

Legislative Assembly
of the Northern Territory

Draft Daily Hansard

Tuesday 25 August 2026

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Madam Speaker Lambley took the Chair at 10 am.

MESSAGE FROM THE ADMINISTRATOR
Message No 18

Madam SPEAKER: Honourable members, I have received Message Number 18 from His Honour the Administrator notifying assent to the bills passed in the July meetings of the Assembly. The message is dated 14 August 2026.

VISITORS
Nightcliff Primary School

Madam SPEAKER: Honourable members, I advise of the presence in the gallery of Year 6 students from Nightcliff Primary School accompanied by their teachers. Welcome to Parliament House.

Members: Hear, hear!

TABLED PAPERS
Report from Legislative Scrutiny Committee – Education Standards and Registration Board Bill 2026, Serial 69

Mrs CARLSON (Chair of Legislative Scrutiny Committee): Madam Speaker, I table the report from the Legislative Scrutiny Committee's inquiry into the Education Standards and Registration Board Bill 2026 and its associated minutes of thew proceedings.

Pursuant to Standing Order 200(4) the report was sent to the Speaker and made public on 20 August 2026.

This report detailed the committee's findings regarding its examination of the Education Standards and Registration Board Bill 2026.

The purpose of the Bill is to establish the Education Standards and Registration Board by replacing and amalgamating the Northern Territory Board of Studies and the Teacher Registration Board of the Northern Territory.

The committee received seven submissions to its inquiry, all of which supported the intent of the Bill. While a number of submissions put forward suggestions as to how the Bill could be improved, others sought clarification regarding the intention and operation of various provisions within the Bill.

Following its examination of the Bill and the consideration of the evidence received, the committee has recommended that the Assembly should pass the Bill with the proposed amendments set out in recommendations 2 to 5.

To ensure the Bill was drafted in a sufficiently clear and unambiguous manner, recommendation 2 seeks to clarify the requirement in clause 6(3) for the minister the have regard to the need for the board to have an appropriate balance of skills and expertise among the members.

Consistent with government practices adopted by many statutory boards, recommendation 3 proposes that clause 9 be amended to provide the board may make recommendation to the minister regarding appointment of the chairperson and deputy chairperson.

Noting the importance of post-implementation review, the significance of the amalgamation of the existing boards and the move to a skill-based board model, recommendation 3 proposes that clause 17 be amended to require the minister to review the operation and performance of the board after the period of three years from the commencement of the Act to determine whether the legislation remains fit for purpose.

Finally, recommendation 5 seeks to ensure the delegation of ministerial powers only to appropriate cases and to appropriate persons by recommending that clause 28 be amended to provide that the board's delegation powers do not extend to the provisions of section 53 and 64 of the *Teacher Registration (Northern Territory) Act 2004* regarding decisions of the board in disciplinary proceedings.

On behalf of the committee I thank all those who took the time to provide submissions to the committee's inquiry. I also thank my fellow committee members for their bipartisan commitment to the legislative review process.

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I commend the report to the Assembly.

Report from Legislative Scrutiny Committee – Liquor Amendment Bill 2026 (Serial 71)

Mrs CARLSON (Chair of Legislative Scrutiny Committee): Madam Speaker, I table the Legislative Scrutiny Committee report Inquiry into the Liquor Amendment Bill 2026, Serial 71, and the associated minutes of the proceedings, pursuant to Standing Order 200(4). The report was sent to the speaker and made public on 20 August 2026.

This report details the committee's findings regarding examination of the Liquor Amendment Bill, which seeks to amend the *Liquor Act 2019* to make targeted amendments that streamline and improve liquor licence and authority processes; reform alcohol protection provisions and transitions interim alcohol protected areas into general restricted areas; and strengthen the Act's Banning Notice Scheme.

The committee received 13 submissions to the inquiry, with mixed views presented. Following the examination of the Bill and the evidence provided, the committee agrees that the Assembly should pass the Bill with some amendments.

Firstly, the committee considered the Bill's amendment of section 113 of the Act, which deals with the Liquor Commission's power to vary liquor licence or authority conditions on its own initiative. The committee found that the provision of the Bill as drafted makes it unclear whether the current requirement for the commission to consider community impact and public interest requirements as set out in section 49 of the Act is retained. Therefore, the committee recommends that clause 16 of the Bill be amended so that the proposed section 113(1)(a) explicitly provides that the community impact and public interest requirements must be taken into consideration by the Liquor Commission in determining whether to vary the conditions of the licence or authority on its own initiative.

Secondly, the committee considers amendments to the banning notice scheme. The amendment seeks to extend the maximum period of the banning notice from up to 14 days to up to 90 days, to provide additional reasons by which a person is not prevented from entering a banned area, including attending a health care facility, receiving medical treatment or accessing a government service. These reasons are additional to the existing grounds on which a person may enter a banned area for the purpose of attending work or residing at their usual place of residence.

In response to submissions expressing concerns that residents of remote areas may experience difficulty accessing services, after receiving a banning notice, the committee recommends that the Bill be amended to allow a person to enter a banned area for the purpose of accessing essential services or attending another place in appropriate circumstances authorised by police.

To ensure clarity of this amendment the committee recommends that examples be included in the Bill of another place in appropriate circumstances. Additionally, the committee recommends that the department review the operation of the banning notice scheme within three years of commencement.

Lastly the committee found that the Bill explanatory statement would benefit from amendment to improve the clarity and comprehensiveness. The committee recommends that a supplementary explanatory statement be tabled which addresses these issues outlined throughout the report.

On behalf of the committee, I thank all those who took the time to provide submissions to the committee's inquiry. I thank my fellow committee members for their bipartisan commitment to the legislative scrutiny process. I commend the report to the Assembly.

RIGHTS OF THE TERMINALLY ILL BILL
Serial 70

Ms BOOTHBY (Attorney-General): Madam Speaker, I move that the Bill be now read a second time.

I move the second reading debate this morning by reminding Territorians of why this week is such an important time in our history. This has been a long journey that has involved three decades of advocacy, a litany of inquiries, hundreds of submissions and extensive consultation across the Northern Territory.

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It has also come after countless personal conversations at doorsteps, market stalls, phone calls and committee forums. Throughout that process we have said the same thing: sincere and compassionate minds can come to different views on these issues and that will, no doubt, be reflected in this Chamber.

It has been reflected in our community; it has been reflected in the medical profession. The Royal Australasian College of Physicians, for example, expressly said that its members held differing views. They said it was not feasible or appropriate to mandate a single view on matters of individual conscience. We agree.

Unity does not mean uniformity or a unanimous view. We are not here to toe party lines on this issue. This is a conscience vote. Members can vote in accordance with the wishes of their community and our CLP team is strong, united, disciplined and diverse. Not because we all think the same, but because we are all 100% focused on representing our communities and delivering for Territorians, as we said we would. It means we can have robust debates within our team. We listen to different communities, hear different experiences and make the necessary decisions Territorians expect.

It is that resolve which has enabled us to bring forward the Rights of the Terminally Ill Bill today, after 30 long years. It is that commitment which will ensure that, at the end of the debate this week, the rights of the terminally ill legislation will become law. It is unapologetically focused on the patient and embedded in it is a strong framework of safeguards.

We are dealing with an extraordinary end-of-life right. Strong safeguards are needed to protect the vulnerable. The Australian Psychological Society said, ‘Robust provisions need to be in place to ensure protection from coercion, family members, carers, health professionals and others’. The Royal Australasian College of Psychiatrists said, ‘Safeguards against coercion must be central to any VAD legislation’.

It is true that some of the safeguards put forward are stronger than previous inquiries and reports have recommended. Not everyone agrees, and that is their right, but ultimately we have to make a decision about where the line should be drawn. On this issue, which is complex, emotive and irreversible, that portion is justified.

The risks and concerns we are safeguarding against, are not imaginary. The rights of the terminally ill are rights afforded to all eligible Territorians. Terminal illness affects people from all walks of life, cultures, lived experiences, genders and ages and we need to remember that as we debate these laws. We are talking about adults aged 18 years and over, but the reality is that older Territorians will make up the largest proportion of patients who access these rights.

It is older Territorians who face the gravest risk of coercion. According to the Australian Institute of Health and Welfare nearly 54,000 senior Australians suffer from harm or neglect perpetrated by their carers or service providers each year. These will be the same people who will drive patients to their appointments; when the news is given at the clinic; sit beside them in the hospital; see the lawyer, the public guardian, the in-home care and the out-of-home care.

The risk of coercion and pressure cannot be understated or left to chance. It is clear that what we are talking about is some serious vulnerabilities faced by terminally ill Territorians. These risks are not just perceived, they are real and present risks that our laws aim to mitigate. That is why, from the outset, the approach is clear. This legislation is patient-led.

I emphasise what I said, when I introduced this legislation at the last sitting week. This is about the patient’s right to decide how they die. It makes sense that they should initiate the conversation, not their family, doctor or any other representative. It is about the person who is dying and their rights and choice. A person should never feel pressured from their loved ones or representatives no matter how well-meaning.

This is not just our view but one shared by the Australian and New Zealand Society of Palliative Medicine which said, ‘This approach helps to address the potential power imbalance between a healthcare professional and patient. It reduces any perception of medical-led coercion’. The same was said by the Canadian Society of Palliative Care Physicians which said, ‘It would safeguard against any possibility of subtle or over-pressure on patients’. The Australian and New Zealand Society for Geriatric Medicine said, ‘If medical practitioners are able to suggest that, it opens the door to subtle coercion’.

Across Australia, and in similar jurisdictions around the world, experts have understood the need for this safeguard. While some views differ, I took note when the Australian Medical Association said at a public

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hearing in August last year, ‘It is not the physician’s job to drive that conversation but it is our job to make sure that a patient has all the options that are available to them when it comes to end-of-life care’.

By requiring the patient to initiate these conversations we are not just protecting the vulnerable from coercion, we are strengthening trust in the process and legitimising the patient’s independent voluntary decision-making capacity, protecting the vulnerable and the rights of the terminally ill. Our patient-led approach and framework of safeguards aim to do just that.

The removal of the 12-month prognosis is also being debated. This would be a mistake. These are rights for those diagnosed with a terminal illness. Without a timeframe to death terminality becomes subjective, that is incredibly dangerous. That is why every jurisdiction in Australia requires a prognosis timeframe as part of their assisted dying eligibility criteria. In Queensland and Victoria, it is also a 12-month timeframe; in WA, South Australia, Tasmania and New South Wales it is six months, or 12 months for a neurodegenerative condition.

The 12-month timeframe is based on the experience of other jurisdictions, the Territory’s unique circumstances and the evidence provided throughout the consultation process. It is centred around the ability for the patient to be able to confirm the diagnosis and seek access to these rights. As Dr John Zorbas, President of the Australian Medical Association of the Northern Territory, said in a public hearing on 5 August last year, ‘12 months is a wider window and gives people more time to plan, more time to access, more time to discuss with their family, friends and loved ones and plan how they would use access to that’.

A 12-month prognosis also opens the door to some practical financial support. The prognosis criterion has been used by insurers and medical practitioners for years and our safeguard also aligns with that practice. A 12-month prognosis with our assessment framework will enable patients with a life insurance or superannuation to access their entitlements as a tax-free lump sum payment. This gives terminally ill Territorians greater peace of mind knowing that they can clear their debts, cover their costs and even create memories with their loved ones. Those same loved ones may no longer be saddled with the cost of unmet financial obligations.

We have come to this prognosis timeframe in light of the evidence provided and many practical considerations focus squarely on the patient’s rights and needs. Our 12-month prognosis is stronger than some and it is more liberal than others. It remains nationally consistent, but more importantly, it achieves the right balance for Territorians. These safeguards do not stand alone. This is based on the evidence, patient focus framework protections which work hand in hand to keep Territorians safe. There are also strong conscientious objection provisions. This recognises the rights of the Territorian health practitioners and providers who hold differing ethical religious, cultural and personal views on end-of-life issues.

I also emphasise that these laws are not being written and the forgotten. NT Health has 18 months to implement them and to get it right. A mandatory review will then occur three years after it commences. This allows us to review what is working, what needs to be refined and how can we better support those with a terminal illness based on feedback from Territorians. As the AMA said, a three-year period would allow enough data and operational experience for a meaningful and evidence-based evaluation of the legislation’s effectiveness and safety. That is exactly the point. The review gives us the opportunity to look at what has actually happened, to look at who has accessed the scheme, what unintended obstacles they faced or how the safeguards have played out in practice. It means we will come back to this parliament with evidence to further improve the framework. It is the most informed way to amend the laws where needed, and at the end of the day, we want to ensure that the balance we have struck remains the right one for the Northern Territory.

We have heard from thousands of Territorians, parliamentary committees, public consultations and private conversations over some 30 years. Thirty years of fighting to be heard, 30 years of relentless advocacy, 30 long years of holding onto hope. That ends now. That work has paid off and we have heard you. We stand alongside you. While not everyone agrees with the measures we have taken—either too strict or not strict enough—one thing is without dispute: we are getting the job done and legislating the rights of the terminally ill.

I say to all in this place, as we respectfully debate this critical piece of legislation, let us remember who we are doing it for. It is for Territorians like Brian from Borroloola who told us a good death looked like just coming back home to family with all your loved ones around you, speaking to you, letting you know that they are there and just passing away with loved ones all around you.

This is not about political points or media hits, or personal profiles or legacies; we are doing this for the Territorians facing the end of their lives. We need to grow the rights and freedoms of Territorians, to give

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certainty to patients who are facing a terminal illness and a sense of that security to their loved ones as they navigate grief with choice and dignity.

DISTINGUISHED VISITOR
Hon Daryl Manzie

Madam SPEAKER: Honourable members, I advise of the presence in the gallery of Hon Daryl Manzie. Welcome to the Chamber this morning.

Members: Hear, hear!

Ms UIBO (Opposition Leader): Madam Speaker, every individual deserves dignity, compassion and the right to make informed decisions about the support and medical care they receive as they near the end of their life.

These are personal decisions and are different for every person, depending on their circumstances, beliefs, values and family and cultural considerations, among many other factors. For some people with a terminal illness, disease or medical condition, this may include choosing a time and place for ending their own life with the assistance of a medical professional. For others with a life-limiting illness, it will mean living as free of pain and discomfort as possible with the support they and their family need over the final years and days, whether that is physical, mental, emotional, practical or spiritual support.

