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15 August 2025

Dr Tanzil Rahman MLA
Chair
Legal and Constitutional Affairs Committee
Legislative Assembly of the Northern Territory

Via Email: LA.VAD@nt.gov.au

Dear Dr Rahman

Voluntary Assisted Dying Inquiry – Submission from the Royal Australasian College of Physicians (RACP)

Thank you for the opportunity to contribute to the Committee's Voluntary Assisted Dying (VAD) Inquiry.

About the Royal Australasian College of Physicians

The Royal Australasian College of Physicians (RACP) represents over 33,000 members across Australia and Aotearoa New Zealand. I write as Chair of the RACP's Northern Territory Committee, which represents the 180 physicians and 71 trainee physicians in the NT.

Our members work, train, supervise, teach and conduct research in hospitals and the community throughout the NT. The RACP trains and represents a broad range of medical specialties including general medicine, paediatrics and child health, palliative medicine, geriatric medicine, and medical oncology.

RACP Submission and Key Resources

Please see **attached** the RACP's Submission to the Northern Territory Voluntary Assisted Dying Community Consultation, dated February 2024, which also summarises the RACP's key messages for this Inquiry. Further below we have drawn your attention to key messages within that submission relating to this Inquiry's last three terms of reference around VAD models, safeguards, challenges and legislative considerations. Please refer to the full submission for more detail.

We also draw your attention to the RACP's Voluntary Assisted Dying Statement (November 2018) and the RACP's Improving Care at the End of Life: Our roles and responsibilities (May 2016).

The RACP acknowledges the diversity of views among its members about VAD. We respect and support all members, recognising that it is neither feasible nor appropriate to mandate a single view on matters of individual conscience. Our submission should therefore not be taken as RACP support for or opposition to legislative change. Similarly, our members are not unanimous in their support for or opposition to legislative change.

Any changes to the law to allow VAD in the NT must be undertaken in consultation and close collaboration with medical and health experts, the RACP and other medical and health organisations. We also emphasise the importance of engagement with Aboriginal

and Torres Strait Islander peoples and Aboriginal Community Controlled Health Organisations at all stages of the process and the need to draw on First Nations knowledges, needs and priorities in any changes to the law.

Key RACP messages on VAD models, safeguards, challenges and legislative considerations

- Commitment to end-of-life and palliative care must be recognised within any VAD legislation and adequately funded. Our members report inadequate access to palliative medicine physicians in the NT, most acutely in more regional and remote places. Voluntary assisted dying must not be seen as part of palliative care, and there is value in instituting any future VAD scheme as a standalone service that is no co-located or integrated into existing clinical settings.
- Any legislative provisions on conscientious objections to participating in VAD must ensure practitioners are not forced to refer and must extend beyond medical practitioners to multidisciplinary teams and institutions. However it is also recognised physicians should not hinder patients from accessing VAD services.
- Safeguards against coercion must be central to any VAD legislation and supported by appropriate policies and procedures.
- Legitimate concerns exist around protection of vulnerable individuals or groups. Government and physicians must ensure that specific groups have equitable access to palliative care and end-of-life care and that relationships of trust are not jeopardised. There must be specific regard to cultural and Indigenous experience.
- Any VAD laws in the NT must draw on First Nations knowledge, needs and priorities. It is vital to ensure an approach that is culturally safe for Aboriginal and Torres Strait Islander patients.
- Comprehensive monitoring and reporting must be part of VAD legislation to support evidence-based practice.
- VAD training must be adequately funded and support practitioners to undertake VAD assessments underpinned by a genuine and enduring relationship with the person.
- Structures and institutions implementing any VAD legislation must provide conflict and bereavement support for individuals, families and health professionals involved.
- While the RACP does not have a position on the intersection of telehealth and VAD, we understand that VAD via a carriage service is unlawful under Commonwealth law. We request that RACP members be involved in any consultation on this aspect of any NT VAD scheme.

Further engagement with the RACP's expert physicians

Many of our members have specific clinical knowledge, professional expertise or published research that you may wish to draw on.

For further input or advice, or to discuss this matter, please contact Ms Katherine Economides, Senior Executive Officer, via RACPNT@racp.edu.au and Samuel Dettmann, Senior Policy and Advocacy Officer, via policy@racp.edu.au.

