NORTHERN TERRITORY
***of* AUSTRALIA**

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Member for Fong Lim

HANSARD EXTRACT

RIGHTS OF THE TERMINALLY ILL (VAD) BILL (2026)

TUESDAY 25 AUGUST 2026

PARLIAMENT HOUSE, DARWIN NT 0800

Dr RAHMAN (Fong Lim): Mr Deputy Speaker, there have been some thoughtful, word-perfect, contributions to the debate. Mine will not be a thoughtful, word-perfect, contribution. I am here to call a spade a spade and try to support this Bill to be the best Bill it can be going forward.

Let me begin by saying something that may not be expected: I would not choose a VAD death for myself. I would not choose, on the balance of probabilities, a VAD death for myself. Why? Because fundamentally, I want to believe that there is a God.

Whilst I am an unorthodox and liberal Muslim, I am nevertheless, a moderately practising one. As such, I am uncomfortable with the idea of being an agent in my own suicide or voluntary assisted death. But here is the thing, I am also quite certain I have no monopoly on the wisdom for how to access said God.

I cannot definitively say whether there is such a concept. For that reason I am absolutely clear in my mind, I have no business imposing my value set on anybody else. This, for me, is not about evangelising about VAD; it is actually about choice to be able to choose to participate in or abstain from voluntary assisted dying

processes. Right now, this bill does not facilitate that happening. I am here in earnest to try to ensure that Territorians finally have resolution on this issue in a sensible way and we get this right.

My long-standing interest in this subject matter, is a matter of public record. When I was a school kid, I did a project on whether euthanasia should be legalised for terminally ill people in Darwin. Going all the way back to 33 years ago, I realised this was an issue the Northern Territory and Australia needed to grapple with.

We have gone through the chronology of what has happened in Australia, innumerate times today; I will not repeat the chronology of the history of what has happened. The whole point is we have an opportunity now to get this right, given we are now the last place in the country that does not have anything in place at all.

I did not want to be the person for whom the perfect was the enemy of the good. But it is pretty clear to me that unless we make some meaningful changes to this bill, there is no real probability of people having meaningful access to VAD anytime soon. On the basis of all the data, literature, science, medical position—I mean, it is really not that complex.

The bill is basically based on the LCAC report. I am more intimately familiar with it than anyone here, I think it is fair to say.

What I think is worth noting with regards to the report (which I spoke about, I might add, for four hours forensically and you will be pleased to know I'm not going to rehash) is that it was a unanimous set of findings. Myself, two other Liberal CLP members, a member of the Labor Party, a member of the Greens, we unanimously agreed on a consensus position.

This is where I get upset about what we do in this parliament now. Today I have heard people selectively cherry pick from the data, quotes in that report to try make it seem like we recommended the position that has come through on sections 15, 16 and 19. We did not.

If the people on that committee have changed their mind, that is totally fine. You are within your rights to have changed your mind on the position, conscientious objection or in relation to prognosis or a gag clause, but then make that clear that is the case.

I'm frustrated by the fact that I do not think we are having a particularly sincere debate. I think we are having a fairly performative one. I know people have said a lot of heartfelt things in this room, but I question the authenticity of some of it. That's a really difficult thing to say. This one time is meant to be tools down, conscience vote, politics aside.

The honest truth is only two members today, in my opinion, have spoken as outliers, genuine contributors, saying they have a different position. They were the Members for Port Darwin and Araluen. I respect their position; it is clear cut. They do not personally believe in VAD for a range of reasons, many of which I am sympathetic to. They are saying, on the balance of probabilities, they choose to represent their constituencies and they feel, to do justice by their constituency, in a conscience vote they must support the bill.

Those were two genuinely outlier novel contributions. The Member for Gwoja similarly has articulated a clear position on why he does not feel that this is the right Bill for his constituency, even though he personally supports the idea of this. Those are genuine contributions in a conscience debate.

A lot of the rest of what has been said today—not everything and not everyone uniformly—is mischaracterising the debate and how this Bill was set up. It is unfortunate. It genuinely upsets me because the fact is there is no question the Bill will pass. Everybody can stop the conniptions about the possibility of the Bill not passing; the Bill will pass. Everybody will vote for it, except possibly the Member for Gwoja, who will abstain.