What is important here is choice. This Bill provides terminally ill Territorians with the legal framework that allows them to end their suffering in a timeframe of their choosing. It is a right afforded to every other Australian and it is time that this right was made available again to Territorians after we lost it some 30 years ago.

Not everyone in our community supports voluntary assisted dying. This may be due to their beliefs or opinions. It is a matter that can be highly personal and sensitive and deserves to be respected. It is also true that there is strong support in the Territory community for voluntary assisted dying (VAD).

A survey conducted by the Expert Advisory Panel into Voluntary Assisted Dying commissioned by the former Labor government found that more than seven out of 10 Territorians supported the right to access VAD. This is a significant number of people who said loudly and clearly that they want the choice for themselves or for their loved ones when the time is right to end their suffering on their own terms and to make a personal decision that has dignity and compassion at its heart. It is a right that this Chamber respects that wish and brings on this legislation for consideration and debate this week, and for every member to vote on it in line with their own beliefs as a conscience vote.

This has been a priority for Territorians for some time now. It is unfortunate that it was not a priority for the CLP Chief Minister when first elected, which is why it has taken nearly two years to get to this point. It could have and should have happened much sooner.

There are people in the community who have strongly held views against voluntary assisted dying. That is their prerogative and I absolutely respect that. Some of those people are my constituents. Some of them live in the electorates of my fellow Labor colleagues and the various seats that each of us serve. Some hold these views on faith-based grounds, some on cultural grounds and some on both. The important thing is that this is about providing another end-of-life choice for Territorians, a choice that Australians in every other jurisdiction already have and that the vast majority of adult Territorians have asked for.

Palliative care can help people with a terminal or life-limiting illness to live as free of pain and discomfort as possible and to help ensure that they and their families are receiving the support they need and deserve at a difficult time, whether that is physical, mental, emotional, practical or spiritual support.

About 1,200 Northern Territorians die each year. About 85% of these are predictable deaths due to a terminal condition where people could benefit from palliative care. VAD is separate from palliative care, but people may choose to receive palliative care through a VAD process. With the introduction of VAD in the NT, there will be a need to raise awareness so that our community can exercise informed choice about palliative care, VAD and all end-of-life care options.

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I will propose later during the debate an amendment that seeks to legislate for the collection of critical data about palliative care alongside data on VAD access so we all will have a better picture for the demand of palliative care services in the NT. What we already know in the Territory is that palliative care is heavily under resourced. Access is extremely limited, especially for people living in our remote and regional parts of the Northern Territory.

In Darwin, we have three palliative care nurses; in Alice Springs, there are two; in Katherine, there is one. That is it for the whole of the Northern Territory. At any one time, they may be supporting 50 or more patients, 24 hours a day. The health professionals in palliative care are phenomenal, and I thank and acknowledge them for all of their work.

I raise this because many Territorians are carrying enormous pain and suffering due to a terminal condition with little available support. Many end up getting admitted to hospital, so they have their pain and are disadvantaged in that way. It is an unacceptable situation for those suffering, for our palliative care nurses carrying an enormous load and burden, and that our hospital staff who, when times are difficult, need to provide that palliative care alongside their already enormous workloads.

We do not know how many people in our Territory community need palliative care or what it will need in the future. We just know that many of them simply will not be able to access it with the limited resourcing that is provided currently.

Palliative care services are forced to turn away all but the most complex patients or referrals. This makes it difficult to tell how many Territorians are missing out on that much-needed service because they do not meet the high criteria threshold. Meanwhile, the Territory is the only jurisdiction in Australia that does not provide funding to its palliative care peak body. That means Palliative Care NT operates on an entirely voluntary basis and is unable to undertake the range of activities available in other jurisdictions. That includes providing expert advice to government, coordinating between services, and raising awareness of palliative and end-of-life care options for Territorians.

This situation is only going to worsen. The introduction of VAD in other states has significantly increased demand for palliative care as people become more aware of the value of planning ahead for the end of life. It is critical that the introduction of VAD in the NT does not reduce the already constrained availability of palliative care services. In fact, it is an opportunity for the CLP government to start resourcing palliative care appropriately and we strongly encourage them to take up that opportunity.

Collecting data—the intended purpose with the amendment is a small step, but hopefully a positive one towards better resourcing for palliative care, patients, families and health professionals in order to support Territorians to alleviate the immense pain and suffering of the many Territorians managing a life-limiting disease or condition.

Aboriginal Territorians and Aboriginal organisations hold a diversity of views and experiences in regard to VAD. There are a range of unique complexities for Aboriginal Territorians when it comes to VAD, including kinship, network-based decision-making and conflicts between VAD and cultural religious beliefs. Some Aboriginal Territorians have real and genuine fears about VAD. Those fears should be acknowledged and respected because they come from a deep cultural and historic wound for generations. For some, it is led by trauma—from seeing loved ones enter western health systems to never return, hearing stories of poisoned food and waters across generations, watching too many young people die before their elders from preventable diseases and from the deep-seated fear that ‘the doctor is here to heal me, but rather, they are here to harm me or to take me away from my family’. These are not to groundless fears; they are echoes of painful histories and they must be acknowledged with truth and compassion.

This is a serious conversation; one that requires scrutiny, truth telling and empathy to ensure every precaution is taken to address and ease Territorians’ fears about VAD. The role of Aboriginal liaison officers, Aboriginal health practitioners and Aboriginal community-controlled organisations will be crucial in assisting Aboriginal Territorians to understand and, if they choose, access end-of-life care.

I will be watching closely to ensure that cultural safety is embedded in our VAD scheme, and it is implemented in the Northern Territory. In particular, Territorians deserve to know what options exist for people who want to finish their lives on country; what support will be provided to families who may not understand the choices that their loved ones have made; how government will support clinics, hospitals, palliative care services in our remote communities whether they choose to offer VAD or not; what education and support they will provide communities and families so they understand VAD and other end-of-life options; how they will ensure

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health services and community organisations can communicate clearly with people who speak English as a third, fourth, or perhaps fifth language, as well as those who are trained in cultural safety framework.

We must be able to provide clear, strong answers and reassurance to Aboriginal Territorians about VAD as just one end-of-life choice. We also need to ensure that remote and regional Territorians seeking access to any end-of-life choice can do so and receive the best possible care throughout their final days.

This Bill provides a legislative framework for introducing voluntary assisted dying in the Northern Territory. Broadly, it is consistent with legislation introduced in every other jurisdiction, in that it provides legal grounds and guardrails for a VAD scheme.

There are a handful of provisions in the Bill that are the cause of most contention and public discourse. They are important provisions and we need to make sure we get them right, in line with the two comprehensive reports that have been prepared in consultation with the community.

I believe it would require a strong, rational move away from the recommendations of these reports. The Bill in its current form does that in a couple of the key areas, including access to VAD information to aged care residents, the so-called medical practitioner gag clause and the 12-month prognosis time frame.

We all will be debating some of this in greater detail later this week, but our starting point will always be the expert evidence and community expectation which should be the key considerations when it comes to making laws in the Northern Territory.

Should the Rights of the Terminally Ill Bill pass the House this week—hopefully with some sensible amendments—it will be an historic milestone for the Territory but is not the end of the VAD journey. There is still much work to do to ensure a VAD scheme rolls out in the 18-month time frame that has been promised by the Chief Minister, and that the CLP government implements the best possible scheme available for Territorians.

As such, I am calling for a publicly available implementation plan with time frames so Territorians can track progress; the CLP government is accountable for any slippages and there is visibility over regulations that will underpin the legislation. These are important. They effectively outline how the scheme will be operationalised. They will define training requirements for health professionals, information that needs to be provided to people asking about VAD, the VAD model itself and much more.

This is important detail, and I expect that the government should make it widely available so that Territorians can see how this scheme will work in practise and make a commitment to cultural awareness and safety training for every person involved in the administration of the VAD scheme and a commitment to holding extensive information sessions across the Territory so that people can hear and ask questions about the scheme. This is incredibly important legislation for the Territory, and I expect the government to do the right thing and prioritise transparency, accountability and community engagement as it rolls out the VAD scheme.

We know the history of VAD in the Northern Territory. We are all proud. Many people have spoken over the past 30 years about the NT being the original pioneer for VAD. In 1995 we became the first jurisdiction in the world to legally give people this option with the Rights of the Terminally Ill Act.

Former CLP Chief Minister Marshall Perron led the way with a private member's Bill. He strongly believed in the rights of Territorians to voluntarily end, and claim this final crucial control over, their lives. Mr Perron showed, and continues to show, true leadership on this issue. I acknowledge the wise counsel he has provided over the past year or so.

In 1997 the then federal Liberal government intervened in the Territory and overturned the NT's Rights of the Terminally Ill Act.

The NT had to watch as other jurisdictions introduced their own VAD legislation in support of terminally ill people who were ready and able to make a choice about ending their own lives. It took until 2022 for the Australian Parliament to pass the Restoring Territory Rights Bill, allowing both the Northern Territory and the Australian Capital Territory the right to legislate on VAD once again.

I was proud to be the Northern Territory's Attorney-General in 2022 at the time, and I worked closely with the ACT's Attorney-General, Hon Tara Cheyne, on a united territory approach to this change.

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The Restoring Territory Rights Bill was introduced largely thanks to strong advocacy from our federal Territory members, in particular the newly re-elected Member for Solomon, Luke Gosling OAM. I also acknowledge that this Bill had the strong support of Northern Territory Labor Senator Malarndirri McCarthy; the federal Member for Lingiari, Marion Scrymgour MP; and the then CLP Senator Dr Sam McMahon. At the time, Mr Gosling had this to say about the Bill:

> *This bill does not legislate voluntary assisted dying.*
>
> *It is about democratic equality and fairness.*
>
> *For too long, Australians living in the territories have been treated as second-class citizens when it comes to legislating on matters that impact their own lives.*
>
> *It's well past time for that time to end.*
>
> *It is called the Restoring Territory Rights Bill because that is all it seeks to do—to level the democratic playing field and restore legislative rights to our territories.*

The Member for Solomon's advocacy and hard work, alongside his ACT counterpart, the Member for Canberra, Alicia Payne, paved the way for the now former Labor government to recommence a conversation with the Northern Territory community about VAD. At the time, Labor knew this was a complex issue for many people for many different reasons. We knew there were many sensitive matters to consider before reintroducing legislation to give Territorians that choice.

In late 2023 the then Territory Labor government established the Voluntary Assisted Dying Independent Expert Advisory Panel to have the conversation with the community, working through the issue carefully. This panel was led by Hon Vicki O'Halloran AO, CVO, and Mr Duncan McConnel SC. The panel undertook extensive consultation across the Northern Territory. The panel heard from 350 individual participants through public forums and other meetings. It met with 60 organisations, received 98 written submissions and almost 1,400 survey responses. The panel opened up discussions on what VAD was; who should have access to it; how people should access it; models of care; the role of health professionals; how it should be monitored; and what safeguards should be put in place in the Northern Territory. It was a thoughtful, well-informed and considered conversation across the breadth of the Territory, engaging with many people from many walks of life between August 2023 and April 2024. The panel also spoke with individuals and organisations in other jurisdictions to understand their VAD experiences, as well as taking in the extensive research been done on VAD in Australia and across the world.

A report was delivered to government in July 2024, just before the last NT general election, with 22 comprehensive recommendations for introducing a safe, practical framework for VAD.

During the 2024 campaign our Labor team committed to introducing VAD legislation for a conscience vote if re-elected. In contrast, not long after the general election was confirmed, the new Chief Minister Finocchiaro said VAD was not a priority for her government. Territory Labor led from opposition in preparing a private members' Bill on VAD. We handed it, in the spirit of good faith, directly to the CLP government in October 2025—some 10 months ago. It has taken the CLP two years, after years of community pressure, to finally get VAD to this Assembly again, and should not have taken that long. We know that the Chief Minister was acting as a handbrake in progressing it. Ultimately, community power forced her to do the right thing and let her team get on with the job.

This is the most unusual process of parliament I have seen in my 10 years as a member. The government introduced a government Bill by the minister, and the Chief Minister announced that all of her Caucus were backing it. Then, a number of government backbenchers announced their own amendments to this Bill, which is appropriate in the context of a conscience vote, but more appropriate when it is a private members' Bill. Then, the Chief Minister said just yesterday that her CLP cabinet would be bound to a decision about amendments rather than being allowed their own conscience vote, which is disappointing not just for them, but indeed a personal and sensitive manner for all of their electorates.

Ultimately, this is a matter for the CLP government, but I stand proudly to say that all of my Labor colleagues have a conscience vote in the final decision of the Bill and for any amendments that arise in the debate.

The important thing today is that the Bill has reached the House. I look forward to the consideration in detail when I will put forward five amendments.

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I believe it is a brave government that sets its mind to achieve something, however recognises that it is slightly off course, listens to the very people it represents and then resets that course accordingly to reflect changes to improve a Bill that is for all Territorians. The CLP is not that brave government.

I thank and recognise everyone who has walked this journey, fought for these rights and contributed their time and expertise to this important matter for not just the past few months but the past three decades. I particularly acknowledge and recognise the following organisations and individuals for their advocacy and hard work that made today possible:

Mrs Judy Dent and the dedicated team at the Northern Territory Voluntary Euthanasia Society; the Honourable Marshall Perron; Sue Shearer and COTA NT; Palliative Care NT; Go Gentle Australia; Australian Christian Lobby; Bishop Gauci; Bishop Anderson; Mr Duncan McConnel SC; the Honourable Vicki O'Halloran AO CVO; all of the members of the expert advisory panel on voluntary assisted dying; and all of the Territorians who shared their thoughts, concerns and stories with the expert advisory panel and the Legal and Constitutional Affairs Committee and ultimately informed the Bill.

To the many people who have written or spoken to members of our Territory Labor opposition about their own or their families' experiences, it has been an honour and a privilege to hear your stories, thoughts, concerns, hopes and aspirations.

