

Voluntary Assisted Dying: Challenges in NT Remote Aboriginal Communities

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Overview

NT is last jurisdiction to legislate VAD

Unique demographics: high Aboriginal population, quite remote

Cultural safety central

Discussion of telehealth

Implementation and resourcing – challenges and opportunities



Introduction

VAD in Australia and NZ



VAD represents a **new direction in health policy** in Australia



Victorian legislation passed in 2017 **and implemented in 2019.**



All other jurisdictions, including NZ, have followed suit (1-2), except the NT.

NT – Historical Context (3)

Rights of the Terminally Ill act passed in 1995 in the NT, this was CONTROVERSIAL. Came into force in 1996

A repeal came to a vote in 1997 in the NT, but it was defeated

Commonwealth passed the Euthanasia Laws Act in 1997, preventing the Territories from legalising assisted dying (can only do this to the territories, not the states!)

Four people died through physician-assisted suicide in this period

Recent NT VAD context

- Expert Panel
- Change of government
- Legal and Constitutional Advisory Committee convened, recommending VAD legislation
- Current legislation drafting
- Criminal Code prohibits telehealth for VAD - health practitioners often cautious and careful to practice legally (4, 5)
- Proposed amendments withdrawn



NT Demographic Context (6-9)

30% Aboriginal population; 75% remote

High chronic disease burden

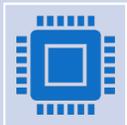
Socio-economic disadvantage

Workforce shortages

Chief Minister's VAD Independent Expert Advisory Panel



Led public consultations in the NT to inform development of NT VAD legislation, submitting their report to the Chief Minister in July 2024 (3)



Aimed to to gather Territorians' views on potential VAD legislation and implementation, under the Inquiries Act 1945 (NT).



This presentation presents the finding from the panel's consultation process

Methods – Expert Advisory Panel consultation (3)

- August 2023-April 2024
- Panel was 9 people, including Presenter. Comprised clinical, legal, consumer, disability and culturally diverse experts, including two Indigenous members.
- 1396 survey responses, 98 submissions, public town hall meetings, round tables and targeted expert meetings
- Engagement with Aboriginal Territorians and rural and remote stakeholders a priority
- Materials in plain language and voice recordings in 14 languages
- Final report available - https://cmc.nt.gov.au/__data/assets/pdf_file/0018/1420722/vadreport-2024.pdf

The background of the slide is a complex, abstract pattern in shades of teal and dark blue. It features a series of interconnected, fractal-like shapes that resemble cracked earth or organic growth. The overall effect is a dense, textured field of fine, radiating lines that create a sense of depth and movement. The word "Findings" is centered in a clean, white, sans-serif font, providing a sharp contrast against the intricate background.

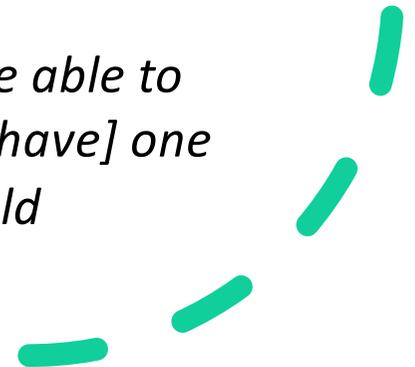
Findings

Aboriginal views (10)

- Diversity of views
- Cultural/spiritual tensions
- Kinship decision-making v.s. individual autonomy

“People might engage better with health services knowing that it could be an option to come back [to country].”

“There will be a division because some people might [not] be able to wrap their head around it ... For the older generation, [who have] one foot in the Dreamtime and another foot in religion, this would probably be really difficult.”



Cultural safety (11-14)

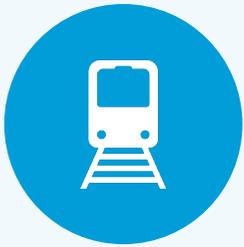
Requires self-reflection,
accountability

Power dynamics, consent,
communication

Risks in remote settings

Need for co-design

Telehealth Advantages (3)



Reduced travel burden for those in rural/remote areas and those too unwell to travel



Overcomes burden due to limited availability of medical practitioners outside of Darwin



Increase access to interpreters



Mitigates infectious disease transmission risks

“I think that the difficulties facing rural and remote living people will be enormous so telehealth must be considered.”

“[Telehealth] 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.”

(Note: this quote relates to telehealth in general. The RACP does not have a position on the intersection of telehealth and VAD).

Telehealth disadvantages

Currently accepted as illegal

Risk of coercion

Harder to read cues.
“second rate solution” (15)
; in-person preferred

“Doing it over telehealth you’ll miss most of the cues. Had a meeting in Groote today regarding court and talking about culturally unsafe practices and the blame that could be put onto the person that’s sitting with the judge — took hours to just talk through this. Risks are so significant with telehealth — the follow up could be online if the first appointment is in person.”

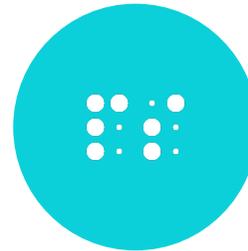


Discussion

Telehealth in the NT – practical considerations (16)



Works best with existing clinician–patient relationships.



Unreliable internet, low digital literacy, language barriers → Patients often need support.



Limited staff and interpreters in remote clinics.



Patient tech familiarity improves effectiveness.

NT VAD Model of Care – System Challenges (17)

- NT has the fewest trained doctors relative to disease burden.
- High multimorbidity, cross-cultural care needs, and socio-economic disadvantage.
- Adding VAD without new investment is not feasible.