The question is: what type of Bill will pass? Will it be a Bill that actually affords rights to the terminally ill or will it simply be an initial framework for a narrow construction of voluntary assisted dying? That is the real question you have to ask yourselves today.

The first thing to think about, in all seriousness, is recommendation 2; clause 1 of this legislation states, 'Rights of the Terminally Ill'. I drove that recommendation. The idea was meant to be that if we were to pay homage to what Marshall Perron did 30 years ago and afford commensurate rights to the terminally ill, we should call the legislation 'Rights of the Terminally Ill'. If we are to pass all or any of this Bill in its current form, or if we pass a number of the amendments that will be moved, this will not be about the rights of the terminally ill anymore; it is a narrow VAD Bill.

The architect of the original Bill, Marshall Perron, who moved his Bill as a private member, made it clear that he thought we should not call this the 'Rights of the Terminally Ill' and we should seriously reconsider whether it should just be the 'Voluntary Assisted Dying Act' for the Northern Territory, because that is what it is at the moment—a narrow voluntary assisted dying Act that will take us 10 years back in the standard on Australian legislation for voluntary assisted dying.

I genuinely cannot fault the philosophical position of the Members for Port Darwin or Araluen—or the Member for Gwoja in the same breath; that is fine. However, let us have a sincere debate and consideration of if we are to pass the Bill—which it looks like we are—whether we want to afford people genuine choice to participate or abstain, and genuine freedom of information. That is what this comes down to: will we give people a bona fide Act, a real chance at VAD, or are we just passing this for the sake of saying that we passed it? I do not want to be a part of the 'We Passed It Party'. I made a commitment from the beginning—33 years ago, I might add—that I want progress on this issue for Territorians.

If we limp over the line with a Bill that basically does not allow implementation and we kick a lot of decisions down the road, so be it; I will get on board with it as well. I will not throw a tantrum and say that we cannot have a Bill at all. However, it would be such a crying shame for us to do that when we have the opportunity to meet a modern standard and, quite apart from anything else, demonstrate to the Commonwealth and the rest of the country that on this one issue, the Northern Territory is capable of maturely governing its own affairs and moving forward in keeping with data, science, the modern standard and the rest of the legislative framework of the country.

I have played poker with my cards on my forehead for the last two weeks. I am not here to play games; I was not looking for any publicity. I am here to try to pass the amendments. That is why I distributed them to all of you in advance and told my government colleagues, ahead of time, 'I will do this, guys. Please do not lop my head off.' To their credit they said, 'Absolutely, go ahead, do what you need to do'. I have done the same thing with the Labor opposition and the Independent member.

I am delighted that today, Mr Deputy Speaker, you indicated support for some amendments. I am delighted that the Members for Blain and Fannie Bay have indicated some support, and the Member for Johnston clearly said that the amendments being moved by the Member for Fong Lim cover the field best and she will support them. That is not mischaracterising the Member for Johnston. She is nodding in agreement. I am grateful for that support.

I ask the rest of you in this Chamber to again seriously consider what it is I am proposing, which is not about making VAD more progressive, woke or ahead of the rest of the country; it is about solving legal problems that are in the Bill at the moment, making it consistent with the report and making sure we are doing the right thing by Territorians, whom we know overwhelmingly want this.

We know this; the Members for Araluen, Port Darwin and Gwoja are three people who genuinely said that they cannot argue with the numbers. I am not here to talk about the data from my own survey of 1,000 people; I do not consider it statistically significant because we know that there is an overwhelming, 'Yes, we should have in principle some sort of VAD legislation'.

The devil is in the detail, and we know this. I do not want us to sweep it under the carpet and pop a champagne cork when we know that terminally ill people will be unable to get meaningful access to VAD anytime soon unless we seriously consider some of these changes and, likewise, unless we offer genuine protections to people. This is about choice for me; it is not about VAD writ large.

What do I propose? I will make it clear for a final time. In section 15 there is a case to explicitly recognise that a relevant entity should also be able to choose not to facilitate or participate in VAD processes, but notwithstanding that, as a minimum if it chooses not to, it still has to do two things: one, it has to refer you to the VAD navigator service; and, two, it has to do anything else prescribed by regulation. That is pretty standard. That would mean an entity could say that it does not want anything to do with VAD.