Finally, to the many Territorians who have fought long and hard over the 30 years to see this day come back. We are here for you, and we know Territorians deserve the same rights as their fellow Australians. I look forward, to continue to play my part in my leadership role in passing this legislation and I look forward to that final day this week when Territorians will have the same right to access voluntary assisted dying as their fellow Australians.

Mrs FINOCCHIARO (Chief Minister): Madam Speaker, I start my contribution to the Rights of the Terminally Ill Bill by saying this: there is nothing Territorian's dislike more than a heavy-handed federal government that dictate how we should govern ourselves, but in the 30 years that is exactly what has happened.

Today is historic for the very fact that what it does is push back on something that should never have happened in the first place. We all know back in 1996 the Rights of the Terminally Ill Bill was legislated by a fully elected parliament of the Northern Territory, having full jurisdiction and power to govern for the people of the Northern Territory as they had been so elected to do. We know it was the federal government that deliberately came in and squashed those rights. At that time, the Territory stood strong, and the remonstrance hangs on my wall in both my Chief Minister's office and in my electorate office that united front that the Territory took to Canberra to say, you cannot do this to us, back off but they did not, for 30 years they did not.

Today a CLP government brings the Rights of the Terminally Ill Bill back to the parliament after the right to legislate on voluntary assisted dying was returned to the Northern Territory parliament in 2022. It is an historic day, for all the wrong reasons as I have just highlighted.

We are very proud to be a government bringing the Rights of the Terminally Ill Bill to Territorians. Today, we will have a debate that explains all the reasons Territorians should have access to this dignified, individual and personalised decision that they may or may not choose to make at that point in time in their lives. What we know is that we have brought a Bill to this House that is patient led, focused on giving people choice, which is what parliaments should do and that has safeguards in place to give the community confidence that this legislation has sort through all the appropriate things that need to be considered when you legislate something as sensitive and private as this.

I am proud to be part of a team who is fiercely passionate about this Bill. It is interesting that the Opposition Leader has come back after a month-long holiday to stand up in her opportunity to talk about Rights of the Terminally Ill Bill and talk about politics instead. I think it highlights the lack of leadership and understanding about how Territorians feel about this legislation, none the least of which her cheap shots about it taking two years to bring this Bill to the parliament even though the rights to the Territory were restored in 2022, when she was the Attorney-General who could have brought this legislation to the parliament and did not. I think the potshots and political games are not for debates like this. What people want to know is that the parliament is focused on something that matters to them and will change their lives. That is exactly what this does.

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We are proud to bring the Rights of the Terminally Ill Bill to parliament, which has had careful consideration. This process been through the expert panel, led by Vicki O'Halloran, and a number of people on the committee which included four doctors and Sue Shearer from Council on the Ageing. Given the elapsed time, the Legal and Constitutional Affairs Committee—a bipartisan committee of our parliament—also looked at that work and conducted contemporaneous community consultation.

We have two strong pieces of work, set against a national framework of various Voluntary Assisted Dying legislations and we have landed on the presentation of this Bill. On a topic like this, and many other topics, it is rare we come to parliament with a Bill where everyone is high-fiving and saying that it is perfect and leave it at that. This has attracted many views and we welcome that as it is the definition of democracy.

A government has to land somewhere with either care and protection of children, bail laws or the rights of the terminally ill. We have crystallised this reform as being patient-led and having the safeguards that Territorians require to have confidence in both out health system and ability to deliver Voluntary Assistance Dying with dignity and care.

I am proud of this Bill and thank the Attorney-General for her incredibly hard work on this legislation. On Thursday we will go through Consideration in Detail and there are a number of amendments from members of the Chamber, as is their right and it is a fair and right process.

I will be clear about two areas in particular: firstly, the 12-month prognosis to end-of-life care. There has been much discussion on that, particularly in the last few weeks. Territorians need to be clear that every state in this country either has a prognosis of 12 months to end-of-life, or less, some have six-months. We did not go with the six-month timeframe but the 12-month timeframe for various safeguards, as the Attorney-General highlighted. That was aligned with other jurisdictions which have established their legislative frameworks.

Equally there are strong provisions for conscientious objectors. This is a sensitive topic for a range of people and medical professionals in particular are there to provide care that supports life. We recognise that if it is our aged care facilities; the diversity of cultural appropriateness; religious beliefs; and value propositions that different organisations may have as part of aged care; that there needs to be the opportunity for people to absent themselves from the Voluntary Assisted Dying process. There are strong provisions and safeguards to make sure that people who want to understand more, have access to all information. Such is the complexity of legislation such as this.

There is also the evaluation and review period after three years, of which we have been clear. We have said publicly that as part of that three-year review, all the issues raised by members and will raise on Thursday in this parliament, form part of that review. We heard from the AMA, a review period of three-years is entirely appropriate as we need to collect the data. Once this Bill passes through the parliament—the CLP has guaranteed the majority of support for passage of the Bill—the Department of Health will undertake extensive clinical guidelines and process.

Health estimates that this will take approximately 18 months but we are certainly hoping it will be less, closer to 12 months. They have to be given the time to do that work. As the Opposition Leader said, she has a long list of demands that need to be met before voluntarily assisted dying is accessed, and that takes time, and we will support the Department of Health to make sure that work is done properly.

This is an opportunity for people to speak about the work they have done in their community to get to this point. Local members have been canvassing their electorates, putting it in their newsletters and speaking to people at their various community engagement activities.

From my perspective, I will vote in support of the Bill we have put forward to the parliament, and I will not support any of the amendments that have been circulated. I made that position clear on radio yesterday.

In respect of the way in which we have handled the difficult issue of coercion, particularly of older Territorians, the important premise of this legislation is that it is patient led and patients can have access to whatever information they need to make whatever decisions they need to make that are right for them. We heard clearly from the Australian Psychological Society, the Australian and New Zealand Society for Geriatric Medicine, the Australian Medical Association and many others that the issue of coercion is real and we must, as best we can, legislate to deal with it, hence, the varying safeguards throughout the Bill.

By making sure it is patient led, we are ensuring that there is informed choice in starting the discussion, which is powerful and important for patients—people who have just been given the worst news of their life—that they are in the driver's seat and are in full control the entire way. Once someone asks about or raises the

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matter, absolutely, they will be provided with all the information available—whatever information they require. That is the system under this legislation. We will not apologise for putting patient safety first and having a patient-led model. I deeply respect the other views. I am putting forward the views of my community, but I will not support the amendments based on that.

There are other jurisdictions that do the same. South Australia and Victoria have patient-led models, and we believe it is fundamentally important, particularly when reaching deeper into the religious and cultural appropriateness of a doctor initiating the discussion. We want patients to be in the driver's seat, which is why we brought in this legislation in the first place. It is about making sure that people are in control of their lives right to the end.

We are proud as a government to be at this point. We are just two years into government, and we committed to Territorians that we would do three key things. We have been able to bring forward this legislation, which people having been waiting a long time for, in and amongst the significant legislative reform we have done on the matters we took to the election. We could do this because we have been disciplined, united and focused on the tasks at hand. Two years in, we stand here today with the Rights of the Terminally Ill Bill. I am proud our CLP government is delivering this for Territorians and to be able to say that a majority CLP vote will pass this legislation through the parliament on Thursday. We are proud to be making sure that the patient-led focus will deliver highly personal outcomes for people who seek to use it.

I acknowledge our amazing palliative care team. Having lost my mother-in-law earlier this year, I witnessed firsthand how incredible they are and the dignity in death that they provide. I recognise all the palliative care professionals across the Territory who do incredible work.

The advocacy regarding this has been brought by so many people, and many of them have been named today. I thank Sue Shearer from the Council on the Ageing who has followed this journey the entire way.

There are many people who have been waiting for this moment. We are proud as the government to be delivering that.

I commend the legislation to the parliament.

I thank the Attorney-General for bringing this Bill to the Chamber.

Mr PAECH (Gwoja): Madam Speaker, I rise today with a heavy heart because I am genuinely conflicted regarding the Bill before us.

I have seen firsthand what terminal illness can do to many of my loved ones who have been taken away too early by horrible diseases. I have seen the pain and suffering of someone I love become weaker. I have seen families sit beside hospital beds hoping for more time. I have seen the exhaustion, suffering, grief and helplessness that can come when somebody we love is reaching the end of their life. I have also seen people fight with everything they have for one more day, one more sunrise, one more conversation, one more laugh with family, one more chance to sit on country and feel the sun on their face and one more day in this beautiful place.

Life is the most precious gift we are given. When I think about life, I do not just think about the big moments. I also think about the simple things—the people we love, the landscapes that make us feel at home, the smell of rain hitting the desert, red dirt, a meal being shared with family, the sound of people laughing around a kitchen table or the feeling of being back on country. Those small things become enormous when time is running out. I am grateful for every one of them.

I also believe in science. I believe in medicine and the extraordinary capacity of our health professionals to relieve suffering and care for people. I believe in faith. I believe deeply in culture, in country and the spirits of my ancestors. Those beliefs can sit together. They make up who I am and they are all weighing heavily on me. After listening, thinking, reflecting and searching my conscience, I have reached the position that I cannot vote for this Bill but also I cannot also vote against it. I want to explain why.

I represent Gwoja. It is the Legislative Assembly's largest electorate and takes in some of the most remote communities in this country. I have had the privilege of representing thousands of people from across vast distances, different language groups, communities and traditions. These are people who deeply believe in compassion, whose Christian faith guides the way they understand life and death and whose lives are grounded in *Tjukurpa*, *Altyerre*, Dreaming and creation stories. These are people whose understanding of

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life and death and spirit stretches back thousands upon thousands of years. They are people who carry all those beliefs together.

This decision cannot simply relate to what I personally believe in. If it were about me, perhaps this decision would be easier. Personally, I believe in choice. I understand why a person facing intolerable suffering may want control over the circumstances of their death. I understand why a family watching someone they love suffer may want them to have that option. I respect that, but I was not elected to come into this Chamber and simply vote according to what suits Chancey Paech. I was elected to represent the people of Gwoja. Their voices matter more to me in this debate than my own.

Over the course of this process, I have listened. I have sat with people in the red dirt who passionately support voluntary assisted dying. I have sat and listened to people who passionately oppose it. I have spoken with people who have told me, 'It is not something I would ever choose myself, but I believe that I should not stop somebody else'. I have spoken to people who do not know what they think. That last group stays with me because for some people this was the first time they had heard about voluntary assisted dying. For some people there had never been a detailed conversation in their own language about what this legislation would mean.

We are being asked to make one of the most profound decisions of parliament can make about life, about death, about whether and in what circumstances the law should allow somebody to bring their life to an end. For something this profound, consultation must be more than immediate. It must be more than a visit, and it must be more than ticking a box and saying that remote communities were consulted.

People need time. They need information that they can understand. They need information that can be interpreted by interpreters. They need information in first language, mother language. They need the opportunity to sit with family, with elders, cultural authorities, health professionals and trusted people to talk about what this means. And they need the opportunity to say no or yes, or importantly, 'I'm not sure yet.'

I remain concerned that consultation did not reach every remote community through an official government agency or parliamentary committee, and that information was not universally available in first languages. That matters. It matters because informed consent matters, and informed consent begins long before someone enters a doctor's room. It begins with people understanding the law this parliament is making. I have seen nothing to convince me that that understanding is widespread in Gwoja.

I want to address something that has troubled me during this debate. We need to be very careful when making broad statements about what Aboriginal people supposedly believe in about voluntary assisted dying. Aboriginal people, my people, are not a homogeneous group. There is not one single Aboriginal position on this issue. Our nations, our clans and our communities are different. Our languages are different, our ceremonies are different and our spiritual beliefs and cultural practices are different.

There will be Aboriginal people who strongly support voluntary assisted dying. Their voices are valid. There will be Aboriginal people who would never choose it themselves but believe someone should have that right. Their voices are valid, too. There will be Aboriginal people who cannot reconcile voluntary assisted dying with their cultural and spiritual beliefs. Their voices are equally valid.

For many Aboriginal people, death is not an individual medical event. It affects family, it affects kinship, it affects country, it affects stories and songs, and it affects the spiritual world. In some dreaming and creation stories, we do not simply determine when our time begins and when our time ends. These are things greater than an individual. They are ancestors. They are creators. There is country, there is spirit.

For some people, deliberately changing the time or circumstances of death can create deep cultural and spiritual concern. For some communities, clans, nations, our people have also sacrificed themselves for our beliefs. Those beliefs are not primitive; they are not less sophisticated, and they should never be dismissed because they do not fit neatly in the box of Western medical or legal frameworks. They deserve respect in this Chamber.

Whatever happens in this Bill, there is something I believe very strongly: choice is only meaningful when there are genuine choices available. A person should never feel that voluntary assisted dying is their best option because they cannot get proper pain relief or medical assistance to manage their illness. They should never make that decision because palliative care is unavailable where they live. They should never make that decision because they cannot get a specialist appointment. And they should never have to make that decision because family are hundreds of kilometres away.

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An Aboriginal person should never feel that their only options are to remain on country without medical access or leave everything and everyone they know just to receive hospital care far away. That is not a real choice.

If we are serious about dignity at the end of life, then this parliament must equally be serious about palliative care. We must be serious about remote health services, interpreters, culturally safe care, pain management, patient travel and accommodation for families, and helping people return home when their time is near.

It is not lost on me the level of anxiety and concern of our health professionals and the views that some of them hold about voluntary assisted dying and how it will potentially operate in remote communities. Over the past 40 years an incredible and monumental amount of work has gone into building trust and empowering Aboriginal community-controlled health services. We cannot allow a poorly implemented voluntary assisted dying law to undermine that work.

My concern is real. If it is not managed properly, fear and misinformation could discourage people from attending their local clinic because they believe it is place where people go to die. That is an incredibly damaging and dangerous, unintended consequence if not managed and considered now. There must be proper communication, genuine consultation and a culturally appropriate implementation from the outset.

If voluntary assisted dying is provided through remote clinics, then the government must also properly allow and support cultural supports to allow for ceremonies to be held in bush clinics to cleanse and free spirits if voluntary euthanasia has been accessed.

This is not about denying people choice; it is about making sure that in providing one choice we do not undermine trust in health services in remote Aboriginal communities that have fought for decades to control and strengthen.

