of practitioner administration, Go Gentle recommends a witness, ideally a supportive friend or family member of the patient, be present (where practical) when practitioner administration occurs. This can be reassuring for the person accessing VAD, their family and the administering health professional.

Go Gentle also urges the NT to consider wording that allows (or at the very least does not preclude) an alternative form of self administration, namely self-administered IV delivery. This would allow patients who can no longer swallow or ingest the VAD substance the option of this alternative form of self-administration if that is their wish. It would also go some way to lift the burden of administration from practitioners, many of whom support VAD but hesitate to be involved in administering the substance. Victoria and South Australia's laws both require a person to be able to 'self administer and digest' medication, which precludes IV self-administration. All other states' wording could technically accommodate IV self administration, but as far as we are aware this form of self administration is yet to be practised in Australia.

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[25] Queensland Voluntary Assisted Dying Handbook (2022) p185.

[26] Conference Report, trans-Tasman Voluntary Assisted Dying Conference 2023. Accessed July 2025

[27] Annual Report 2023-24, Queensland Voluntary Assisted Dying Review Board, p18. Accessed July 2025.

[28] Annual Report 2023-24, NSW Voluntary Assisted Dying Board, p16. Accessed July 2025.

[29] Annual Report 2023-24, Victoria Voluntary Assisted Dying Review Board, p9 . Accessed July 2025.

[30] Annual Report 2023 -24, Western Australia Voluntary Assisted Dying Board, p33. Accessed July 2025

Health professional responsibilities in relation to VAD

The same high expectations and standards of care apply to health professionals when working in VAD as any other part of healthcare. However, Go Gentle recommends the NT include additional duties for health professionals in relation to VAD.

A duty to provide information to a patient if they cannot accept a VAD first request

At a minimum, contact details for VAD Care Navigators (or equivalent service) should be offered.

A health professional may decline to be involved with VAD, a right enshrined in all VAD laws. This may be because they have a conscientious objection or, more commonly, on other grounds; for example, lack of time or because they are unable to take on the emotional load.

Dr James Hurley, VAD practitioner and consultant physician in Western Victoria, said:

> *Not many medical practitioners are conscientious objectors. In my experience, many more practitioners do not feel 'comfortable' in the unfamiliar space of VAD. They would certainly not be able to invest the time required to complete the VAD training and the minimum five hours required for each patient. Indeed, all three palliative care practitioners in my region are [nonparticipants] on the basis of personal reasons rather than religious reasons.*

Whatever reason a medical practitioner gives for declining a VAD request, referral should be standard practice, as it is in other areas of health care, including termination of pregnancy. Providing relevant Care Navigator contact details or up-to-date information via the Health Department website costs health professionals little in time or effort but ensures terminally ill people do not hit brick walls when trying to access information in a timely fashion.

An individual's obligation not to obstruct a person seeking VAD

The right not to participate must not be interpreted as a right to obstruct a person's efforts to find out more about VAD. Any effort to obstruct a person's access, limit their exposure to information, or coerce their choice should be punishable within the Act by financial penalty. Coercing someone out of accessing VAD is as unacceptable as coercing someone into it.

Other safeguards

Return of any unused VAD substance

Go Gentle recommends the NT adopt the provisions contained in other states' VAD legislation regarding the confirmation of use and the safe return of any unused VAD substances – namely that the coordinating or administering practitioner be required to notify the VAD Board of the use of the medication and the disposal of any unused substances (in the case of practitioner administration) and that a contact person be appointed who is responsible for notifying the coordinating practitioner of the VAD death and returning any unused substances (in the case of self-administration) to the designated authority (eg; a central pharmacy). Provision should also be made for the coordinating practitioner or another qualified health professional to able to return any unused substance on the contact person's behalf.

Protection for health professionals (and others) working in good faith

Please refer to the provisions contained in other Australian VAD laws, specifically Section 10 (Protection from Liability) in the Queensland Voluntary Assisted Dying Act 2021.