If you look at any other version of amendments that have been circulated, they are—I am sad to say—cut-and-paste jobs from other jurisdictions that leave things to chance, whereas the wording I have provided is specific. Regarding the exercise of a power under Parts 3 or 4, any entity that does not want anything to do with VAD can say, 'We are out', and just provide the information to the person who wants it. Redirect them to the navigator service or anything else we think of later in regulation—for example, it has to be provided in language or any number of functional details that need to be communicated at a later stage. The bottom line

is that relevant entities, healthcare workers and terminally ill persons all deserve genuine freedom to choose to participate or abstain from VAD processes, but the information about VAD must be freely available.

I seek leave to table a paper titled *Legislative Options to Address Institutional Objections to Voluntary Assisted Dying in Australia* by White et al. This is the best standard we have to explain how an institution can conscientiously object.

Leave granted.

Dr RAHMAN: I am not providing this to read out the paper in detail. The point is that there are degrees of what can be done. People can say no or they can reasonably facilitate. The point is that we are trying to do the most sensible version of this, which is to reasonably allow people to be able to say no, but still provide information to those who need it.

Regarding section 16, the most important thing I want understood is that it is not about undoing the gag clause; it is about ensuring that only people who know what they are talking about should be having conversations with a patient about VAD. We know that blanket bans do not work and result in legal frustrations in third-party interventions in the law. We have data, from the Victorian context in particular, that a gag clause frustrates people and they wither on the vine and, ultimately, a lot of them end up committing suicide. Some of that is case report and not peer-reviewed literature, but that is the position that is starting to form.

I have a thousand individual stories about VAD-related suffering that I could have brought up, but I knew other people would bring those stories up, and I am glad they did. However, somebody has to talk about the operation of the law and the policy to ensure we get it right so that we have the right balance of protections. Healthcare workers should be able to initiate discussions about VAD, but only if they are suitably informed discussions. They have to be someone who can say that they are sure a patient is eligible for VAD and can advise them on their treatment options, palliative care options and the possible and likely outcomes, and only then can they say something.

The flip side—I beseech the opposition to take heed of this—is it offers greater protections to people out bush than having no gag clause. This allows, for example, an Aboriginal liaison officer to say that they do not know enough to say anything and that they are protected by the law from not saying anything. However, by the same token it allows somebody out bush or in an urban centre who knows what they are talking about to have that conversation with a patient. It is important to have a conversation with the patient, and I am not the only one who thinks that.

Today, I am sad to say, there has been a lot of misrepresented data and a lot of misquoting of facts and people. Chief amongst that was misquoting of the head of the AMA in the NT, twice today. It breaks my heart to have to say it, but the Attorney-General and the Minister for Health have both suggested that on 5 August, when the AMA President spoke to the LCAC committee that I was chairing, he endorsed a 12-month prognosis period. He did not; he was asked a question in context by the then Member for Nightcliff: given a six-month or 12-month option, which is better? He has essentially set a 12-month option.

What John Zorbas, the head of the AMA, has actually said today and yesterday is exactly this:

> *Patients rely on doctors for complete transparent information to provide informed consent. Legislating what a doctor can and cannot discuss when a patient is facing the end of life is an unacceptable intrusion into clinical practice. A strict 12-month terminal prognosis requirement is clinically arbitrary and effectively unworkable in many medical scenarios.*

Let us not pretend that the head of the AMA just said, '12 months is awesome.' That is not what he said. I grow weary of us misrepresenting facts, data, information and literature in this place. This is a conscience vote, and that conscience vote should be guided by truth and facts. On that, I absolutely agree with the Member for Araluen.

This is meant to be a conscience vote. We must be able to be tools down without trying to point-score against one another. See what these clauses would actually do or not do in practice. It is frustrating because, as I said, in section 16 there will be greater protections for people where the legislation is silent at the moment if we allowed conversations, but only by suitably informed people. That is what we would get, and there is literally bulletproof literature about this.

This is from August 2026. *Public views about doctors' role in facilitating access to voluntary-assisted dying: a cross-sectional survey in Queensland, Australia* by Feeney et al, released in August 2026.

I seek leave to table this study.

Leave granted.