I believe deeply—whatever can be safely achieved—people should have the opportunity to die at home on country, have family around them, to hear their language being spoken strong and feel the earth where they belong beneath them. Nobody should have to die alone or spend their last days frightened, hundreds of kilometres away from home because our health system has failed to give them another option.

Some people will want every Member in this House to either be firmly for or against it. I understand that, but conscience and representation is not always simple. The people I represent have not spoken to me with one voice on this question. I will not pretend that they have. I will not manufacture certainty where certainty does not exist. I will not silence the person who supports VAD in order to satisfy the person who opposes it. I will not silence the person whose cultural or spiritual beliefs prevent them from supporting it in order to satisfy those whose belief is that this debate is already settled. Both deserve to be heard.

My decision not to vote for or against is not an absence of a position, it is my position. It reflects the complexity of the people and the communities I represent, what I have heard and my conscience.

Voluntary assisted dying exists elsewhere across Australia, and I recognise that the Northern Territory was once the first and is now having its own conversation about whether and how it should exist here. Whatever the outcome of this Bill, my responsibility does not end when the bells ring and the votes are counted. I will continue to fight for better palliative care, for remote health services, for First Nations information, language and interpreters, and continue to fight for families to be supported when somebody they love is dying. I will fight for people to be able to return home to country when their time comes, because at the end of this debate, behind all the legal clauses and all the arguments in this Chamber, they are human beings.

When our time comes, whatever we believe, about whatever and however, I hope everyone is surrounded by love, they are treated with dignity, they are free from unnecessary pain and that we are able to hear the voices of the people who matter most to us.

For all our people in the bush, I hope they can hear their language, see their family and look out onto country because there can be few things more important at the end of your life; that is, knowing where you belong and that you are not alone.

That is what has guided me today—my conscience, my culture and, above all, the people of Gwoja who I have the enormous opportunity of representing.

Mr O'GALLAGHER (Karama): Madam Speaker, I support the right of terminally ill Territorians to choose to die with dignity and grace. This was a right that was taken away from Territorians by the Australian

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government 30 years ago. Now, under the CLP government which I have the privilege to be a part of, I am confident that this right will be given back to Territorians during these sittings.

I appreciate and respect that members of this Assembly may have differing views on this Bill, based on the feedback they have received from their local communities. I acknowledge the Member for Gwoja and his right to listen to his community, be uncertain as to which way they are divided and, if he chooses, to abstain. I thought it was an eloquent speech by him.

I am fully supportive of the push to ensure that while we are talking about voluntary assisted dying, we give full support to our palliative care services. I think that is essential going forward.

I am aware that a number of amendments will be debated by this Assembly, including some of mine.

I will consider the merits of these amendments as they are debated, because there is always two sides to a story and good arguments. I respect the fact that members are coming forward as part of this conscience vote.

However, I will vote for an amendment to remove the gag clause on doctors, which currently prevents doctors from discussing all options available to their patients who are trying to deal with the trauma of terminal illness, noting that VAD and palliative care are some of many options that doctors may wish to discuss with their patients. I believe that the current gag clause is in practice unenforceable and only complicates this legislation by the insertion of a symbolic protection that in reality diminishes the rights of Territorians to access voluntary assisted dying. I will not go on; we will talk further in consideration in detail.

I commend the Attorney-General and our government for bringing forward a Bill to restore the rights of Territorians. Regardless of the final form of the Bill, I am pleased that it will be reviewed after three years. I thank all members.

I commend the Bill to the Assembly.

Mr CHARLS (Sanderson): Madam Speaker, I contribute to this historic but difficult debate on the Rights of the Terminally Ill Bill. It is difficult because it deals with something deeply personal and emotional. For many people it is inseparable from their values, their faith, their family and their own experiences of illness, suffering, death and dying. There are strongly held and sincerely expressed views on both sides of this debate. I respect that. That is precisely why this Bill is being considered through a conscience vote.

For me, a conscience vote means that I am free to consider the Bill independently, without being bound by a party position. However, that freedom does not release me from my responsibility to the people who elected me. It requires me to genuinely listen to the people I represent and to consider the evidence, the arguments on both sides, the safeguards, the possible consequences and the deeply personal experiences that Territorians have shared. I must then exercise my judgement and make the decision that I believe best reflects the responsibility entrusted to me by the people of Sanderson.

Although I stand here primarily as the Member for Sanderson, I also note that as a minister of the Crown, I hold the portfolio responsibilities for Seniors and Disability, both sections of the community that are dear to me and which I spend a lot of my time engaging with. That means I have had the opportunity to consider significant representation regarding this debate, and for that I am grateful going into this conscience vote. A conscience vote frees a member from a party position, but it does not free them from the responsibility of representation. That distinction matters enormously on an issue such as this.

We have heard, and will continue to hear, many references to the historic significance of this debate in the Northern Territory. In 1995 the then Chief Minister of the Northern Territory, Hon Marshall Perron, stepped aside from that role and introduced a private member's Bill as the Member for Fannie Bay. The Territory subsequently became the first jurisdiction in Australia, and indeed the world, to legislate for voluntary assisted dying through the Rights of the Terminally Ill Act.

That legislation commenced in 1996. Four Territorians accessed the legislation before the Commonwealth Parliament intervened and, in 1997, removed the Territory's power to make laws of this kind.

For 25 years that democratic choice was unavailable to Territorians. It was not until the Commonwealth passed the Restoring Territory Rights Bill 2022 that the Northern Territory once again gained the power to make its own laws in this area.

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This Bill is therefore not simply another piece of legislation before this parliament. In many respects it represents the return of a legislative choice that was taken away from this Assembly nearly three decades ago.

Territorians have waited a long time for this parliament to once again have the right to consider this question. We must approach that responsibility with the seriousness, care and respect it deserves.

This process has not been rushed. The Bill before us has not emerged from a vacuum. Territorians have been discussing voluntary assisted dying for many years. There was an expert advisory panel process between 2023 and 2024. That was followed by an extensive Legislative Assembly inquiry in 2025.

The committee received 411 submissions and travelled across the Territory to hear directly from Territorians, including people living in regional and remote areas and members of Aboriginal communities. The committee considered different legislative models, possible safeguards and the particular challenges involved in delivering voluntary assisted dying in the Northern Territory. It ultimately recommended that voluntary assisted dying legislation be adopted in the Territory and made 86 recommendations concerning the safeguards and operation of an NT model. That work matters.

When I consider how I should vote, I am not considering only the words printed on the pages of this Bill. I am also considering the voices of Territorians who took the time to engage with the expert advisory panel and the parliamentary inquiry. I am considering the people who made submissions, appeared before the committee, attended consultations and shared some of the most painful experiences of their lives. I am also considering the Territorians who remain deeply concerned about this legislation and who believe that voluntary assisted dying should not become part of our legal or healthcare system. Those voices must also be respected.

It is important that we understand what the Bill before us does. It is not simply a Bill about allowing someone to die. It establishes a detailed framework governing eligibility, assessment, formal requests, administration, participating practitioners, reporting, offences, protections and independent review.

The eligibility provisions require a person to be an adult and to satisfy the relevant residency requirements. The person must have an advanced and progressive condition that is expected to cause death within 12 months. They must be experiencing suffering that they consider intolerable, have decision-making capacity and be acting voluntarily and without coercion.

The Bill contains explicit protections against coercion and exploitation. It provides for multiple assessments and a formal request process. It contains provisions relating to conscientious objection by health practitioners. It establishes a review board that must operate independently and in the public interest. Importantly for the Territory, the Bill also recognises cultural considerations, including the diversity of Aboriginal cultures, values and beliefs surrounding illness, death and end-of-life care.

These safeguards do not remove the profound ethical questions involved. They do not answer every concern held by members of our community. They do, however, demonstrate that the question before this parliament is not simply: are you for or against death? The question is whether Territorians who meet specific criteria should have an additional choice available to them at the end of their lives and whether that choice can be provided within a rigorous, compassionate and safe legislative framework.

For me there is a very real tension between my personal Christian faith and the question before this parliament. My faith teaches me that life is a gift from God and that life and death ultimately belong in God's hands. That belief means that on a deeply personal level, I do not find it easy to accept the deliberate ending of a human life. If this decision were based only on my personal beliefs, my position would be different, but my faith also teaches me compassion, humility, love of my neighbour and respect for the dignity of every person.

These are not abstract ideas to me. They are principles that have guided my life, my work and my service to the community. I have come to understand that respecting the dignity of another person does not necessarily mean that I must make their decision for them. I may personally struggle with the choice another person makes, and I may not make that choice for myself, but I can still respect the right of another person to make a profoundly personal decision about their own circumstances, their own suffering, and the end of their own life, provided that decision is made freely, with capacity and within a strong legal framework.

For me, that is where my personal faith and my responsibility as an elected representative meet. I do not have to abandon my beliefs to acknowledge that other Territorians may have may hold different beliefs. I do

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not believe that my personal faith gives me the right to impose my end-of-life beliefs upon another person who does not share them. My role is not to tell every Territorian how they must live or how they must die. My role is to listen, protect vulnerable people, carefully examine whether the legislation contains appropriate safeguards and respect the different beliefs and experiences of people.

Ultimately, my role is to determine whether Territorians should have the right to make their own choice within the carefully defined framework established by this Bill. That is not an easy position for me, but I believe it is an honest one.

Since this debate began, I have been listening closely to the people of Sanderson. I have spoken with people who strongly support voluntary assisted dying, and I have spoken with people who strongly oppose it. I have heard from people whose views are shaped by their faith. I have heard from people whose views have been shaped by watching someone, their love, experience prolonged pain, suffering or the loss of independence and dignity. I have heard concerns about vulnerable people, coercion, disability and the role of governments and guardians. I have also heard from people who believe that at the end of a terminal illness, an individual should have the right to make their own decision.

My electorate consultation has taken place over an extended period and in several different ways. Information about voluntary assisted dying was included in my electorate newsletter, circulated throughout the community. Information was also available through my electorate office and during our community engagement at the Rapid Creek Markets. My office contacted constituents who had previously recorded a yes or no view with us to advise them that voluntary assisted dying would be discussed during the July sittings and to provide them with a further opportunity to engage.

I have also discussed this issue directly with residents while doorknocking and through mobile offices held across different parts of my electorate. I have also spoken with many religious leaders who strongly oppose this Bill because of their deeply held faith and their belief in the sanctity of human life. Through those conversations, emails, telephone calls and meetings, I have encountered the full range of views.

Some people strongly support this Bill. Some people strongly oppose it and regard voluntary assisted dying as government assisted suicide. They do not believe that such a practice should be permitted within our laws or healthcare system. Their concerns are sincere and deeply held, and I respect them. Others told me that they would not choose voluntary assisted dying for themselves but did not believe they should stand in the way of another person who, while terminally ill and experiencing intolerable suffering, may wish to make that choice.

That was one of the most common things I encountered while speaking with constituents. People would say in different ways, ‘It is not something I would choose, but I do not believe I should take that choice away from someone else’. I have heard from constituents whose views have been shaped by watching someone they love endure prolonged and unbearable suffering at the end of their life. They have described the pain of sitting beside a parent, partner or other loved one as illness gradually took away their independence, their ability to communicate and, in their eyes, their dignity.

Some told me that their loved one pleaded for suffering to end. They were asked heartbreaking questions such as, ‘Why I must continue like this?’ and ‘Why can’t I have a choice?’ These families could offer comfort, hold a hand and remain by their loved one’s side but they could not provide the choice for which that person was asking. Those experiences have remained with them long after their loved one died.

Their support for voluntary assisted dying does not come from a slogan or a political argument. It comes from witnessing suffering that they felt powerless to relieve and from believing that no other family should be forced to watch someone they love endure the same pain without an additional choice being available. Their stories do not provide a simple answer to this debate, but they remind us that behind every email, submission and conversation are real people carrying grief, painful memories and questions that may remain with them for the rest of their lives.

I have sat with a parent of a person with significant disability who expressed a very different concern. This parent was worried about what might happen to his child after he was no longer alive to protect and advocate for them. He feared that one day a guardian or a government authority might be able to choose voluntary assisted dying on behalf of his child as they may see the child as a burden to the society.

This father was deeply emotional. He was in tears as he spoke to me. His concern was not theoretical; it came from the love of a parent who has spent a lifetime caring for his child and worrying about who will

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protect that child when he is gone. I listened to him and I take his concern seriously. His experience reinforces why strong safeguards are not optional; they are essential.

It is also important to state clearly that this Bill requires the decision to be made by the person seeking voluntary assisted dying. The person must have decision-making capacity. The person must act voluntarily. The decision must be free from coercion. A parent, guardian, healthcare practitioner or government authority cannot make the decision on a person's behalf. A person who does not meet the eligibility requirements cannot access voluntary assisted dying under this Bill.

That is an important assurance for this parent and for other families who may carry the same fear. However, it does not mean the parliament should dismiss their anxiety. We must ensure that the protections in the Bill are clear, strong and properly understood. We must be prepared to examine the relevant provisions closely during the consideration in detail.

We must make sure that the people with disability are not made to feel that their lives are less valuable or that voluntary assisted dying is being presented as an alternative to appropriate healthcare, disability support, palliative care or community support. The measure of this legislation will not be found only in the rights it creates. It will also be found in how effectively it protects people who may be vulnerable.

These are some of the conversations. They demonstrate the deeply personal and sometimes competing concerns that exist in our community. Some of my constituents are asking the parliament to respect their future choice because of the prolonged suffering they witness within their own families. On the other hand, another constituent is asking the parliament to protect their child from any possibility that someone else could make such a decision on their behalf. Both are speaking from love. Both are speaking from lived experience. Both deserve to be heard.

Across my board broader consultation, the feedback has been mixed. There are constituents who believe voluntary assisted dying is fundamentally wrong and should not be permitted under any circumstances. There are people who believe that government should never be involved in facilitating the ending of a person's life. There are people who believe our focus should instead be entirely on improving palliative care and providing better medical, disability, aged care and community support.

There are also many constituents who support having voluntary assisted dying available as a choice within strict limits. Some told me they would want that choice for themselves. Others told me they would never use it, but they did not want to prevent another eligible adult from making a different decision. I have not treated this consolidation as a simple opinion poll. I have not merely counted emails, added up responses and decided that whichever side had the larger number must determine my vote.