Specific offences for those who fail to comply

Go Gentle supports the inclusion of offences such as 'Falsifying a form or record required to be made under the operation of the legislation' as outlined in other Australian VAD laws. Please refer to the provisions contained in Section 9 (Offences) in the Queensland Voluntary Assisted Dying Act 2021.

Protection for those receiving care in non-participating institutions

Go Gentle argues that an institution does not have a conscience and, as such, should not be able to conscientiously object to VAD – though individuals within the institution may. In particular, we hold that any hospital or health facility that receives public funds should not be allowed the right to refuse the provision of VAD on their premises, regardless of their philosophical underpinnings. In support of this view, we cite recent research released by the Australian Centre for Health Law Research, entitled 'Harms To Patients Caused By Institutions Objecting To Voluntary Assisted Dying'.[31]

If the Northern Territory chooses to allow entire institutions to opt out of providing VAD to people in their care, forcing staff within those institutions to do the same, then Go Gentle recommends that the balance in the ACT's framework is the correct one.[32] The ACT's framework follows that of South Australia, Queensland and New South Wales in that institutions can decide their level of participation in VAD, but if there is no other way for a person within their care to access VAD elsewhere then they cannot be blocked altogether; the institution must provide access to VAD on its premises. The further step the ACT's legislation takes is that, unlike the states who grant this right only to permanent residents of care facilities, the ACT extends these rights to anyone in a care facility, irrespective of the length or permanency of their residency.

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[31] White, Ben, Jeanneret, Ruthie Emma Hart, Close, Eliana, & Willmott, Lindy (2023) Harms to patients caused by institutions objecting to voluntary assisted dying: Research briefing. Accessed July 2025.

[32] Summary of the ACT's framework for voluntary assisted dying. Accessed July 2025.

Fraser Cahill's hospital tried to stop him accessing VAD

Faced with a drawn out and painful death from a rare duodenal cancer, 37-year-old Fraser Cahill chose to access voluntary assisted dying (VAD).

Determined to stay in control of his dying, the first thing Fraser said to his care team was that he wanted to die at the beach. He also wanted a final family dinner the night before so he could say everything that needed to be said.

Fraser's VAD care team immediately swung into action to fulfill his wishes.

But not everyone was so supportive. The Catholic hospital where Fraser was an inpatient objected to being involved in any facet of the VAD process.

Not only did they forbid VAD assessors from coming onto the premises, they even refused to allow VAD conversations.

Fraser's mum Mandy said the family had to resort to sneaking Fraser out for appointments with the VAD facilitators.

"We didn't tell the senior staff, who had made it clear they did not approve," she recalled. "The doctors and the staff weren't allowed to talk about it, which we found quite incredible. This was Fraser's choice after all."

After he was approved for VAD, the family was forced to continue the subterfuge or risk jeopardising Fraser's plans.

"In the end we had to smuggle him out," his brother Wes said. "It was very poor form and far more stressful than it needed to be. If he'd known, Fraser would have chosen a different hospital."

The family believes no institution should have the right to deny someone's end-of-life choice.

Q4. How could the NT monitor the process to ensure VAD is delivered safely and effectively?

Oversight from a VAD Board or Commission

Go Gentle recommends the creation of an oversight body, independent of government. We believe a board or commission is best served by members with a wide range of experiences and backgrounds. For example, Victoria's Voluntary Assisted Dying Review Board was chaired through its first two years by a retired Supreme Court judge and included among its members a neurologist, an oncologist, a palliative care specialist, a professor of nursing, and a consumer representative. Other states' Boards have similar varied expertise. Any Review Board or Commission should focus on retrospective compliance. Real-time compliance is the responsibility of the Secretariat or similar body tasked with facilitating the step-by-step application process, through an online portal or otherwise, who can provide a comprehensive system of reporting and identify any breaches.