Dr RAHMAN: This study has just concluded what we have been looking for by way of some actual serious smoking gun evidence. They did a survey of a thousand people, and the majority of survey participants wanted doctors to raise VAD if they were potentially eligible—67% of people said that—and supported requiring conscientiously objecting practitioners to provide contact details for statewide VAD support services. This is the first really solid thing we have in the Australian context and more is to come. It is reasonable to assume that more will come because more of these studies are in in process.

It is because of all of the amendments I am moving, the hard evidence is strongest on removing the gag clause. Across the country there has been, again, misrepresentation of the situation that they suggest, that they are live and active in all jurisdictions—or in more jurisdictions than they really are. It is only SA that, in practice, is still adopting a gag clause. If you want to look internationally, I can cite other places where it is also being rolled back.

The point is, if you are going to have a VAD Bill, have it be the right VAD Bill. If you are not going to have a VAD Bill, that is absolutely fine and this is all moot, but we are introducing legislation into this place now in a pretty flimsy way, in my opinion, where we are ignoring some of the cornerstones of what was decided unanimously in a bipartisan committee. No matter which way you want to cut it, if Territorians want access to a proper VAD Bill, whereby we allow them real choice and real agency to make their decisions, then we should be making these amendments.

On section 19 the prognosis of 12 months, where I differ from everyone else is that if you take out a load-bearing beam, you have to replace it with something. That is what got worked out through the discussion in the ACT most recently. We know that, basically, it is arbitrary to have a 12-month prognosis period, according to pretty much all medicos, and dispensing with a 12-month prognosis timeframe is reasonable provided we clearly define advance in the legislation. So how is it defined there? It's not a Tanzil definition; it is a definition drawn from what was thrashed out in the ACT.

That definition is, essentially, that as a result of the disease, illness or condition, the person, their functioning and quality of life is declining; they are not expected to improve; the treatments for the disease, illness or condition are no longer having any beneficial impact; and, most importantly, that the person is approaching the end of life.

This fearmongering argument that we will lop off people left, right and centre is just not reasonable. I have a condition, which I have spoken about in this Chamber, which is progressive and will kill me at some point, but I am not a candidate for VAD as I would not satisfy the definition of advanced, nor should I. I am not moving these amendments for a bit of fun; I am genuinely moving them because I believe in my heart of hearts and in my gut that these are the right things to do to protect Territorians who do not want anything to do with VAD and to give choice to the ones who really want it. That is what I am trying to achieve.

I do not think that there would be any disgrace or humiliation in us working as a parliament cooperatively across parliamentary lines to agree that this might be a better standard and that—on this one issue—we could demonstrate to the rest of the country that we listen, are responsive and accept VAD, even though some of us do not even [personally want] VAD. If we have a Bill, let it be the best Bill that it can be. That is what I am trying to achieve.

Attorney-General, you are one of my favourite people, and there is no fun in picking on what you have had to say, but today the Attorney-General said, 'I make no apologies for the safeguards I put in place. Similarly, the 12-month prognosis period set by a medical professional is so important. Without it, terminality is subjective, and we just cannot have that.'

Respectfully, I cannot make any apologies for the fact that I must challenge that. The fact is that terminality is completely subjective, and everybody knows it. It is—what would be called in the philosophy literature—a sorites paradox, which is this idea about a puzzle about vague words. If you remove one grain of sand from a heap, is it still a heap? Yes, it still a heap. If you repeat that until there is only one grain of sand left, it still seems to be a heap, exposing a flaw on how we use language.

What I am getting at is in the context of medicine and in the context of law, this paradox manifests itself, thinking about questions on the blurry lines of eligibility. In essence, medical eligibility criteria rely on continuous, slow, changing scales, not on sharp boundaries and binaries. Those are arbitrary distinctions that were made initially when we had no better choice and when we were trying to set an eligibility standard.

Why 365 days? Why not ask a doctor to choose on 364 days or even 366? It is an arbitrary line in the sand. We have a definition; other people thrashed it out and did most of the heavy lifting for us. We need to use the word 'advanced' if we are going to do this to make sure that we replace that loadbearing beam we are talking about taking out with something robust to ensure that the right people get access to VAD, but the people who should not qualify for it do not get it. That not where the Australian standard is up to on that yet.