Representation requires more than counting. It requires listening to the reasons behind people's views, testing the arguments, considering the evidence, understanding the legislation and examining its safeguards. It requires listening not only to those who agree with me, but also to those whose beliefs and experiences are completely different from my own.

I have listened to people who support the Bill and I have listened to those who consider it morally unacceptable. I have listened to people worried about suffering and dignity. I have listened to people worried about coercion, disability and protection of vulnerable Territorians. I have considered those views alongside my own beliefs, the history of this issue and the detailed framework contained in the Bill.

Having done so, the overall feedback from my electorate compels me to support this Bill despite the conflict this creates with my personal position. I do not say that lightly. It would be easier simply to vote according to my personal beliefs, but I was not elected only to represent myself. The people of Sanderson entrusted me with the responsibility to listen, consider and exercise judgement on their behalf. Their feedback tells me that many people want this choice to be available, even among those who would not personally access voluntary assisted dying. There is a strong view that they should not stand in the way of another eligible person who chooses it. That has weighted heavily in my decision.

Those conversations matter to me, not because they make this decision easy, but because they remind me who has a stake in my decision. I was elected to this parliament to represent my community. That does not mean I surrender my judgement or abandon my values, nor does it mean I substitute my personal belief for the beliefs of everyone I represent. It means I listen, test the arguments, consider the evidence, understand the legislation, examine the safeguards and listen to the experiences of my constituents. I then exercise the judgement that the people of Sanderson entrusted to me when they elected me.

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There is sometimes a temptation to describe a conscience vote as an opportunity for a member to vote with their conscience, as though that conscience exists entirely separately from the people they represent. I do not accept that. My conscience as an elected representative includes my responsibility to my electorate. It includes the promises I made when I asked people to put their trust in me. It includes an obligation to listen to people whose experiences are completely different from my own. It includes the humility to recognise that on an issue this personal, I do not have a monopoly on wisdom.

That is why I believe a conscience vote is one of the greatest responsibilities an elected member can exercise. It requires each of us to decide. While I am guided by my personal beliefs, I must make that decision after listening carefully to the people who sent me here. Not simply the people who agree with me. Not simply the people who are the loudest, and not simply me.

Ultimately, I need cast one vote. I cannot cast a different vote for every constituent who has contacted me. I cannot satisfy everybody. I cannot pretend there is an easy answer to a question that touches upon life, death, dignity, suffering, autonomy, faith and family, but I can ensure that my vote is not taken lightly. I can ensure it is informed by the history of this issue in the Territory. I can ensure it is informed by the legislation before us and the safeguards it proposes. I can ensure it is informed by the extensive work that has already been undertaken. Most importantly, I can ensure it is informed by the people I was elected to represent. That is what representation means. A conscience vote is not simply an opportunity for a politician to apply their own personal conscience in isolation.

It is a responsibility to exercise independent judgement on behalf of the people who entrusted that politician with their vote. That is the responsibility I bring to this debate. It is also the responsibility I will carry into consideration in detail, because there is still much to examine as this Bill proceeds. I will listen carefully to the debate and to the arguments put forward by members on all sides of this House. I will carefully consider any amendments proposed to the individual clauses of the Bill.

I have formed a considered view that I will support the Bill before us. However, I have not closed my mind to the possibility that individual provisions may require further consideration, clarification or change. When we reach each clause and each proposed amendment, I will consider it on its merits. This is what a genuine conscience vote means to me. It means being free from a party position, but not free from the responsibility of representation.

It means listening to my constituents, considering the evidence, respecting the deeply held beliefs of others and exercising my own judgement. It means having the honesty to acknowledge that my personal beliefs may differ from the decision I reach as the representative of my community. It means recognising that I can personally agree with their choice while respecting the rights of another person to make that choice, within a strict and carefully safeguarded framework. It also means remaining open-minded through the parliamentary process and ensuring that the final legislation provides the strongest possible protections for vulnerable Territorians.

This Bill has cause me to reflect deeply on my faith, my responsibilities and the meaning of representation. My personal beliefs remain important to me but after listening to the people of Sanderson, considering the evidence and examining the framework before us.

I support this Bill. I do so with respect for those who disagree. I do so with an understanding of the fear and concern held by some members of our community. I do so with a commitment to carefully examine the safeguards and any amendments during the consideration in detail, and I do so because I believe Territorians who need the strict eligibility requirements should have the right to make this profound personal choice for themselves. It has been a decision I have approached with considerable thought, reflection and prayer.

I have clearly outlined that my faith is an important part of who I am and it has informed the way I have approached this difficult decision, but it is balanced by my responsibility to the people who elected me and my obligation to listen to those whose views and experiences are different from my own. I approach this debate with honesty, humility and an open mind and I respect those with different views thus I recommend this Bill to the Assembly.

Mr BURGOYNE (Braitling): Madam Speaker, over 70% of all Australians support what the NT has done. I do not accept that the valued judgments of our federal politicians are morally superior to those of the state of territory politicians. Voluntary euthanasia is not issue for federal parliament; it is constitutionally an issue for the states and when, not if, a state legislates in this field there will be nought the federal parliament can do about it.

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The citizens of the Northern Territory elected just three of the 224 politicians who will decide if they can retain the right they currently have to voluntary euthanasia. Ironically the 214 federal politicians elected by the six states will have no say in whether the 18 million Australians who reside in those states gain the same rights.

Is it any wonder we in the Northem Territory think Kevin Andrews' Bill is an outrage? If his Bill is passed, it will be a victory for the church over democracy. A classic case of arrogant politicians ignoring the clear will of the electorate in favour of religious dogma. It would mean that to get voluntary euthanasia laws passed, we will need to weed out those who follow the dictates of the church hierarchy at preselection or election. I was never a student of political history but now I know why there must be a separation between the church and the state.

This is a message to those elected to run our country. Most of the things you have done in public life, the candidate you defeated would have done just as well, or just as badly. Only occasionally in history do you have the opportunity to do something that will make a profound difference to the lives of your constituents. This is one of those occasions. Do not mess it up.

I quote:

> *I close with a comment about the vocabulary which is used throughout these debates. We always describe the client group quite coldly as patients, the terminally ill; they are mothers, fathers, brothers, sisters, sons, daughters, wives and husbands. They are not just patients, they are people. People like you and me. People like Bob Dent. This is who we are talking about. We should never forget that.*

The words I have just read do not belong to me. They are those of the former Chief Minister, Marshall Perron and they were spoken in 1996. These words ring just as true today as they did some 30 years ago. The Chief Minister has touched on the overreach by the federal government in a range of issues but for many in the Northern Territory the decision to overturn the Territory's right to legislate in this manner draws a long cloud over the NT.

Territorians deserve the right to decide how they wish to die. Through this Bill, which I will be supporting today, once again they will have that right.

Many have, or will, speak at length about personal struggles and how what we are doing here today is or is not morally right. I speak of the journey that has got us all here today. It has been much more than one person's journey or decision that has ensured this Bill has made it to parliament today. It has been countless arguments—or as my mother would say, discussions—around dinner tables and across parliaments, much like the Chamber we sit in today, that has allowed us to have this vote once more to ensure the Rights of the Terminally Ill Bill can be before us all to be voted on.

The Territory was, and should always be, at the forefront of policy development. Those in southern states often think of us as their poor cousins. Perhaps poor in terms of fiscal balance—thanks to eight years of out-of-control spending—but not poor for the big ideas that come out of the Territory, a place where anyone can make it and anything can happen if you work hard enough.

It is no surprise to me that the Territory was the first jurisdiction to legislate VAD laws in our country. Connected to our local communities, where else in the country can you speak so freely and plainly to your local representatives who are, I believe, so embedded in their communities?

You see how different this is when you travel interstate. People move with the 'in' crowd but try never to have a tough conversation that might lead them out of their comfort zone. The Territory is different in every way from our southern neighbours. Everything about our great Territory is out of their comfort zone—from the weather that sees smartly dressed business people sweating through their clothes within minutes of leaving the office, to the rain that pours down every summer. The desert, where I come from, is either stinking hot or freezing cold. You might say to live here you require a different way of thinking and being. Some describe it as 'Territory tough'.

Our journey to get here today, by anyone's measure, has been just that—a tough journey that has seen many suffering terminal illnesses suffer for far too long without the option of VAD available to them. There have been many votes on this issue in federal parliament to enable our vote today to even occur.

I will focus on one person's journey, as it has enabled the NT the right to legislate for itself in regard to VAD—Senator Jane Hume. The following is her contribution to debate about giving Territories the right to legislate on this issue. I read from the parliamentary *Hansard*:

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Senator HUME (Victoria) (11:42):

This is not the first time that we've traversed this issue in this place. In fact, back in 2018 a similar bill was defeated by only two votes, and I was one of them. In this very Chamber I stood right over there on the other side and I spoke of section 122 of the Constitution and the inarguable position that the territories do not, as do other states, govern by way of constitutional right, and I remain a fervent believer in the importance of section 122. In this I have not changed my position.

Back then I also spoke about the danger of unicameral parliaments legislating for such consequential issues without the scrutiny of an upper house. And on this issue I am not quite so impassioned, because in 2018 only one state, Victoria, had passed legislation to allow for voluntary assisted dying. Although it was yet to be enacted at that time. I know, through conversations with friends in the Victorian parliament, of the extraordinary rigour and scrutiny around that legislation, and now we have all states, including those with a unicameral parliament, adopting their own forms of voluntary assisted dying laws. The scrutiny has already been done: it has been done by other jurisdictions. The argument of unicameral weakness on this issue is, today, far less compelling.

For Senator Jane Hume this debate was more than just deciding if Territorians should be able to legislate it was an example of how having lived and experienced voluntary assisted dying firsthand changed her views on if it could be enacted with the necessary protections and safeguards in place.

I read again from her contribution on Wednesday, 28 September 2022 in the Senate Chamber of the federal parliament.

The first time I realised dad was sick was in this building. When I was elected in 2016 I arranged for him and mum and my three kids to come to Canberra to see my maiden speech. I organised flights and taxis and a private tour of Parliament House and dinners and activities—all while I was wrapped up in that first week, that bewildering week, of being a new senator in this place. But dad wasn't himself. He was breathless; he was frustrated; he couldn't even make it around the building.

I looked recently at the video of my maiden speech. The camera panned onto him. He was sitting right up there. It panned onto him and mum. They're proud, certainly—you can see that—but you can see that dad is in pain and that mum, who had some health and mobility issues of her own, is confused and frightened by their combined helplessness.

Over the next three years, dad went from doctor to doctor and to test after test and was diagnosed with absolutely everything from pneumonia to fibromyalgia to gout. He became increasingly unwell, uncomfortable and bad tempered, and each week was defined less by who or what my parents would be seeing, in friends or who St Kilda was playing that weekend, than by which doctor he would be visiting. When finally, in 2019, a random scan showed a shadow on his lung they operated and removed a cancer the size of a cantaloupe. By December he was readmitted to hospital because the cancer had returned, this time to his spine, and he had six months at best.

Exhausted by treatments, by endless trips to hospitals, on Christmas Eve 2019 I sat with him in his hospital room while he explained to his doctor that he no longer wanted to be treated and instead wanted to arrange to receive voluntary assisted dying. That was the beginning of a harrowing three months. His doctor tried to talk him out of it, insisting that palliative care was a better option. But when dad insisted, his doctor simply stopped responding to his requests. It was Christmas, and his medical team all went away on holidays.

I don't deny them that; that's fair enough. But dad went downhill rapidly, not just physically but mentally, too. The voluntary assisted dying safeguards mean that no family member can help organise, request or even discuss voluntary assisted dying. It must be the patient themselves. This is a good safeguard in theory but a very frustrating one when you are the daughter of a stridently adamant, single-minded but increasingly incapable father demanding your help and an overtired, emotional and physically weak mother and have an absent or potentially conscientious-objector team based in a Catholic hospital.

Finally, I called a colleague in the Victorian state parliament and asked them for advice as to how I could help dad navigate this system. She put me onto someone on the advisory panel who pointed me in the right direction—a hotline with no contact details and no voice message, just a simple and

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unidentifiable 'hello' at the other end. Once we moved past the not unexpected suspicion of a daughter calling on behalf of her father, the ball was put in motion.

It took another six weeks of phone calls, demonstrations of competence, demonstrations of independence of mind, interrogation of me, interrogation of my sister and interrogation of my mother to ensure that we weren't applying inappropriate pressure on dad. We also had to go to increasing numbers of appointments—specialists' appointments, doctors' appointments—all of which were becoming increasingly difficult to get to, and show reams of medical certificates and emails to prove that dad's diagnosis was terminal.

Everything seemed to rely on someone else's willingness, somebody else's timetable—not dad's. so the safeguards that I questioned back then, were not only there, they were almost insurmountable. …to rely on somebody else's willingness or timetable, not dad's. The safeguards that I questioned back then were not only there, they were almost insurmountable.

By this stage my once strong and very bombastic father had lost around 50 kilos. He was not eating or sleeping. When he did sleep, he had the most terrifying nightmares that he would get up and fall over in the middle of the night. He could not shower by himself. He needed 24-hour supervision by a family member because when he would fall over, mum was too weak to pick him up. He was becoming increasingly difficult to understand. His painkillers were so strong he muddled his words and he was genuinely worried that when the doctors would speak to him they would think he had dementia and that would disqualify him from receiving voluntary assisted dying.

Then COVID hit. Doctors were diverted, restrictions were put in place, and although he had done absolutely everything that was needed we were told it would still be another three weeks at least before the two voluntary assisted dying doctors could come to his home and show him what to do. When Dad heard he had to live for another three weeks, he cried.

We were lucky with one thing. Knowing that dad had only three weeks to live and the COVID restrictions were about to bite, we invited all his friends over for a party. We drank his good champagne and his best wine from his cellar. It was essentially—whilst nobody said it out loud—a living wake. It was a really special day.

Then day zero finally came. Two men came to the house around 10 am. They were terribly kind and patient. I filled out the paperwork. They got dad's signature and interviewed us all one last time. They showed dad what to do and ensured he was competent to do it himself. There were more safeguards right up to the very end when they left. It was all we could do to stop that mixing up the mixture straight away the moment the doors closed behind them.