Telehealth Consultation Options (if legalised) (16)

- Strong preference for face-to-face, with telehealth as a supplement.
- Telehealth could occur with nurses/Aboriginal health practitioners present for safety and support.
- Baseline telehealth barriers in remote NT persist (connectivity, workforce)

Rural/Remote Access Strategies

- WA: travel funding for in-person VAD consultations. (18)
- NSW: visiting medical officers provide VAD services in regional areas. (19)
- NT will require similar resourcing to ensure equity.

Cultural Safety + Co-design

- Aboriginal organisations must lead and govern VAD service design.
- Co-design ensures cultural knowledge, safety, and ongoing adaptation.
- Safe involvement of interpreters and cultural brokers is essential.
- Providers need cultural competence training, including for future telehealth use.

Conclusion



EQUITY + CULTURAL SAFETY
CRUCIAL



REQUIRES INVESTMENT,
WORKFORCE, GOVERNANCE



TELEHEALTH POTENTIAL IF
LEGAL BARRIERS REMOVED



Thank you and questions

References

1. Waller K, Del Villar K, Willmott L, White BP. Voluntary assisted dying in Australia: a comparative and critical analysis of state laws. *University of New South Wales Law Journal* 2023; 46: 1421-1470.
2. ACT Government. ACT's voluntary assisted dying law passed [media release]. 5 June 2024. https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/barr/2024/acts-voluntary-assisted-dying-law-passed (viewed June 2025). 3 Voluntary A
3. Voluntary Assisted Dying Independent Expert Advisory Panel. Report into voluntary assisted dying in the Northern Territory, final report 2024. Darwin: Northern Territory Government, 2024. https://cmc.nt.gov.au/__data/assets/pdf_file/0018/1420722/vadreport-2024.pdf (viewed June 2025).
4. Close E, Del Villar K, Willmott L, White BP. Voluntary assisted dying and telehealth: Commonwealth carriage service laws are putting clinicians at risk. *Medical Journal of Australia*. 2021 Nov;215(9):406–9.
5. McLaren CJ, Mewett G. Update on voluntary assisted dying in Australia. *Medical Journal of Australia*. 2021 Aug 2;215(3):115–6.
6. Australian Bureau of Statistics. 3238.0.55.001. Estimates of Aboriginal and Torres Strait Islander Australians, 2021. Aug 2023. <https://www.abs.gov.au/statistics/people/aboriginal-and-torresstrait-islander-peoples/estimates-aboriginal-and-torres-straitislander-australians/latest-release> (viewed June 2025).
7. Australian Bureau of Statistics. Remote Australia (NT), 2021 Census Aboriginal and/or Torres Strait Islander people QuickStats. <https://www.abs.gov.au/census/find-census-data/quickstats/2021/IQSRA73> (viewed June 2025).
8. Australian Bureau of Statistics. Very Remote Australia (NT), 2021 Census All persons QuickStats. <https://www.abs.gov.au/census/find-census-data/quickstats/2021/RA74> (viewed June 2025).
9. Zhao Y, Chondur R, Li S, Burgess P. Mortality burden of disease and injury in the Northern Territory 1999–2018. 2022. Darwin: Northern Territory Department of Health, 2022. https://health.nt.gov.au/__data/assets/pdf_file/0008/1149461/Mortality-burdenof-disease-and-injury-in-the-Northern-Territory-1999-2018.pdf (viewed June 2025)
10. Lamba, G., Vellar, K., Burgess, C.P., La Brooy, C. and Komesaroff, P.A. (2025), Voluntary assisted dying: challenges in Northern Territory remote Aboriginal communities. *Med J Aust*, 223: 292-295. <https://doi.org/10.5694/mja2.70023>

References

- 11 Curtis E, Jones R, Tipene-Leach D, et al. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *Int J Equity Health* 2019; 18: 174.
- 12 Lewis SC, Willmott L, White B, et al. First Nations' perspectives in law-making about voluntary assisted dying. *J Law Med* 2022; 29: 1168-1181.
- 13 Greenhalgh T, Jackson C, Shaw S, Janamian T. Achieving research impact through co-creation in community-based health services: literature review and case study. *Milbank Q* 2016; 94: 392-429.
- 14 Anderson K, Gall A, Butler T, et al. Development of key principles and best practices for co-design in health with First Nations Australians. *Int J Environ Res Public Health* 2022; 20: 147
15. Willmott L, White BP, Sellars M, Yates PM. Participating doctors' perspectives on the regulation of voluntary assisted dying in Victoria: a qualitative study. *Med J Aust* 2021; 215: 125-129. <https://www.mja.com.au/journal/2021/215/3/participating-doctors-perspectives-regulation-voluntary-assisted-dying-victoria>
16. Mathew S, Fitts MS, Liddle Z, et al. Telehealth in remote Australia: a supplementary tool or an alternative model of care replacing face-to-face consultations? *BMC Health Serv Res* 2023; 23: 341.
- 17 Zhao Y, Wright J, Unnikrishnan R, et al. Assessing the adequacy and sustainability of the Northern Territory health workforce with respect to burden of disease and injury, 2009–2021: an analysis of administrative data. *Med J Aust* 2024; 221: 596-602. <https://www.mja.com.au/journal/2024/221/11/assessing-adequacy-and-sustainability-northern-territory-health-workforce>
18. Government of Western Australia Department of Health. Voluntary Assisted Dying Act 2019 Access Standard. 2020. https://www.health.wa.gov.au/~/_/media/Corp/Documents/Healthfor/Voluntary-assisted-dying/Access-Standard.pdf (viewed June 2025).
19. Hunter New England and Central Coast Primary Health Network. Visiting medical officer voluntary assisted dying – Hunter New England Local Health District New England and Lower Mid North Coast Regions [position vacancy]. 2025. <https://thephn.com.au/jobs/visiting-medical-officer-voluntary-assisted-dying-hunternew-england-local-health-district-new-england-and-lower-midnorth-coast-regions> (viewed June 2025)