I want the harmonisation of standards nationally on legislation, and I have spoken about that a tonne on various laws. I do not think it is a good idea when we are miles ahead of the rest of the country or when we are miles behind; that is what I am saying is happening this time around. This time around, we have chosen to go 10 years back in time for no sensible reason. Everybody else is at 2026 while we are going back to 2017; that does not make any sense. Why would we do that?

Do you know what the Territory is? The Territory is the place where we demand the right to blow up things on 1 July; that is the kind of place we are. We are the ultimate freedom, liberty and liberal—bordering on libertarian—place in the country. Why on this issue would we stop Territorians being able to do what they really want? We are not allowing people to just go out popping each other off. I am telling you in my heart of hearts, using all the legal wisdom I have and all the counsel that I could find, these three amendments will offer more protection to Territorians and more choice to Territorians than if we leave the Bill in its current form.

That is why I have moved them, have been talking about them for a week, distributed them to everyone, put my cards on my head and was like, 'All right, let us play poker. No bluffing.' I have nothing to bluff with. This is exactly the position and wording that I think is important, and it is not the first set of wording I came up with; this is 10 drafts in. I have consulted every judge and lawyer and KC who will talk to me about this to make sure these words are exactly right. The exercise of a power rather than the function of a power a la the ACT, utilising the standards from the Queensland legislation in section 15 to make sure that we get people to refer things on in a timely and practical manner. In any case, the point is that I have tried to genuinely reflect the best practice standard. If we are going to have a law, let it be the best one it can possibly be.

There have been some very thoughtful contributions today. Mine is clearly different, and I am sorry to anybody I have upset through this conversation, but I am not here to mince words because today, somebody needed to talk about the law. Somebody needed to talk about policy, the dry, boring legal consistency stuff, because you cannot muck around with the Bill, and there not be consequences. If you leave it as it is, it is not about the rights of the terminally ill anymore, we should seriously rename it and be like, 'we have decided that we are about voluntary assisted dying in the Northern Territory circa 2017'. That is how the architect of the Bill feels. I do not want that to be the case.

I want you all to seriously consider the option, the possibility of moving these amendments, and I think we could collectively do it, and it would be a great show of strength and power to be able to do so. The totality of the amendments I am tabling and have distributed is not about making VAD progressive. These are legal considerations, as much as ethical ones. They are about effecting best practice, affording legal protections and accepting the data for where it is at now.

Where did I get some of this data, and where did I find out about this? I am going to try and summarily speak to this. I gave many presentations over the last few months, speaking about what I learnt at the ICEL5 Conference. For those who have not heard me speak about it, ICEL5 is the largest conference about voluntary assisted dying and end of life care—and it just happened by dumb luck to be in Brisbane in March—so I was able to go and learn.

The key thing is that I did not learn from politicians or policy makers, I learnt from practitioners. I learnt from people who do this every day across the country. When you listen to what they have to say, you sit up and take notice in a whole different way, because they really know. This is not arbitrary for them, they know the difference between whether somebody ingesting a substance, having it enterally through a tube in their stomach, or having it intravenously will kill them, and how quickly and efficiently. You really learn about the guts of this, and you are humbled straight away, about the fact that this is about real people dying and suffering.

I refuse on this one issue to politicise this in any way. I will take anyone's vote on these amendments because all I want is for the amendments to pass. I believe in my core that these amendments are required to move this forward.

There are a few important things that came up at ICEL5 that I wanted to point out. The first one was that the Australian VAD model is extremely cumbersome, but the whole country has agreed on it. We have agreed at this point that this is how we do requests and assessment, and that you must jump through 15,000 hoops in this order: it takes ages. It is not like in Marshall Perron's day, when it was basically about decriminalising suicides and getting practitioners off the hook if they helped you. Now, there are rigorous checks and balances in the Australian VAD model. Our Bill has all those checks and balances. It has more of them then some of the other states and territories. There is no need for us to put in artificial ones from 10 years ago, which are not going to do anything other than actively frustrate people trying to access VAD, and get us in a bunch of legal tangles. The permanent gag clause will mean that somebody will sue somebody for making a decision.