Yours sincerely

Dr Kirsty Neal
Chair, RACP NT Committee

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Submission to the Northern Territory Voluntary Assisted Dying Community Consultation

February 2024

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 20,000 physicians and 9,000 trainee physicians, across Australia and New Zealand, including 172 physicians and 75 trainee physicians in the Northern Territory. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

RACP Northern Territory Committee Contact:

Ms Katherine Economides, Senior Executive Officer (South Australia/Northern Territory), via RACPNT@racp.edu.au

RACP Policy & Advocacy Contact:

Mr Samuel Dettmann, Senior Policy Officer, via policy@racp.edu.au

We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

Introduction

The RACP welcomes the opportunity to provide a submission to the Northern Territory Government's community consultation process for developing a framework for Voluntary Assisted Dying (VAD).

Amongst those contributing to this submission, the RACP Northern Territory Committee represents Northern Territory physicians and trainees from a broad range of specialties on a range of educational, professional development and advocacy issues. These specialties include palliative medicine, geriatric medicine and medical oncology.

In 2018, the RACP published a *Statement on Voluntary Assisted Dying*[1] and a statement on *Improving Care at the End of Life: Our Roles and Responsibilities*.[2] More recently, the RACP has made submissions on end-of-life care, palliative care, and VAD to the Queensland Parliament,[3] the Queensland Law Reform Commission,[4] and to the Western Australian Government's Ministerial Expert Panel on Voluntary Assisted Dying.[5]

This submission aligns with these documents, particularly the Statement on VAD and the statement on Improving Care at the End of Life. We ask that the Northern Territory Government refer to them for more detail on the RACP's position on VAD. In particular, while noting the diversity of views among RACP members, the RACP's Statement on VAD expresses the following unified positions if and where voluntary assisted dying is legalised:

- Every patient should have access **to timely, equitable, good quality end-of-life care**, with access to specialist palliative care where appropriate. These services must not be devalued.
- On the specific issue of a competent adult in the last stages of incurable illness requesting voluntary assistance to die, the RACP supports a clinical approach of critical neutrality to encourage reflective dialogue.
- Although physicians should **not be forced to act outside their values and beliefs**, they also should not disengage from patients holding different values and beliefs without ensuring that arrangements for ongoing care are in place.
- Patients seeking voluntary assisted dying should be made **aware of the benefits of palliative care**. Referral to specialist palliative care should be strongly recommended but

[1] The Royal Australasian College of Physicians. The Royal Australasian College of Physicians Statement on Voluntary Assisted Dying [Internet]. 2018 [cited 2024 Feb 5]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/racp-voluntary-assisted-dying-statement-november-2018.pdf?sfvrsn=761d121a_6

[2] The Royal Australasian College of Physicians. The Royal Australasian College of Physicians Improving Care at the End of Life: Our Roles and Responsibilities [Internet]. 2016 [cited 2024 Feb 5]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/pa-pos-end-of-life-position-statement.pdf

[3] The Royal Australasian College of Physicians. Submission to the Queensland Parliament Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying [Internet]. 2019 [cited 2024 Feb 5]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-the-qld-parliamentary-inquiry-into-aged-care-end-of-life-and-palliative-care-and-voluntary-assisted-dying.pdf?sfvrsn=d76181a_6

[4] The Royal Australasian College of Physicians. Submission on the Queensland Law Reform Commission's legal framework for voluntary assisted dying: consultation paper [Internet]. 2020 [cited 2024 Feb 5]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/e-20-nov-qld-vad-draft-racp-submission_egm-approved.pdf?sfvrsn=7e97f91a_4

[5] The Royal Australasian College of Physicians. Submission to the Government of Western Australia Ministerial Panel on Voluntary Assisted Dying [Internet]. 2019 [cited 2024 Feb 5]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-the-western-australian-ministerial-expert-panel-on-voluntary-assisted-dying-discussion-paper.pdf?sfvrsn=5b19181a_8

cannot be made mandatory. Voluntary assisted dying **must not be seen as part of palliative care**.

- Legitimate concerns exist around **protection of vulnerable individuals or groups**. Government, society and physicians must ensure that specific groups have equitable access to palliative and end-of-life care and that relationships of trust are not jeopardised. Specific regard must be given to cultural and Indigenous experience.
- All physicians must affirm the value of all patients' lives, exploring reasons for requests for voluntary assisted dying while remaining alert to any signs of coercion and reduced capacity.
- Assessments **must not follow a 'tick box' approach**. They must be underpinned by adequate physician-patient relationships, including appropriate training, skill and experience.
- **Support, counselling and conflict mediation services** must be available for individuals, families and health professionals involved.
- There must be **rigorous documentation and data collection** to enable review of any scheme and to assess changes in practice and the impacts on health professionals, patients and families.[6]

Any changes to the law to allow VAD in the Northern Territory must be undertaken in consultation and close collaboration with medical and health experts, the RACP and other medical and health organisations. We also emphasise the importance of engagement with Aboriginal and Torres Strait Islander peoples at all stages of the process and the need to draw on First Nations knowledges, needs and priorities in any changes to the law.

