

29 April 2024

Hon Vicki O'Halloran AO CVO and Duncan McConnel SC
Co-Chairs
Northern Territory Voluntary Assisted Dying Advisory Panel

By email: VADIinquiry@nt.gov.au

**RE: SUBMISSION REGARDING VOLUNTARY ASSISTED DYING
LEGISLATION IN THE NORTHERN TERRITORY**

Dear Ms O'Halloran and Mr McConnel,

Please accept this as a submission to the Northern Territory Voluntary Assisted Dying Advisory Panel Regarding Voluntary Assisted Dying Legislation in the Northern Territory.

The Congress Board of Directors has met and considered the issue of Voluntary Assisted Dying (VAD) and asked me to communicate to you on their behalf as follows.

About Us

Congress is a large Aboriginal Community Controlled Health Service (ACCHS) based in Alice Springs. We are one of the most experienced organisations in the country in Aboriginal health, a national leader in primary health care, and a strong advocate for the health of our people. Since the 1970s, we have developed a comprehensive model of primary health care that includes multidisciplinary clinical care; health promotion and disease prevention programs; and action on the social, cultural, economic and political determinants of health and wellbeing.

Congress delivers services to more than 17,000 Aboriginal people living in Alice Springs and remote communities across Central Australia including Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg), Wallace Rockhole, Utju (Areyonga), Mutitjulu, Amoonguna, Kaltukatjara (Docker River) and Imanpa.

Aboriginal views on VAD

In 1995, the Northern Territory became the first Australian jurisdiction to legalise euthanasia (VAD) through the *Rights of the Terminally Ill Act*. At the time, consultations with Aboriginal communities revealed strong opposition to VAD, citing significantly different ideas about death causation in Aboriginal

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culture; fears amongst Aboriginal people that they may be coerced into agreeing to VAD; and concerns that they may avoid health care due to such fears. On 25 March 1997, the Federal Parliament passed legislation that invalidated the Northern Territory laws, so any long-term effect on Aboriginal communities did not eventuate.

Contemporary views of Aboriginal people in the Northern Territory may be more diverse than they were in the 1990s. Nevertheless, we are acutely aware from discussions held with representatives of several remote health corporations that in some communities, VAD is opposed for a range of reasons including on cultural grounds; due to distrust of the mainstream medical system; and out of fear of blame being apportioned to health services and individual practitioners should VAD be accessed by individuals in those communities.

Consulting Aboriginal communities on VAD

Matters relating to death and dying are very sensitive amongst the diverse cultures of Aboriginal people in Central Australia. Congress is therefore pleased to note that the Panel's priority is to ensure consultation takes into account the perspectives of Aboriginal Territorians.

The NT is unique amongst Australian jurisdictions in having a very high proportion of Aboriginal citizens, many of whom live in remote areas with a strong traditional culture, language and family networks but limited formal English and education. Any decision regarding the introduction of VAD in the Northern Territory and its potential processes must take account of these facts.

Accordingly, Aboriginal communities and organisations must be involved in the design of any potential legislation.

Primary health care service responsibilities

VAD is a complex ethical, cultural and service delivery issue. ACCHSs need to be aware of their responsibilities under any proposed legislation, and be resourced to deal with the possibility that a community member may choose to access VAD and/or palliative care on Country and the cultural practices surrounding this.

Ensuring culturally safe and clinically appropriate palliative care is available for all Aboriginal communities, especially in remote areas, is critical to allow Aboriginal people to exercise end of life choices on their own Country. ACCHSs are best placed to deliver such services should they so wish.

Congress position and recommendations

In line with the above, the Congress Board of Directors has resolved not to adopt a formal position for or against VAD being legislated at this stage, noting that they may wish to consider the matter further when the Panel produces its report and/or when legislation is drafted if that is how Government decides to proceed.

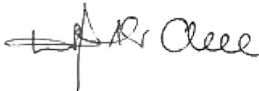
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In the meantime it is important that in its report to the Northern Territory Government the Panel recommends that:

- culturally safe and clinically appropriate palliative care be resourced and made available across the Northern Territory, particularly in remote communities, to empower people to freely make end of life choices; and
- the right of services or individual clinicians to not participate in VAD should be enshrined in any legislation on VAD in the Northern Territory.

Thank you for your consideration of these important issues. I would be very happy to discuss them should you wish. In the meantime, please contact Congress' Public Health Medical Officer, Dr John Boffa on 0418 812 141 or john.boffa@caac.org.au if you would like more detail on the matters raised here.

Yours sincerely



Donna Ah Chee
Chief Executive Officer

cc: **John Paterson**, CEO, Aboriginal Medical Services Alliance Northern Territory
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