Mrs ZIO: A point of order, Mr Deputy Speaker! Pursuant to Standing Order 43, I move that an extension of time be granted to the member.

Motion agreed to.

Dr RAHMAN: Thank you, everyone, for indulging me, and thank you, Member for Fannie Bay.

The VAD model is cumbersome to some, but it is rigorous and settled. It is what we are working with, and it is not going to change. One of the things that I worried about the most in our Bill was that we might, like South Australia and Victoria, make another dumb decision where it is so patient-led, that you can only DIY without the help of a medical professional. I would have died on that hill. I am so glad, and I am so grateful to the Attorney-General that we did not do that because all the data tells you that when you give people the choice to DIY by ingesting a substance or to have somebody help them with an intravenous or enteral transfusion, that they take that option. For a range of different reasons, and I do not need to go through all the data on it, the bottom line is it makes a massive difference in terms of efficacy, how easy it is for people, and preventing things going wrong. It is a good standard to allow people to be able to choose whether they want to do it themselves, or if they want some help. Basically, all the data tells you, wherever you give people a choice, the vast majority chooses to get some help, because it gives them comfort, I guess.

One of the things I wanted to point out firstly was there are several studies about what happens when things go wrong with VAD. A good one to look at is by Ian Freckelton about coronial oversight of the operation of and access to voluntary assisted dying regimes. I will summarise it for you. Things do not go wrong often; they almost never go wrong. On the small number of occasions they have, it has nothing to do with coercion or duress; it has had to do with other things that have not been properly governed like VAD pharmacies and how much medicine they dispense and on what timeframe they should be returned—pragmatic, practical considerations like that.

My point is that things rarely go wrong in VAD processes in Australian history. If you go across all the jurisdictions and you will find that when people avail themselves of these services, it usually goes pretty smoothly. There are some outliers, there are literature pieces that will explain when things have gone wrong, but it almost never happens. On the flip side what there are tons of data about is that if you do not allow people an option for a clean assisted death, then a lot of people end up killing themselves. You want to talk about the ripple effect of suicide, well that is what you are facilitating if you do not allow people to have ready access to a voluntary assisted death. There are people who, frankly, wither on the vine, are frustrated by the process and again some of this stuff is not peer-reviewed literature; some of this is case report data from health services, particularly in Victoria, but it is the best evidence we have at the moment that says, do not frustrate people. Let them have the conversation.

Somebody does not get a clinical diagnosis that they are terminally ill and on day one get told by some cowboy you should consider VAD; it just not happen. Look through the case files and the coronials. You will find that is not the issue here. The issue is people withering on the vine. Why were these things put in place in the first instance? Exactly for the reason the Attorney-General pointed out, because initially it was a well-intentioned idea; put a gag clause in, it will be patient-led, it will protect people from duress, but that is not what has happened in practice. That is not remotely what has happened in practice.

In practice, it has led to third-party litigation—people interfering with the terminally ill person's choice. The other thing it has done is it has stopped terminally ill people getting access to the information fast enough. It

is like getting information too little too late from your doctor, so now it is like, 'Now we cannot do anything, sorry'.

It is extremely important that we look at what is happening in the practitioner space, the data and literature on this. On residential facilities, section 15 and what I covered there, speaks about these models of institutional nonparticipation, conscience absolutism, reasonable accommodation, nontoleration. I am saying that if you pass Clause 15, we have got a way of doing reasonable accommodation. We have a way of saying an entity institution can sit this one out, but you must at least provide the information to make sure that person has a fighting chance in a timely fashion to connect with the navigator service and someone else can help them out and they can do that somewhere else if necessary.

It is important we get this right. Administration methods, I am grateful that we have chosen to allow people to self-administer or have assistance because the data tells you repeatedly that people choose to have people help them. Other countries have not been brought into this debate except in relation to what the Member for Araluen had to say. I think it is worth remembering a couple of very basic things. It is true that only a handful of countries in the world have access to VAD and if we move forward on this we will be one of the ones keeping in step with them, but there is a lot of fearmongering about what goes on in the rest of the world.