Instead, my kids came over to my grandparents' house. We had a cup of tea and some sandwiches. We told a few funny family stories of a favourite holiday and happier times. Then dad went to lie down. When he was settled, my kids went to say their goodbyes. They left and took themselves back to my mum's house. It was our turn. Mum went to speak to Dad alone for a while, then my sister and I joined them. We sat on the bed and he told us how much he loved us and how proud he was of us. He made his medicine that he had been shown how to do, and he drank it.

We held his hand and told him how much we loved him. About three minutes later he very calmly, very peacefully and very quietly died.

More than two years on, it is not a small thing to talk about this. Indeed, we will have family and friends who, because of their faith, will be very disappointed to have it confirmed that this was a pathway my father chose, although they might have suspected as much even if it was not spoken of that at the time.

Dad died on the very day the Prime Minister announced there was a ten-person restriction on funerals, so he never had that cathartic family congregation with friends and family that would have allowed us to talk about his life or his death. He really loved that because he never wanted a funeral anyway. He was always as strident about that as he was about his right to die.

I read through some of the speeches on this issue from my colleagues in here and my colleagues in the other place, and particularly from those who will vote differently from me. They have used the arguments that I once used, all reasonable arguments—section 122, unicameral parliaments and

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safeguards. However, the most common refrain in any of those speeches is far less clinical, far less intellectual but no less compelling.

I know in my heart that this is wrong. I respect this opinion because I once felt in my heart that it was wrong to. I once voted against this legislation but I will be voting in favour of it today.

Madam SPEAKER: Member for Braitling. It is just approaching midday. Would you like to continue and finish or come back after Question Time?

Mr BURGOYNE: I could do with a break, Madam Speaker. I will come back after Question Time. Thank you very much.

Debate suspended.

The Assembly suspended.

NOTICES

Mr MALEY (Mines and Energy): Madam Speaker, I give notice that on the next meeting day I shall present a Bill titled National Electricity (Northern Territory) National Uniform Legislation Amendment Bill, Serial 75.

Mr YAN (Logistics and Infrastructure): Madam Speaker, I give notice that on the next meeting day I shall present a Bill titled Traffic Legislation Amendment (Drink and Drug Driving and Hooning) Bill 2026, Serial 76.

Mr YAN (Logistics and Infrastructure): Madam Speaker, I give notice that on the next meeting day I shall present a Bill titled Motor Vehicles Legislation Amendment (Digital Licences) Bill 2026, Serial 74.

Mr YAN (Logistics and Infrastructure): Madam Speaker, I give notice that on the next meeting day I shall present a Bill titled Marine Facilities (Access and Pricing) Bill 2026, Serial 78).

Mr BURGOYNE (Lands, Planning and Environment): Madam Speaker, I give notice that on the next meeting day I shall present a Bill titled Environment Legislation Amendment (Safe Air) Bill 2026, Serial 73.

Mr BURGOYNE (Lands, Planning and Environment): Madam Speaker, I give notice that on the next meeting day I shall present a Bill titled Lands and Planning Legislation Amendment (Red Tape Reduction) Bill 2026, Serial 77.

Ms CAHILL (Trade, Business and Asian Relations): Madam Speaker, I give notice that on the next meeting day I shall present a Bill titled Associations Legislation Amendment Bill 2026, Serial 72.

Mr SMELT (Nightcliff): Madam Speaker, I give notice that on the next General Business day I shall present a motion that the Assembly calls on the CLP government to undertake an independent review into current and future data centre development in the Northern Territory, including its economic, social, environmental and strategic impacts, the use of Territory resources and the long-term benefits to Territorians.

J DAVIS (Johnston): Madam Speaker, I give notice that on the next General Business day I shall move a motion that this Assembly calls on the Northern Territory Government to implement a moratorium on all AI data centre developments in the Territory until the public inquiry established under the Inquiries Act 1945 has properly assessed the impacts on electricity prices, water security, emissions and land use.

QUESTION TIME

Mr EDGINGTON (Leader of Government Business): Madam Speaker, I advise the Assembly that during Question Time today the Deputy Chief Minister will take questions for the Chief Minister, who is headed to Canberra for National Cabinet, fighting for Territorians.

Hospital versus Private Prison – Funding

Ms UIBO to MINISTER for HEALTH

During Estimates this year, when asked about a new Territory hospital, you said, ‘We have two-and-a-half years left in our term of government and no hospital could be built in that short timeframe’. However, last week your CLP government committed to $2bn for a private prison that would take nearly five years to build.

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If you can plan five years ahead for a private prison, why will you not do the same for Territorians for a new hospital?

ANSWER

Madam Speaker, after 20 years of failed Labor governments, crime was among the worst in the nation, our health system was struggling and the Territory was going backwards. I am astounded that those opposite still have no clue about how to fix the things that they broke. They broke them, not us. I am astounded that Labor's broken records and mismanagement may be new to the Member for Nightcliff, but Territorians are not fooled. Despite what Labor says about its discussion papers, that will not fix the mess left behind by Labor.

The CLP government is getting on with the job. We are working hard on creating a safer Territory, a stronger economy and the lifestyle Territorians deserve. We have established a dedicated strategic healthcare investment function within NT Treasury. It is the job to develop the long-term investment plan for the hospitals, facilities and health infrastructure the Territory will need into the next 10, 20 and 30 years.

It is important that this work is done after years of a piecemeal approach to our ageing infrastructure by Labor. It had 20 years to get on the front foot and do the planning that is needed for Territorians. What did it do? It waited until it got into opposition to put together a discussion paper. After 20 years, it has decided that it might put a discussion paper out while in opposition.

It is important that this work is done which is why we are getting on with the job of doing it. We want a proper Territory wide plan backed by rigorous financial and infrastructure analysis, which Labor failed to do. No government can build a major hospital overnight. The responsible thing to do is to do the planning now, establish what is required and put the Territory in the strongest possible position to secure the investment that is needed.

Labor had the opportunities and did nothing to improve the health infrastructure for Territorians. It is important to remember that we are investing in the health system Territorians rely on, while planning for the health system we will need tomorrow. The two go hand in hand. We are boosting frontline healthcare, delivering more beds, nurses and equipment, in a record $2.56bn budget. The CLP government is bringing more beds with the construction of the 32-bed ward facility and are investing $23.95m. We have also put the operational funding in of $18.3m, which Labor failed to do.

Community Safety

Mrs CARLSON to MINISTER for AGRICULTURE and FISHERIES on behalf of CHIEF MINISTER

When the CLP came into government on 24 August 2024, we inherited a crime crisis, the likes of which the Territory had never seen. Under Labor, Territorians had lost confidence in the justice system, businesses were bearing the cost and long-term residents were leaving the Territory.

Can the minister update the Assembly on the action our government has taken to reduce crime, restore community safety, support our police and rebuild confidence in the Territory and outline how the approach compares with Labor’s record on crime during its eight years in government?

ANSWER

Madam Speaker, the Member for Wanguri knows how important community safety is for Territorians because she lived through the 20 years of chaos by the previous Labor government that drove crime rates through the roof which made people leave the Northern Territory. Businesses failed because the crime rate was so high caused by the previous Labor government.

The Finocchiaro CLP government remains laser focused on reducing Labor’s crime crisis—fixing crime in the Northern Territory so that Territorians can get on with their business and Territorian families can get on with being a family, enjoying our great unique lifestyle. The previous Labor government failed to do that for 20 years.

We have introduced the toughest new bail laws in the country, including Declan’s law, strict new bail and community safety reforms to make sure that criminals are off the street so the Territory can get on with doing business. We welcome 259 new recruits across all streams, who have commenced training, graduated

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constables, public service, PPSOs and auxiliaries. Just last week 92 recruits were sworn in. Right now, the training college is full of new recruits, and we are not stopping. We are continuing to keep the Territory safe.

In August 2024 Territorians spoke. They wanted to reduce crime, rebuild the economy and restore our Territory lifestyle and that is what we are doing. We have secured the strongest pay deal of two decades with the Northern Territory Police. The previous Labor government froze their pay and did not respect the work police did; we have fixed that.

We also announced our plans for our new 1,200-bed remand intake centre as well as a purpose-built 200-bed women's facility. As I have said, if you commit a crime in the Northern Territory we will find you a bed, because community safety is our number one priority.

We have passed landmark child safety reforms putting child safety first because it is important to ensure that Territory families have an opportunity to thrive in our environment. We have brought in additional powers to tackle nuisance public drinking and knife crime in the Northern Territory. We have introduced OC spray legislation for self-defence to keep people and families safe. We also took prisoners out of the watch houses to allow police to do their job. Under the previous Labor government, the watch houses were full of prisoners making it hard for the police to do their job to keep Territorians safe. We have moved them out and put them into better rehabilitation and better training because community safety is our number one priority.

Health Infrastructure

Mr PAECH to MINISTER for HEALTH

After weeks of extreme pressures across our health system, the ongoing abuse in the workplace, your inability to offer an attractive enterprise agreement to our hardworking health professionals and your government's commitment to build a $2bn prison over prioritising health, why have you not committed a red hot dollar from the Northern Territory's self-generated revenue to build a new hospital, back our health workers and critical infrastructure in the Territory's health system?

ANSWER

Madam Speaker, I just answered the question about health infrastructure. It is fair to point out that the Member for Gwoja, the Opposition Leader, maybe the Member for Daly, Member for Arafura and the Member for Nightcliff, who is trying to distance himself from the former government and is publicly saying that it had nothing to do with him. He wants to be a part of the team now, but does not want to be a part of the previous team, which involves the very people he sits next to in parliament. I am not sure whether he wants to be a Member of the Labor Party, a Greens or an Independent but he is clearly distancing himself from the Labor Party.

When it comes to health infrastructure …

Members interjecting.

Madam SPEAKER: Take your seat Minister. Can we have some silence while the Member for Gwoja talks about his point of order?

Mr PAECH: A point of order, Madam Speaker! Standing Order 110; I acknowledge that the Health minister is talking, but I know the Member for Nightcliff. I want to know about health and if you are committed to investing Territory money to build a new Territory hospital?

Mr EDGINGTON: The point is we have a divided team over there. The Member for Nightcliff is sitting on the edge there. He does not want to be a part of the Labor team, or at least he wants to distance himself.

We are doing what Labor members did not do over 20 years when they were in government. They promised a health clinic at Gunbalanya in 2021 and had three years to deliver it. But they did nothing. We have put a senior public servant into a position in Treasury, who is working on a strategic healthcare investment function. That work is underway.

Twenty years of Labor members delivering nothing. They froze wages of our frontline people in the health system, and they are now complaining about the very health system that they destroyed. They failed to pay wages to the frontline workers. We are doing the work needed to investigate the health infrastructure.

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They keep talking about the Darwin Hospital and we are concerned about it, but we are also concerned about health infrastructure in every part of the Northern Territory. Whether a remote health clinic, or the hospital in Alice Springs, Tennant Creek, Katherine, Darwin or Nhulunbuy, we are focused on putting the plan together to not only have the plan but also look at the financial investment which is needed to improve health facilities across the Northern Territory.

Once again, this is the work that Labor had 20 years to do. We have been in government two years and we are focused on planning for the future to ensure we have the best health system for all Territorians.

Health Infrastructure – Supplementary Question

Mr PAECH to MINISTER for HEALTH

The CLP government can somehow find the ability to commit to building a new prison in the Northern Territory, but cannot commit to building a new hospital. Will you commit to build new hospitals across the Northern Territory and commit today to building a new hospital in Darwin?

ANSWER

Members interjecting.

Mr PAECH: A point of order, Madam Speaker! I pick up on the interjection of the Deputy Chief Minister saying that it was a wasted question.

Madam SPEAKER: Excuse me! Everyone, take your seat. I say who will speak next, and it will be the Health minister.

You can answer the question now …

Ms Uibo: You are allowed to commit. The Chief Minister has gone.

Madam SPEAKER: … in silence!

ANSWER

Madam Speaker, those opposite are divided and upset. I would be upset too after coming out of 20 years in government with no plan in place.

We want a proper Territory-wide plan backed by rigorous financial and infrastructure analysis, something that Labor did not do when it had 20 years in government. No government can build a major hospital overnight. That is why we are doing the work that is needed. We put a person in Treasury to do that investigation …

Mr PAECH: A point of order, Madam Speaker! Standing Order 110; relevance. I am asking today—the CLP has been in government for two years—whether it will commit to building a new hospital. Two years is enough time to understand whether there is a need for one.

Madam SPEAKER: Minister, you have 27 seconds.

Mr EDGINGTON: We want a proper …

Mr Paech: You cannot answer the question.

Mr EDGINGTON: Listen carefully, Member for Gwoja.

We want a proper Territory-wide plan backed by rigorous financial and infrastructure analysis. We have put a senior person in Treasury to do the work that is needed so that we can plan for health infrastructure and deliver for all Territorians.

Community Safety

Mr PATEL to ATTORNEY-GENERAL

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In my electorate I continue to hear that community safety is the number one concern. For years under Labor, the justice system was under-resourced and underfunded and victims were left languishing. In just two years the Finocchiaro CLP government is turning things around and putting victims first through our Reducing Crime strategy.

Mr Paech: Fudging the stats.

Madam SPEAKER: Member for Gwoja!

Mr PATEL: Can you update Territorians on how those reforms are delivering faster justice, stronger consequences and safer communities?

ANSWER

Madam Speaker, the Member for Casuarina is right. People in his community take this seriously. It still is their number one priority, as it was across the Territory when we came to government just two short years ago.

Territorians voted emphatically for a new government—a CLP government—because after 20 years of Labor, they were in a crime crisis and they were leaving the Northern Territory in droves. Businesses were closing their doors, and nothing was being done by Labor. In fact, the opposite was true; Labor spent 20 years watering down all the laws, which created a crime crisis. If offenders' rights are put above the rights of victims, what happens? People commit even more crimes. That is exactly what happened under Labor.

When the CLP came to government we started straightaway, off the bat, with a reducing-crime package and changed a lot of laws …

Mr Paech: It has not reduced in Palmerston.

Ms BOOTHBY: This included introducing Declan's law which covers knife crime, police wanding and breach of bail offences. There were many things to ensure that victims' rights were put above the rights of offenders.