We outline below the key issues most relevant to our remit and expertise in line with these concerns.

Our submission focuses on the following:

- Commitment to end-of-life and palliative care must be recognised within any VAD legislation and be adequately funded
- Any legislative provisions on conscientious objections to participating in VAD must ensure practitioners are not forced to refer and must extend beyond medical practitioners to multidisciplinary teams and institutions.
- Safeguards against coercion must be central to any VAD legislation and supported by appropriate policies and procedures.
- Any VAD laws in the Northern Territory must draw on First Nations knowledges, needs and priorities
- Comprehensive monitoring and reporting must be part of VAD legislation to support evidence-based practice.
- VAD training must be adequately funded and support practitioners to undertake VAD assessments underpinned by a genuine and enduring relationship with the person.

[6] See pp. 10-11 (noting emphasis is in the original), The Royal Australasian College of Physicians. The Royal Australasian College of Physicians Statement on Voluntary Assisted Dying [Internet]. 2018 [cited 2024 Feb 5]. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/racp-voluntary-assisted-dying-statement-november-2018.pdf?sfvrsn=761d121a_6

- Structures and institutions implementing any VAD legislation must provide conflict and bereavement support services for individuals, families and health professionals involved.

Northern Territory RACP members have divergent views on VAD

The RACP acknowledges the diversity of views among its members about VAD. We respect and support all members, recognising that it is neither appropriate nor feasible to mandate a single view on matters of individual conscience. Legislative change related to VAD will affect individual medical practitioners in the Northern Territory in different ways. Different clinical settings require ethical and clinical considerations to be made carefully, deliberately and systematically.

This submission should not be taken as support for legislative change. Our members are not unanimous in their support of or opposition to legislative change.

The RACP will continue to highlight concerns about legislative proposals, drawing on both clinical experience and the ethical perspectives of our members. The RACP will continue to advocate for patient and physician well-being to support our members and contribute our expertise as medical specialists who care for dying patients.

Changes to VAD laws will require specific safeguards to protect patients

The RACP emphasises the need for strong, appropriately implemented safeguards to protect patients arising from any changes to the law to enable VAD in the Northern Territory.

It is important that all Territorians know that voluntary assisted dying is not the only option in a journey to end-of-life. Our members report a deficit of access to palliative medicine physicians in the Northern Territory, most acutely in more regional and remote places. Additional funding for more palliative medicine physicians (and the training thereof), and support for all physicians and other health professionals involved in providing palliative care, is needed to ensure Territorians have a true choice about their end-of-life pathway.

The Northern Territory Government must ensure that the protections listed below are considered before undertaking any changes to the law to allow VAD:

Palliative Care and VAD are separate end-of life pathways

- Voluntary assisted dying must not be seen as part of palliative care. It is critical that VAD is distinguished from palliative care. However, a patient choosing one path should still be able to access the other path, that is, palliative care should be available to a patient who has sought VAD and vice versa.
- Every patient should have access to timely, equitable, good quality end-of-life care, with access to specialist palliative care where appropriate. These services must be valued, enhanced, and promoted.
- All patients must be empowered to make a true and informed choice. Patients seeking VAD must be made aware of the benefits of palliative care. Referral to specialist palliative care should be strongly recommended but cannot be made mandatory.
- End-of life and palliative care span multiple sectors including health, aged care, community care, disability care and mental health. Appropriate palliative care must be prioritised and

funded across all age group and settings including an expanded presence in the community.
- On the specific issue of a competent adult in the last stages of incurable illness requesting voluntary assistance to die, the RACP supports a clinical approach of critical neutrality to encourage reflective dialogue.