In the USA and Canada, for example, people often talk about these thin ends-of-the-wedge, slippery-slope arguments. The fact is people are not lopping themselves off left, right and centre there either. In a small number of geographically concentrated places in the US, it is a narrow model, and only for things like cancer and ALS. In Canada similarly, most of the stuff happens in Quebec and BC—essentially the equivalent of everything happens in Darwin. Honestly, the fearmongering on this will be the slippery slope that will lead to something terrible happening. I do not buy it, and the data does not support it either.

Dementia is the other thing I just need to say something about on the record because it comes up all the time. The bottom line is Australia is not ready to do anything on dementia unless you can provide informed consent all the way along, unfortunately you do not qualify. Here is the thing again in relation to speaking about the dementia numbers. People show these graphs showing exponential curves, saying that everyone in the Netherlands is topping themselves using VAD processes—or MAID (medical assistance in dying) as it is called—when they have dementia. That is not true. That graph is the tiniest part of the bar. The aggregate number of people who access voluntary assisted deaths in Europe are for a range of other conditions and the dementia ones are the smallest of the smallest. We are talking about very small numbers. Do not misrepresent the numbers because you will be caught out in the debate.

If you look at the years between 2013 and 2023, you will find that in Switzerland, the Netherlands and Belgium, the numbers have not exponentially grown and gone crazy; they have gone respectively from 500-odd to 1,700-odd in Switzerland; in the Netherlands from 5,000-odd to 10,000-odd, and in Belgium from 1,800-odd to 3,500. What I am getting at is that we are not suddenly going to open up a giant can of worms in the Northern Territory or Australia by doing this. Our best estimates, based on what we had in the report, were that if 20 people a year utilise this in the Northern Territory, that will be statistically significant.

The important thing was always about implementation and getting it right, making sure that we do not make this cost a bomb when we know we have other priorities in the healthcare system; that we adopt a review board we do not have to create from scratch; and have the Chief Health Officer—existing structures and statutory authorities—able to govern these processes. We still, as a legislature, have to do some of the heavy lifting for them. We have to set some of the parameters for the health officials now; otherwise, they will have a monumental task trying to implement this in 18 months or less.

What I am saying in that regard is if you are a terminally ill person now, I would not reasonably expect to be able to access a voluntary assisted death in the Northern Territory anytime soon unless we pass some of these amendments. That is my honest, heartfelt, sincere feeling, not as an ideological position or as an evangelist for VAD, but as somebody who is deeply invested in this as a subject matter and deeply believes in choice to participate or to abstain and freedoms and protections for people, particularly in the bush. You do not want somebody ill-advisedly saying something about VAD when they should not. The section 16 amendments I have proposed will ensure that is exactly the case.

I know this Bill will not fail, so there is no point talking about what happened in the UK or other places where it just died on the vine because the fact is, yes, at least we will be moving forward. Some of you will not have had access to speak to people who are dying or get that contact. Everyone of us was sent a copy of this book, *The Power of Choice* by Julian Kingma, about a bunch of people who are all choosing VAD deaths. It is a good thing to look at to remind you of the fact that we are talking about people. People in this book do

not look angelic and like they are loving the fact that they have chosen a VAD death. Most of them look pretty pissed off about the fact that they have to choose this option, but they are grateful at least that it exists. That is the sense I got looking at this.

As I said, I do not want to do anything other than try to make clear the amendments that I will speak about on Thursday. If you in good conscience—colleagues, all of you across the aisle—do not believe that they are good amendments that will improve the Bill, by all means do not vote for them, but please do not reject them outright on the basis that they deviate from the standard that we set here. We have followed a good process. The government has followed a good process.

I did not want the second LCAC review to happen, and I ended up having to Chair it, but I am grateful we did because we learned a tonne from it and we came up with a unanimous consensus position. We should respect that, genuinely. If we respect what is in that report, we will create a VAD Bill that offers more protections and more genuine choice for Territorians than the Bill does at the moment.

I am frustrated by some of the misinformation, but at the same time I do not want, 'if you do not know, vote no' to be what happens.

I have watched a couple of people die in my life and it is not pleasant. I know other people have experiences in that realm as well. Anything we can do to allow terminally ill people to die a better death has to be a blessing. I beseech all of you to support the Bill and the amendments that I will move, because the overwhelming support across all electorates dictates that members, whatever their personal reservations or feelings, should support this Bill and the amendments because we must, on this occasion, get VAD right.

[redacted]