Mr Paech: Not for victims in Palmerston.

Ms BOOTHBY: As a result, we now have more people being sentenced.

Mr Paech: Palmerston is out of control.

Mr MACKAY: A point of order, Madam Speaker!

Madam SPEAKER: I know what you will say.

Member for Gwoja, unfortunately, my left ear is very good and you are the closest person to my left ear. I can hear what you are saying clearly and loudly.

Mr Paech: I know what I am buying you for Christmas.

Madam SPEAKER: That would be lovely. The Attorney-General will be heard in silence.

Ms BOOTHBY: It is interesting that the Member for Gwoja, who was the former Attorney-General under the Labor government, is squawking from the sidelines when he has no credibility whatsoever when it comes to reducing crime. The laws that he brought in did not reduce crime at all; in fact, it increased. That was disgusting.

Labor continued to water down the laws, but we came in and strengthened them.

We also invested in our justice system. We had a record law and order budget for the last couple of years. That has resulted in us being able to finalise more matters than ever before. Our new TIG-ER Taskforce by the Director of Public Prosecutions, along with all the other lawyers who work in that space, has finalised nearly 2,000 cases that were left languishing under Labor. Under the CLP, those cases are getting through the justice system faster, which is incredible.

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Numbers are what we always talk about, but it is only one measure. I want to share a story about what has changed in Alice Springs over the last couple of weeks. If you think back under Labor, Uber would not go to Alice Springs because it was too unsafe. Uber is now in Alice Springs. It has come back because the crime has turned a corner. We know there is more work to do, but having Uber, a multinational company, come to Alice Springs for the first time because they can is a huge difference. It should be talked about a lot more, and I hope the members in Alice Springs appreciate it. It is a huge turnaround on our crime.

Palliative Care NT

Mr SMELT to MINISTER for HEALTH

The Northern Territory is the only jurisdiction that does not fund a peak body for palliative care. About 85% of predictable deaths in the NT are due to a terminal condition. Will you commit to funding Palliative Care Northern Territory so Territorians have better access to and education about palliative care services?

ANSWER

Palliative care in the Northern Territory—I must say that the Chief Minister spoke about it this morning. We have the very best staff manning our palliative care in Alice Springs, Darwin and across the Northern Territory. I give them all a shoutout because it must be one of the most difficult and challenging jobs that any of our frontline staff do every day of the week.

I think to say that they are not funded is somewhat misleading because we do fund our palliative care. We fund it well. We provide for and fund the staff who do the work every day of the week. I reject the question that the Member for Nightcliff has put to us.

Mr SMELT: A point of order, Madam Speaker! Standing Order 110; relevance. I was specific about the peak body, not funding for palliative care services. It is about funding the peak body for the Northern Territory.

Mr EDGINGTON: Yes, of course we support the peak body, Member for Nightcliff. We support all our palliative care staff across the Northern Territory and we will continue to work together with the peak body. We will continue to work together with our palliative care staff in all parts of the Northern Territory because the work they do is valuable, it is recognised and it is important to all Territorians.

Circuit Breaker Program – Update

Mrs ZIO to MINISTER for CHILDREN and FAMILIES

Minister, two years ago our united Finocchiaro CLP government was elected to tackle the root causes of crime and rebuild the child protection and family safety systems Territorians, especially our young Territorians rely on. As you well know, central to that work is early intervention, reaching vulnerable young people and families before problems escalate into crisis.

Can you update the Assembly on how initiatives like the Circuit Breaker Program are working to keep young Territorians on a positive path and how government's investment in preventing domestic and family and sexual violence is helping to build safer homes and stronger communities across the Territory?

ANSWER

The Member for Fannie Bay critically has a background in education, so she knows firsthand just how important it is that we put frameworks around our kids and families to reduce the scourge of this domestic violence in our community.

I am pleased to give an update on what has been happening in this space over the last couple of years, in relation to the Circuit Breaker Program. The Circuit Breaker team is doing extraordinary work across the Territory, in Alice Springs, Katherine, Tennant Creek, Darwin and Nhulunbuy working hard with families to make them safer, more cohesive, to support them when they are in trouble and, most importantly, to support the vulnerable children.

Since we began that program there have been 703 children and their families who have been supported at times that are difficult for them. Of those 703, 769 family responsibility agreements were voluntarily entered into by families who understood that they needed help to address the issues that were creating harm and disharmony in their family home. Ninety-four of the young people were referred to and accepted safe places

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and 200 provider referrals were initiated to domestic family sexual violence programs, health programs, back to school programs, working closely with the minister for Education's teams who are ensuring that kids are attending school and learning what they need to learn to have the best possible opportunity in their lives.

More than 300 of the young people we work with were 12 or under, so they are vulnerable kids who were found out on the street at the wrong time of night, looking for support and assistance, and the Circuit Breaker team stepped in to help them. They are working with our school attendance officers and the results are extraordinary. We are getting young people back to school and into apprenticeships, and most critically, we are keeping those young people safely with their families.

We are addressing domestic, family and sexual violence in those environments, and of 703 children referred to Circuit Breaker Team, there were only five children who ultimately had to be taken into care. This is proof that if you work early, break that vicious cycle and enter into agreements collaboratively with family, we can make a difference in these kids' lives. This investment into that program has paid itself back in spades, and I know the team will continue to do great work over the next two years.

Voluntary Assisted Dying

Mr PAECH to MINISTER for HEALTH

Minister, the final report into voluntary assisted dying found that other jurisdictions across the country experienced around a 20% increase in demand for palliative care and estimated that the cost of palliative care in the NT could increase by 30% following the introduction of the voluntary assisted dying legislation. Do you agree that there is a need and an increased investment into palliative care and that it needs to be considered by increasing funding by 30%?

ANSWER

Madam Speaker, in regard to palliative care, I thank all the staff working in that area once again, because the work that they do is the most important, challenging and caring work that we see on the front line in the Northern Territory.

In regard to the rights of the terminally ill and the suggestion of the need for palliative care—I think he said it would increase by about 30%—the implementation of the Bill will take 18 months. There is 18 months set aside and I think the commencement date is 18 months or possibly before that. The work happening in the Health department at the moment is considerable, planning for the implementation of the legislation, but as part of implementing that legislation, we are looking at all services we deliver, which have some relationship to the rights of the terminally ill.

It is a fair question, but I reassure the members here today that all of that work is constant work. Even before the Bill was tabled in parliament, we are constantly looking at services being delivered across the board in NT Health.

I have full confidence in the our Chief Health Officer, who will be part of the implementation and preparing policies, working with teams across the board. I am confident to say that we will be looking at what has happened in other jurisdictions. We have seen the reports that have been tabled and are looking at what is going on right across the board nationally. We will continue to look at what services and what resources are needed as the Bill is implemented.

Corrections System – Update

Mr MacKAY to MINISTER for CORRECTIONS

Minister, when the CLP government came to all office in August 2024, the Northern Territory Corrections system was in crisis. Prison numbers were well beyond the available capacity. Labor's response was to overflow prisoners into police watch houses, and daily lockdowns had become routine. Programs were cancelled, education was wound back, and employment pathways were collapsing while the Labor members sat there twiddling their thumbs.

Can the Minister update the Assembly on how the CLP government has stabilised the Corrections system, restored operational integrity and expanded capacity to meet the demands created by spiralling crime and antisocial behaviour under Labor?

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ANSWER

Madam Speaker, the Member for Goyder understands the importance of community safety to his electorate and the broader Northern Territory.

If you want a definition of Labor chaos, you can look at the Corrections system when we come to office two years ago; it was absolute chaos.

I have said this many times: $35m was spent on the Member for Gwoja's favourite program, Back on Track, for 35 young people. That was $1m a person.

The Corrections system was at breaking point. As the Member for Goyder mentioned, Labor's answer was to put prisoners in a watch house—not just for one or two nights, but for months on end. Let me tell you: having prisoners in a watch house for months on end does not allow for rehabilitation and education, but Labor's answer was to lock them up in a small room in a watch house. That had the flow-on effect of not allowing the police to do their job, putting enormous pressure on those frontline police who were meant to keep the community safe.

Labor did not invest in the prison system, which created more of that Labor chaos. Simply, Labor cannot be trusted. A common theme that most Territorians talk about is how Labor cannot be trusted and it is absolute chaos.

The Member for Nightcliff must acknowledge that, because he is trying to distance himself from that team. He may become an Independent; we are not sure. Maybe he has a plan to become the leader; we do not know. However, he is getting himself a little wedge away from the team, saying, 'That is not me'.

We came into office and emptied those watch houses by April 2025. That allowed police to do their job and for prisoners to do the rehabilitation and training they desperately need. We ramped up training.

We recruited 235 trainee correctional officers, 90 experienced correctional officers, 78 Community Corrections officers and 65 youth justice officers. Those people went into the system to help the staff, whose pay was frozen by the Labor government. That was more chaos. Labor under-resourced building for Corrections, so it is no wonder that we had chaos in Corrections.

We restored daily operations and re-established programs, delivering across the state. We recommenced the work parties. They mow lawns and help clean up after floods. They went into Katherine and cleaned up rubbish and graffiti. That is what we are doing. We are breaking that cycle of reoffending and investing in the Corrections system. We will deliver a system that is suitable for Territorians.

Royal Darwin Hospital – 32-bed Modular Ward

Mr BROWN to MINISTER for HEALTH

After weeks of extreme pressure on our health system, Acting NT Health CEO Susan Bowden stated on radio that the 32-bed modular ward would be open at the end of the month. Will you guarantee that the ward will be open by the end of August?

Madam SPEAKER: Health minister, you are popular this afternoon.

ANSWER

Madam Speaker, I have never seen so much interest in the health system. It is a pity those opposite did not show that sort of interest when they were in government for 20 years. I have never seen so much interest in our health system, even though Labor had 20 years in government. Today Labor members want to know all about the health system. They even want the public to tell them about the health system as well, because they did not find out anything in 20 years; that is why they put out a discussion paper to try to learn about our health system. They are even asking to visit our hospitals, because they did not do the work when they were in government.

I am pleased to say that we are getting on with the job of delivering more nurses, more beds, more equipment and a record health budget for the Northern Territory. This includes a new 32-bed ward and a 24-bed mental health facility at Royal Darwin Hospital. These are things that Labor failed to do in 20 years of government.

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I will tell you what Labor spent its money on. The former Labor government spent $160m on a bridge for Tiger Brennan Drive; $160m on the building in State Square; and money on the shadeless structure on Cavenagh Street.

All up, we are still paying for that today, but there is not one vine sitting over the shadeless structure. It has cost Territorians well over $3m. When you put this together, we are up to about $320m on projects that Labor could have used to contribute to the health system in the 20 years.

Ms UIBO: A point of order, Madam Speaker! Standing Order 110; the question specifically asked the minister to guarantee that the 32-bed ward would be open by the end of this month.

Madam SPEAKER: I am surprised you can even hear his answer. You were chattering away so much over there. Please, get to the point, minister.

Mr EDGINGTON: We are getting on with the job of delivering for the health system of the NT, which the Leader of the Opposition was responsible for I do not know how long.

We even turned on Acacia after Labor spent extraordinary amounts of money putting it together, and it was $68m over budget. It spent $160m on an overpass.

Ms UIBO: A point of order, Madam Speaker! Standing Order 110; will the ward be open next week? It is a simple question.

Madam SPEAKER: There will be no more points of order.

Mr EDGINGTON: I know that Labor is interested in the work that we are doing because we are getting on with the job. We are planning for the future. We are delivering more beds, nurses and equipment. In the near future we will see a 32-bed ward and a 24-bed mental health facility at the Royal Darwin Hospital.

School Attendance

Mr O'GALLAGHER to MINISTER for EDUCATION and TRAINING

We came to government with a clear mandate from Territorians to reduce crime, rebuild the economy and restore our lifestyle. A big part of delivering on that mandate is making sure our young people are in school, getting an education and building a future rather than becoming disengaged and ultimately part of the cycle of crime and disadvantage, which happened in my electorate of Karama under the former Labor government.

Territorians were shocked to learn that under that same former Labor government, hundreds of children who were effectively absent from school could be moved to a separate list and were not reflected in the enrolled student statistics the CLP government now has exposed.

Minister, can you update the Assembly on what we are doing to drive school attendance, hold parents and students accountable and get children back in the classroom, and explain how this approach delivering on better outcomes than Labor's failed approach to school attendance?

ANSWER

Madam Speaker, on coming to government two short years ago there was that secret list with 1,700 children on it. They were on a separate list and not counted in the attendance. We have made sure that we are doing a lot of work in getting disengaged students back in schools.

We have school attendance officers and engagement officers across the Territory, back in schools, and counsellors out of the Mitchell Centre where the previous government put them. Who can access a counsellor in the Mitchell Centre? They need to be back in schools where they belong so that when students go past and feel the need to talk to someone and share their concerns, they can go and knock on that door and there is someone to have a chat to.

We are making sure that all of these things all are wraparound services that go towards making sure children get back to school. We have Aboriginal liaison officers and school-based constables back in schools. We are doing a lot of work on early intervention and prevention. As the Member for Port Darwin said, the engagement officers and attendance officers are working closely with Territory Families to make sure all those supports

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are being wrapped around when the attendance officers are out on the streets talking to families and children if they are not at school.

It is against the law not to send your child to school. We are making sure that parents are being held responsible for that. Since the attendance officers started two years ago, 246 parents and 334 children have been referred to income management. We have been making sure that the attendance teams are doing that hard work.

We recently saw a slight increase of 1.2% in attendance. It is a small increase, but it is an increase nonetheless. We are making sure that the attendance teams and engagement teams are working with everyone across the Territory, holding parents to account and making sure children are back in schools.

We have the no-phone policy in schools as well. We are making sure that serial truants' parents, if they are not doing the right thing, are referred to income management. I thank the federal government for working with us in that area.

We on this side of the House will make no apology for caring for children across the Territory because every child has the right to an education. We will continue to do that hard work.

Crime Statistics – SerPro

J DAVIS to MINISTER for AGRICULTURE and FISHERIES on behalf of MINISTER for POLICE

Can you confirm whether the government's current crime statistics are derived from SerPro while historic statistics were derived from ICAD? Can you confirm that not every incident recorded in ICAD is transferred into SerPro? If that is the case, what evidence is the government relying on to claim that crime has decreased when the data being compared is not drawn from the same system and may not capture the same incidents?