Provisions for conscientious objection and care of patients are required

- Comprehensive and clear provisions on conscientious objection and the need to ensure the ongoing care of patients are essential for VAD legislation.
- Although physicians should not be forced to act outside their values and beliefs, they also should not disengage from patients holding different values and beliefs without ensuring that arrangements for ongoing care are in place. Physicians should not be forced to refer, but neither should they hinder patients from accessing such services.
- A central information source on the scheme should be available to assist patient access.
- Should a register of practitioners be developed, protections should be available for both participating and objecting practitioners who do not wish to be identified for reasons of harassment and stigma.
- Provision could be made for practitioners who are willing to participate in restricted ways, e.g. in a limited range of cases, or in only providing a second opinion.

Decision-making, consent and safeguards against coercion are needed

- Legitimate concerns exist around protection of traditionally under-serviced individuals or groups. Governments, and health services must ensure that specific groups have equitable access to palliative and end-of-life care and that relationships of trust are not jeopardised. Specific regard must be given to First Nations and other cultural experiences.
- Physicians must affirm the value of all patients' lives, exploring reasons for requests for voluntary assisted dying while remaining alert to any signs of coercion and reduced capacity. Safeguarding vulnerable people from coercion and exploitation must be a priority.
- Assessments must not follow a 'tick box' approach. They must be underpinned by adequate physician-patient relationships, including appropriate training, skill and experience.
- Support, counselling and conflict mediation services must be available for individuals, families and health professionals involved.

Any introduction of VAD in the Northern Territory must centre First Nations knowledges, needs and priorities

- Specific regard must be given to the Aboriginal and Torres Strait Islander cultural knowledge and experience and the needs of Aboriginal and Torres Strait Islander patients and their families.
- It is vital to ensure an approach that is culturally safe for Aboriginal and Torres Strait Islander patients.
- Some physicians hold fears that VAD may cause a decline of trust specifically between First Nations people and doctors, hospitals, and health services.
- Due to the trauma of colonisation and the diversity of approaches towards illness and healing, there can be significant issues involving trust between Aboriginal people and health care providers. A number of our NT members observe that in living memory of many Aboriginal patients, hospitals are places Aboriginal people go to die. For this reason, offering VAD within existing hospitals and health services could reduce trust and cause

lower engagement/presentation rates to hospitals by Aboriginal people. We acknowledge that these concerns would need to be balanced against the need for any VAD scheme to be equitably available to Aboriginal people who wish to use them.

- **Engagement** with Aboriginal and Torres Strait Islander peoples is **essential** in all stages of the process. We advocate for active and in-depth engagement with First Nations peoples and Aboriginal Community Controlled Health Organisations in the Northern Territory.

Status of telehealth needs clarification

- Telehealth plays a positive and increasing role in the Australian health system. In the NT in particular, it has played an important role for many years due to well-known challenges relating to geography, demography, and workforce limitations. The RACP does not have a position on the intersection of telehealth and VAD but notes the Federal Court's judgment in *Carr v Attorney-General (Cth)* [2023] FCA 1500, which found that the provision of information about VAD via a carriage service is unlawful under Commonwealth law.
- We respectfully request that RACP members be involved in any consultation on this aspect of any potential Northern Territory VAD scheme.

There is a need for monitoring and evaluation mechanisms

- We consider that the capture of information around the quality, performance and outcome of activities that result from any changes to the law to allow VAD is essential.
- There must be rigorous and accurate documentation and data collection to enable review of any scheme and to assess changes in practice and the impacts on health professionals, patients and families.

Expertise and training for health care practitioners on VAD is essential

- Changes to the law in the Northern Territory to allow VAD would require the training of sufficient numbers of medical practitioners and other health staff with appropriate expertise to undertake VAD assessments and provide the option of VAD to those seeking it. This will need to be adequately funded. Some medical practitioners with relevant skills and knowledge may not be willing to provide VAD and this must be factored into training.

Counselling and bereavement support must be provided to individuals and families

- Support, counselling and conflict mediation services must be available for individuals, families and health professionals involved.
- Counselling and mediation must be culturally appropriate.
- Counselling and mediation services must be separate to palliative care.

Key RACP publications

The following RACP weblinks provide more detail on the RACP's publications pertaining to VAD:

- Statement on VAD
- Improving Care at the End of Life: Our Roles and Responsibilities
- Submission to the Queensland Parliament Health and Environment Committee's Inquiry into the VAD Bill 2021
- Submission on the Queensland Law Reform Commission's Legal framework for VAD: Consultation Paper 2020

- Submission to the Queensland Parliament Inquiry into aged care, end-of-life and palliative care and VAD 2019
- Submission to the Government of Western Australia Ministerial Panel on VAD 2019
- RACP Website - VAD