While there should be a comprehensive system of checks throughout the process, there needs to be a balance between the desire for transparency and oversight and the need to avoid unnecessary administrative burden for those delivering VAD and to ensure any oversight does not lead to delays in people accessing VAD. With its retrospective scrutiny, the Review Board has the power to refer breaches to the police, to AHPRA, to the coroner or to the medical board. This has the effect of reminding practitioners of their responsibilities under the law and of the high likelihood that any breaches will be detected and investigated.

Review mechanism for administrative decisions

There should be provision for review of certain administrative decisions, such as residency status or an exemption by discretion before an independent tribunal. However, we do not support any move to include reviews of clinical matters such as diagnosis, prognosis or those relating to whether a person has decision-making capacity or is or is not acting voluntarily and without coercion. There will have already been assessed by two independent doctors (and provision for them to seek further medical opinion if in doubt). We feel that allowing prospective appeals on these issues leaves the door open to people who may disagree with the option of VAD, such as family members, or even health professionals, to unduly frustrate or delay the process.

Data collection and insights

For consistency and to allow data insights to be shared across jurisdictions it would be preferable to align the NT reporting metrics and timetables with those already in place in other jurisdictions.

A robust complaints mechanism

Go Gentle recommends a clear complaints mechanism be established. This could be contained either within legislation or accompanying regulation, so that people who feel they may have been coerced, obstructed, or otherwise wrongly handled during the VAD process know exactly how to complain, and who to complain to, in the knowledge that their complaint will be investigated. This complaint mechanism could sit within the Review Board's responsibilities.

Statutory reviews in Victoria and Western Australia

Finally, in reaching any conclusions about what a NT VAD Bill should look like, we recommend the Committee consider the statutory reviews of the VAD laws in Western Australia (November 2024) and Victoria (February 2025). These evidence-based reviews highlight where the respective laws have succeeded and where improvements can be made. In particular, they offer valuable insights into individual aspects of VAD legislation that have proved problematic in practice.

Among its 10 recommendations for improvement, Western Australia's review identified institutional objection as a significant issue:

> *The Panel received evidence that the policies and practices adopted by some health professionals and institutions holding a conscientious objection to voluntary assisted dying are undermining the current processes... In the Panel's view, this has resulted in people eligible for voluntary assisted dying not receiving adequate support.*[33]

The panel recommended the Department of Health should collaborate with the healthcare sector to remind registered health practitioners and institutions that they are required by law to not hinder access to medical treatments and to ensure the safe transfer of care.

Victoria's review similarly found the law was operating as intended, but that improvements could be made. "While groundbreaking at the time of its commencement, the Victorian model of VAD is now widely regarded as a conservative model in Australia."

Victoria's review made five key recommendations[34], including more information for the community about end-of-life choice, improved guidance for health care professionals who are asked about VAD and more support for the VAD workforce to ensure services are sustainable. The Government has since indicated it is considering amendments to the legislation in the following areas:

- Removing the so-called 'gag clause' prohibiting health professionals from initiating conversations about VAD with patients
- Requiring health practitioners who conscientiously object to provide minimum information about VAD
- Amending Australian citizenship and permanent residency requirements
- Amending the Victorian residency requirement
- Updating the 6-month prognosis requirement to 12 months
- Removing the requirement for third assessments for those with neurodegenerative conditions
- Shortening the required waiting period between the first and final request
- Simplifying the process for permit change to prevent delays and allow greater applicant choice of administration method
- Introducing an exemption process to interpreter requirements
- Removing forms from the Act
- Requiring additional reviews of the operation and scope of the legislation.

