The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Northern Territory Branch

15 August 2025

Dr Tanzil Rahman MLA
Chairperson
Legal and Constitutional Affairs Committee
Northern Territory Legislative Assembly

By email to: la.vad@nt.gov.au

Dear Chairperson

Re: Inquiry into Voluntary Assisted Dying

Thank you for the opportunity to respond to the Legal and Constitutional Affairs Committee's Inquiry into Voluntary Assisted Dying (VAD).

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the peak body representing psychiatrists in Australia and New Zealand. The RANZCP Northern Territory Branch represents 36 Fellows and 29 members training to be psychiatrists. Our response and recommendations to this Inquiry is informed by consultation with our Northern Territory members.

Recommendations
The NT Branch Committee recommends that any VAD legislation:

1. Protects medical professionals' right to choose whether they wish to be involved in VAD and to determine the extent of their involvement.
2. Excludes mental health conditions as standalone eligibility criteria for VAD.
3. Requires primary VAD clinicians to conduct initial assessments and psychiatric referral for cases involving complex and/or enduring mental health conditions.
4. Does not allow advanced care directives to be used for access to VAD.
5. Is co-designed with Aboriginal and Torres Strait Islander communities and organisations to ensure cultural safety and that the a diversity of Aboriginal and Torres Strait Islanders perspectives is heard and understood.
6. Gives priority to access of appropriate, high-quality palliative care for individuals at the end of life.

The RANZCP has engaged with VAD legislation and discourse, including through Position Statement 67: Voluntary Assisted Dying and through the following submissions:

1. Victorian Voluntary Assisted Dying Bill 2017
2. Aotearoa NZ Submission to Justice Select Committee on End of Life Choice Bill 2018
3. QLD Inquiry into aged care, end of life and palliative care, and voluntary assisted dying 2019
4. WA Submission to Joint Select Committee on Palliative Care July 2020
    a. Inquiry into Palliative Care in Western Australia public hearing 30 July 2020
5. NSW Inquiry into the Voluntary Assisted Dying Bill 2021
6. NT Submission to the Consultation on Voluntary Assisted Dying 2024

RANZCP Northern Territory Branch
c/- 309 La Trobe Street
Melbourne VIC 3000
membership@ranzcp.org www.ranzcp.org
ABN 68 000 439 047

Do you support making VAD legal in the NT?

As in our previous submission to VAD in the NT, the RANZCP does not advocate either for or against the legalisation of VAD in the NT. Rather, we seek to provide a psychiatric perspective on how VAD can be implemented safely, ethically and with appropriate clinical safeguards, should it be legalised.

The RANZCP acknowledges the diversity of views on VAD across the community, among psychiatrists, and the range of areas of medicine involved in VAD. These views are shaped by complex and sometimes conflicting moral, ethical, social, cultural, and economic considerations. The RANZCP respects the diversity of these views, and this respect underpins our position.

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

Should VAD be legislated in the NT, the RANZCP strongly supports Recommendation 11 of the 2024 Expert Panel: that to access VAD, a person must have decision-making capacity at all stages of the process, and mental health conditions must not be considered as conditions that are eligible to initiate the VAD process.

The RANZCP acknowledges equitable right of individuals with mental illness to autonomy and self-determination regarding access to VAD, giving consideration for the indelible impacts of psychological suffering on quality of life.[1, 2] However, research consistently highlights significant challenges in providing VAD for mental health conditions, particularly around defining 'irremediability' and standards for assessing decision-making capacity.[3]

The RANZCP does not support legislation that automatically excludes individuals with mental health conditions. This was a provision of the NT's previous legislation.[4] People who are terminally ill, who also experience mental ill health as a result, are the norm, not the exception.[5, 6] People should be assessed on a case-by-case basis, and where there are concerns that comorbid mental health conditions may be influencing the decision to seek access to VAD, appropriate treatment and support should be provided.

As such, the primary role of a psychiatrist in the provision of VAD is to ensure that the decision to seek access to VAD is not driven solely for reasons of a mental health condition. The expertise lies in diagnosing psychiatric illnesses and distinguishing them from adjustment reactions to extreme personal circumstances, such as terminal illness. However, not every individual will need a mental health assessment by a psychiatrist. Mandating that this occurs, as the previous legislation did, will overburden the already strained psychiatry workforce and severely restrict access to VAD for eligible Territorians.[4] Instead, treating and initiating VAD clinicians should make an initial assessment of a consumer and refer to a psychiatrist for a second opinion only when necessary.

It is important to note that psychiatrists can only conduct these assessments of a consumer at the current time in their life, their current mental state, and based on collateral information available to them in that assessment. It is possible for a mentally healthy person to experience a rapid deterioration of their mental health if exposed to trauma, adverse life events, or after developing problems with substance use. If the circumstances of a consumer drastically change during the VAD process, re-assessment may be necessary to ensure

continued decision-making capacity. As such, the RANZCP does not support allowing VAD to become part of advanced care directives or 'living wills' as per existing legislation.

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?

Aboriginal and Torres Strait Islander people

In previous discussion and debate about VAD in the NT, some Aboriginal and Torres Strait Islander people and organisations expressed that VAD can conflict with certain traditional Aboriginal and Torres Strait Islander cultural values.[7-9] A major concern was raised with the history of western medical procedures being used to justify deliberate harm being inflicted on Aboriginal and Torres Strait Islander peoples and the fear that VAD would be used to the same effect.[7]

An area of concern included the cultural differences relating to decision-making for Aboriginal and Torres Strait Islander people when compared to Western cultural processes. Many Aboriginal and Torres Strait Islander groups and individuals emphasised the culture of shared care and shared decision-making when providing feedback to consultations regarding the previous legislation.[7, 8] While clinicians must adhere to best practices in privacy, autonomy, and ethical standards when providing care for Aboriginal and Torres Strait Islander people, it is crucial that these cultural differences are accommodated in any proposed legislation and processes. VAD legislation should meet the highest standards of ethical and culturally safe care for Aboriginal and Torres Strait Islander consumers and align with clinical information sharing standards.

The NT Government consulted with Aboriginal and Torres Strait Islander people when developing its previous legislation. The RANZCP strongly supports Recommendation 6 of the Expert Panel, that the Government thoroughly consult again to ensure that the diversity of Aboriginal and Torres Strait Islander perspectives is heard and understood.[10] Co-design for VAD is essential to ensure culturally safe care and practice.

We recommend that services, rules and procedures for VAD are:

- Co-designed with Aboriginal and Torres Strait Islander people.
- Designed to be culturally safe and trauma-informed, including recognising the importance of Country and extended kinship groups (mob) for Aboriginal and Torres Strait Islander people.[11-13]
- Offered in community languages or with interpreter support.
- Supported by targeted communications material for Aboriginal and Torres Strait Islander people, such as that offered in NSW and Queensland.
- Offered on Country, by Aboriginal and Torres Strait Islander staff, and through local Aboriginal-controlled organisations, where possible and acceptable.

Telehealth

The RANZCP supports Recommendation 13 of the 2024 Expert Panel that telehealth should be allowed as part of VAD care. Telehealth is a necessary inclusion to address the challenges raised in the consultation paper about the equity of access to VAD caused by the small and vastly geographically dispersed population and challenges of medical service

delivery across the NT.

Telehealth psychiatric consultations are a well-established component of clinical practice. They follow the same ethical and clinical practice guidelines and standards as face-to-face consultations. However, VAD legislation must allow for a clinician to make the final determination of the suitability of telehealth services for individual consumers on a case-by-case basis. VAD presents a high-risk factor in certain circumstances where psychiatric or capacity assessments are being undertaken. Not all consumers will have circumstances suitable to be addressed via telehealth. Practitioners need to be empowered to consider the suitability of using telehealth for a consultation in partnership with the patient and, where appropriate, their carer(s) or kin. See our Professional Practice Guideline 19: Telehealth in Psychiatry for greater detail.

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

Monitoring of psychiatric services as part of the provision of VAD should take place according to the standards set for all clinical practice in the NT. The RANZCP recommends that, when developing the procedures for VAD, it is done so in line with our Code of Ethics, Code of Conduct and recommendations in Position Statement 37: Principles for mental health systems. For the monitoring of individual clinicians, Ahpra is the key regulatory body in this space and should be empowered to undertake its statutory duties via any VAD legislation.

Thank you again for the opportunity to provide comment. For any questions or to discuss the above in further detail, please contact our NT Policy & Advocacy Advisor, Monique Hodson-Smith via Monique.Hodson-Smith@ranzcp.org.

Yours sincerely

Dr David Chapman
Chair, RANZCP Northern Territory Branch

RANZCP Northern Territory Branch
c/- 309 La Trobe Street
Melbourne VIC 3000
membership@ranzcp.org www.ranzcp.org
ABN 68 000 439 047

References

1. Scopetti MA-O, Morena DA-O, Padovano MA-O, Manetti F, Di Fazio N, Delogu G, et al. Assisted Suicide and Euthanasia in Mental Disorders: Ethical Positions in the Debate between Proportionality, Dignity, and the Right to Die. LID - 10.3390/healthcare11101470 [doi] LID - 1470. (2227-9032 (Print)).
2. Saxby Pridmore Ahmed Naguy Jamshid Ahmadi and William Pridmore. Voluntary assisted dying for people with mental disorder. Dynamics of Human Heath. 2021;8(1).
3. van Veen S, Widdershoven G, Beekman A, Evans N. Physician Assisted Death for Psychiatric Suffering: Experiences in the Netherlands. (1664-0640 (Print)).
4. .
5. Fine RL. Depression, anxiety, and delirium in the terminally ill patient. (0899-8280 (Print)).
6. Grassi LA-O. Psychiatric and psychosocial implications in cancer care: the agenda of psycho-oncology. (2045-7979 (Electronic)).
7. Aboriginal Resource & Development Services Inc. Submission for Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008 to the Senate Legal & Constitutional Affairs Committee. Canberra: Senate Legal & Consitutional Affairs Committee; 2008.
8. Senate Legal and Constitutional Legislational Committee. Consideration of Legislation Referred to the Committee: Euthanasia Laws Bill 1996. Canberra; 1997.
9. Sen Patrick Dodson. Restoring Territory Rights Bill 2022 - Second Reading. Canberra: Parliament of Australia; 2022.
10. Lewis S, Willmott L, White BP, La Brooy C, Komesaroff P. First Nations Perspectives in Law-Making About Voluntary Assisted Dying. (1320-159X (Print)).
11. Queensland Health. Guidelines for caring for Aboriginal and Torres Strait Islander people through death and dying. Brisbane; 2022.
12. WA Department of Health. Voluntary assisted dying in Western Australia: Information about supporting Aboriginal people. Perth; 2021.
13. Royal Australian and New Zealand College of Psychiatrists. Ethical Guideline 11Principles and Guidelines for Aboriginal and Torres Strait Islander Mental Health. Melbourne: RANZCP; 2014.