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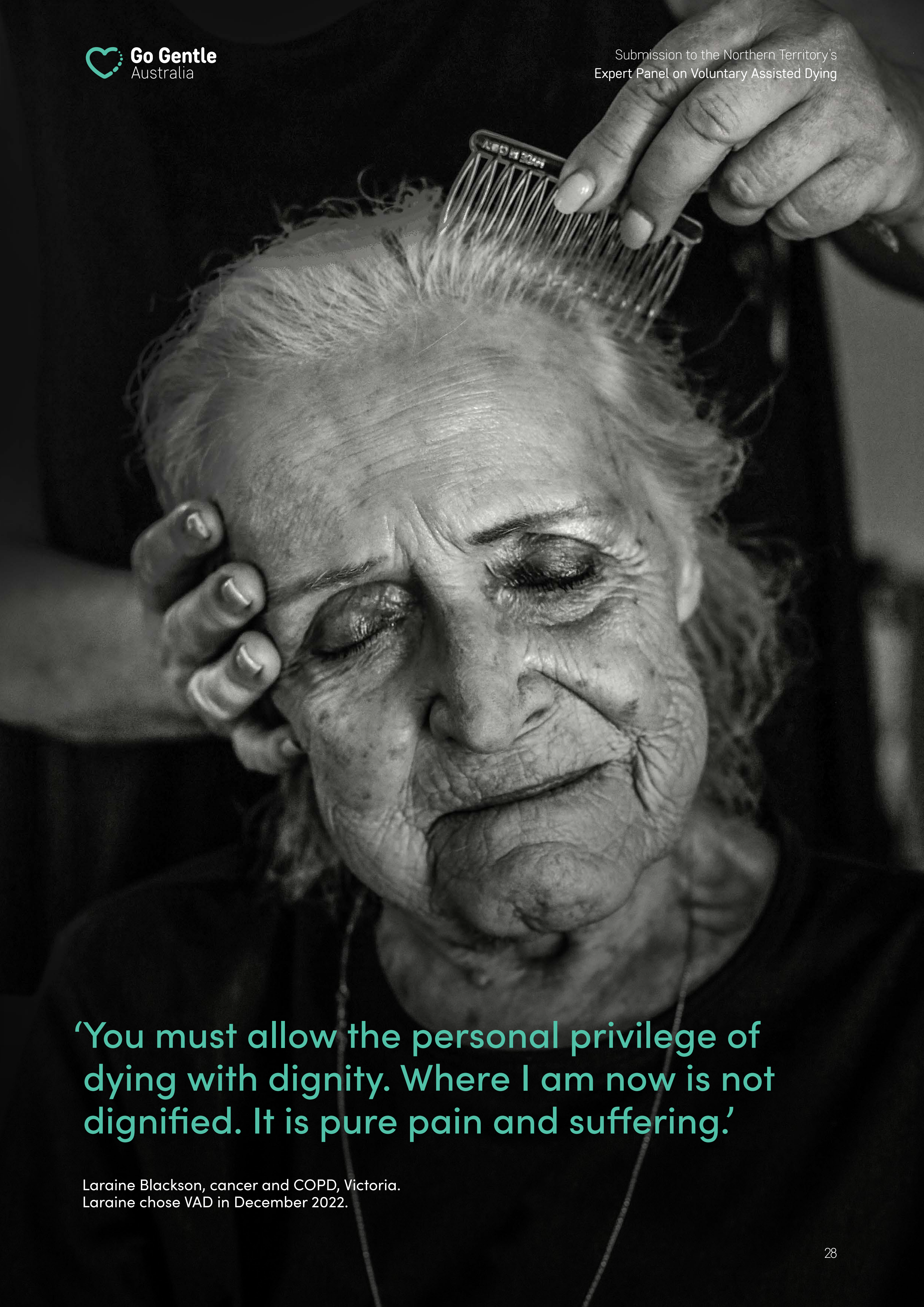
[33] WA Dept. of Health (2024) Statutory Review – Voluntary Assisted Dying Act 2019 Final Report 2024

[34] Victoria Dept. of Health (2025) Review of the Operation of Victoria's Voluntary Assisted Dying Act 2017



> 'You must allow the personal privilege of dying with dignity. Where I am now is not dignified. It is pure pain and suffering.'

Laraine Blackson, cancer and COPD, Victoria.
Laraine chose VAD in December 2022.

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