ANSWER

Madam Speaker, the statistics are drawn from SerPro, which is the same computer program that was used when the previous government was in place—the last changeover. The figures are drawn from the same data source. If there is any talk that these figures have been fudged or there is a different set of computers, that is not the case. SerPro is a system that has been implemented and the police are using it. That is the dataset we use.

Under the previous Labor government crime went through the roof. Since 2017 crime went up, with robbery up by 265%. In the land of opportunity, the Member for Barkly's electorate, there were 300% increases in crime year on year in Tennant Creek.

We are resourcing police. I spoke about the 92 new recruits who have been sworn in just in the last week or so. That will take pressure off the police to allow them to do their jobs, which is to put criminals behind bars, investigate matters, put the data into the right computers and use the data correctly. Previously, police were overworked and there were not enough of them.

It is difficult to be a police officer. I have said before that my father was a police officer. The Member for Barkly was a police officer previously. It is a difficult job; there is no question about that, which is why since we came to office two years ago, we have resourced police.

Under the previous Labor government, the chaos …

J DAVIS: A point of order, Madam Speaker! Standing Order 110; relevance. Can the minister confirm that not every incident recorded in ICAD is transferred into SerPro?

Madam SPEAKER: Minister, you have plenty of time to answer.

Mr MALEY: For the benefit of the member, I will take that on notice and get that to her because I do not have the correct information here.

I will refer to what the previous Labor government did and talk about what we are doing now. We are making sure that community safety is the number one priority. It is clear that everyone agreed with that in August 2024 when Territorians spoke loudly about community safety. We are resourcing the police, fixing the court system and putting record budgets into the Corrections system to allow the police officers to do their jobs,

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have time to record data correctly, investigate crime, put files before the courts with all the evidence and information they need to get a successful prosecution and speed up the court system.

This is about victims getting matters done so that they can put them to bed and move on with their lives, which the previous chaotic Labor government neglected to do. It chose not to do that, crime was out of control and Territorians were suffering, no matter where they lived.

We are fixing that and making sure that the Territory is a great place to live, work and invest.

Palmerston Youth Centre – Funding

Mr KERLE to MINISTER for PEOPLE, SPORT and CULTURE

Restoring the Territory lifestyle means making sure that young Territorians have safe, welcoming places to connect, participate and thrive. I was thrilled to join you on the weekend for the announcement that the Finocchiaro CLP government had committed to a new five-year funding deal with the Palmerston Youth Centre. Can the minister update the Assembly on how this investment is supporting young people and strengthening our communities and my electorate of Blain?

ANSWER

Madam Speaker, I thank the Member for Blain for being there for the announcement of the extension of funding of $7m for the YNT team to deliver the services in Palmerston. It was great to join the young Territorians who were there and part of the program. This program has been running every day after school hours and over the weekend and public holidays for the last six years. The CLP Finocchiaro government is working on reducing crime, rebuilding the economy and restoring the Territory lifestyle platform, and giving an opportunity for young Territorians with safe places to connect, participate and belong is important for our government. That is why we have locked in $1.4m per year over the next five years which means we are giving certainty to the young people in the Palmerston region, the organisation and the staff and for the families.

This is practical investment for the young people in Palmerston. I have been to the facility many times over the last two years, and it is great to see young Territorians engaged in that program, which is close to the Driver Secondary School. The last time I was there I saw children from Driver Secondary School coming after school and engaging with the program.

A shoutout goes to the manager, Jonathon McDonald, who has been at the centre for the last few years. He shared the story on the day when the Member for Blain and I were there that he attended the northern suburbs Youth Shack program when he was 10 or 11 years old. For him it is a complete circle from being a participant, doing his education and having the opportunity in leadership roles to now being the manager for the facility, which is next to SWELL.

This is where the CLP Finocchiaro government is excited to invest with the funding, because we believe that by investing in young Territorians, we will help them be productive later in life. There will be a few more announcements over the next few weeks supporting more people in other regions of the Territory because we believe young Territorians will be our future who we need to support, and that is why we support programs like this and the Youth Round Table and the young parliamentarians' program through the YNT which will be here next month. There are different programs that our government supports and we continue to support because we believe in young Territorians.

Northern Territory Housing Strategy

Ms UIBO to MINISTER for HOUSING, LOCAL GOVERNMENT and COMMUNITY DEVELOPMENT

Your housing strategy talks about creating a fair and well-managed social housing system, but it contains no clear construction targets or how many additional social homes that your CLP government will build. At the same time more than 300 vulnerable Territorians were reportedly waiting for support still through YiSSA as your government ordered the service to wind down. With homelessness services under enormous pressure with Territorians already waiting to secure housing, why does your four-year housing strategy contain no clear construction plan or target for building additional social housing in the Northern Territory?

ANSWER

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Madam Speaker, I am pleased to say that we have released our housing strategy, and I commend the work of our agencies. It is a whole-of-government approach, and the work that has been done behind the scenes to put that strategy together—the responsibilities under that housing strategy cross a broad range of portfolios. There is a plan. We have social housing in urban and remote areas. I must say that under the $4bn agreement, which has now been in place over two years, there has been the equivalent of about 401 three-bedroom homes built. There has been some great work going on building in remote areas.

We suffered under a Labor government that came to power back in 2001, and they held government for about 19 to 20 years until 2024. I often speak about how when we came to government we faced housing wait lists across the Northern Territory. For urban housing we have eight to 10-year wait lists which were the result of the Labor government. It is another mess that we are trying to fix coming to government—a wait list of eight to 10 years for a three-bedroom house in the Northern Territory. It is not good enough. People are living rough, and when you go out bush we see anywhere between 10 or 15 people living in homes. We have 12 times the national average. This is an example of the mess that Labor left our government coming to power in 2024.

We put a housing strategy together. We are focused on creating the conditions for private investment in the Northern Territory. We are setting the conditions. What we are already seeing through the HomeGrown Territory Grant is additional housing …

Ms UIBO: A point of order, Madam Speaker! Standing Order 110; specifically, why is there no plan or target in the four-year housing strategy under the CLP government.

Mr EDGINGTON: We set the conditions. We have created the conditions for private investment in the Northern Territory and what we are already seeing is that investment happening in various parts of the Northern Territory. The conditions are right, the confidence is there for investors and they are getting on with the job of building homes.

We are getting on with the job, working with the federal government and building social housing in remote areas for those Territorians that need it.

Every Child Matters Legislation

Mr HOWE to MINISTER for CHILD PROTECTION

Minister, two years ago the Finocchiaro CLP government was elected on a commitment to fix the child protection system that was failing Territory children and to put the safety of those children first. An essential part of that commitment was reforming the laws that determine how to protect vulnerable children and support families in crisis.

Can the Minister for Child Protection update the Assembly on the passage of the Every Child Matters legislation and on how these reforms will strengthen the safety of Territory children while giving families their earlier support they need to stay together wherever it is safe for them to do so?

ANSWER

Madam Speaker, one of the things that makes our team stand out above all else is the depth of experience that we have, and the Member for Drysdale has had previous experience working as a youth officer and knows firsthand just what the consequences are if you do not get child protection right.

He sees in his electorate everyday challenges that are being faced by children who have been left in unsafe conditions because safety was not a principle that underpinned the Act as it existed prior to the passage of the Every Child Matters Bill. We listened to the children and carers, both foster and kinship and we listened to the families of children who were at risk and who were begging for some change in this space and we delivered.

The legislation passed in this last Assembly. It was signed by the Administrator on 13 August, and in a few short days it will come into effect. That will see safety being the paramount concern for every child in the Northern Territory. It will shift considerably the approach that is taken to make sure that our children are protected and safe. We have made sure that successive, repeat short-term orders can no longer happen and that all the work that needs to be done to keep a child safely with their family is done upfront when it should be done. If it cannot be done, and the reality is that family situation is not a safe place for that child, we will for a period remove them from that unsafe environment. However, we will continue to work with the family to

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reunify that child with their family. The evidence is clear that reunification is critical in the first two years; beyond two years it becomes incredibly difficult. That is why the proactive efforts exist in this legislation, to make sure that all the work is done up-front and that child and family have every opportunity given to them to stay together.

When we do not have that success, we can bring parents and families to the table with us through family responsibility orders and say, 'We want to work with you and fix this situation. We want to ensure that your children are well looked after and the best possible place for them is with you. If that is not possible, we will put them in a place of safety while we continue to work with you.'

We have listened to the people who matter most—that is, the kids. We are giving them a future because children get only one childhood, and we need to make sure that childhood is the best it can possibly be.

Housing Strategy

Mr PAECH to MINISTER for HOUSING, LOCAL GOVERNMENT and COMMUNITY DEVELOPMENT

Your Housing Strategy is a Peter Pan document; it belongs in Neverland. There are no clear targets and no pipeline for private investment in Central Australia. Your government previously admitted that its new homeowner grants have barely been taken up in Alice Springs and virtually had no impact in Tennant Creek. If your housing grants are failing to stimulate new construction in the regions, where the plan is to get more homes built in Alice Springs and Tennant Creek, what are you doing?

ANSWER

Madam Speaker, I am not sure what that was all about. We have put together the Housing Strategy and we are proud to be delivering it.

Upon coming to government in 2024, we were faced with overcrowding and huge waitlists of eight to 10 years for a public house in the Northern Territory.

Ms Uibo: Why are you shutting down YiSSA?

Madam SPEAKER: Silence, Leader of the Opposition!

Mr EDGINGTON: The homelessness figures speak for themselves: 12 times the national average whilst Labor was in government for 20 of the last 24 years.

Our Housing Strategy is about dealing with supply and demand for additional dwellings until 2030. It provides measures of success to support the NT Government to ensure delivery of strategic objectives. If the Member for Gwoja took time to read the strategy, which I doubt he has, it is all about the objectives, including increased uptake of government home ownership …

Mr PAECH: A point of order, Madam Speaker! Standing Order 110; relevance. I am not after a lost boys' response from the Housing minister; I am after actual targets and why this government has not put any in its Housing Strategy.

Madam SPEAKER: The minister has plenty of time to answer.

Mr EDGINGTON: Our strategic objectives include:

- increased uptake of government home ownership programs
- faster delivery of land to market
- improved clarity and efficiency in the planning system
- reduced development timeframes
- improved construction feasibility, capacity and workforce capability
- increased affordable rental options

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- effective asset management
- tenant stability and accountability
- increased delivery of medium-density public housing
- improved remote capability and workforce participation
- reduced overcrowing.

There are some real targets …

Mr PAECH: A point of order, Madam Speaker!

Madam SPEAKER: The minister is answering your question. Do you have a different point of order?

Mr PAECH: Standing Order 110; relevance. The question was direct: why are there no clear targets or pipelines for new housing in Central Australia?

Hook is not here, so you can tell us the truth; you will not get caught.

Madam SPEAKER: Member for Gwoja, you have exhausted your points of order.

Mr EDGINGTON: This strategy is a practical whole-of-system plan that recognises different responses are need across urban, remote and homelands settings.

We are tackling the issues right across the NT, working with the federal government to deliver the remote housing program under the $4bn agreement over 10 years. We are trying to deal with the deficit that was left behind by Labor. As I said before, and I quoted—I might have misquoted, because I think I said we delivered 401 homes in the remote area, but what we have delivered, is 401 homes, but that is the equivalent of 502 three-bedroom homes in remote areas. Just on two years, that is the equivalent of 250 homes a year.

Members interjecting.

Mr EDGINGTON: We are getting on with the job of working with Territorians to reduce those extraordinary high waiting times that Labor left us with in 2024.

Madam SPEAKER: Look, just before we go on, I do not want to hear constant shouting and interjecting across the Chamber anymore. We only have a few minutes to go.

Health Budget Investment

Dr RAHMAN to MINISTER for HEALTH

Two years and one day ago, the CLP was elected to government and the NT was confronted with the health system that was on its knees. There were high quantities of code yellows, overcrowding and government that froze the pay of some of our hardest working frontline workers, which left Territorians worried about what would happen if they got sick. In the two years that followed, the CLP government has boosted frontline healthcare, delivering more beds, more nurses and more equipment, and a record $2.56bn Health budget.

Part of the health record funding also delivers free meningococcal B vaccination programs under the expansion of pharmacy Scope of Practice. Minister, can you update the Assembly on some of these important CLP government initiatives?

ANSWER

Madam Speaker, our health system is delivering. We have been in government now two years after 20 years of a Labor government ignoring Territorians, ignoring the Territory health system, underfunding our Health department by $300m per year. Imagine trying to run a health system with a deficit budget of $300m per year.

They were not down in Canberra fighting for Territorians and they were not there begging for more money. We had to get on the front foot, and we have increased our funding to record funding to $1bn dollars over

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five years through the National Health Reform Agreement. But it is not just that; the CLP government has delivered on its election commitment. We have introduced universal meningococcal B vaccinations for all children under 12 years and year nine students with catch up for children under two years in adolescents aged 15 to 19 years in the first two years.

Families were previously paying around $130 to $180 per vaccine, with infants under two requiring three doses and adolescents needing two doses. I am pleased to report that now 22,641 meningococcal B vaccines have been administered from 1 January 2025 to 3 August 2026. That is an incredible increase and incredible savings for families that were previously paying for those three doses.

When it comes to the pharmacy Scope of Practice, the Finocchiaro government, we are delivering on our election commitment to expand the services that community pharmacists can provide to Territorians through the expansion of the pharmacy Scope of Practice. Diagnosis and treatment can now deal with 21 common health conditions. It saves time, reduces costs and avoids unnecessary trips to the doctor. A total of 11 pharmacists who have completed the training are now fully qualified under the scheme and more pharmacist training is currently underway.

We are boosting frontline healthcare, delivering more beds, more nurses and more equipment in a record $2.56bn budget. The CLP government is bringing on more beds. I have spoken about this before, and the construction of the 32-bed ward at RDH is very close to completion. There is $23.95m investment and additional operating funding of $18.3m. We are increasing the number of beds available through the 24-bed mental health facility with $16m in operational funding. Together, we are creating additional beds, which will assist in alleviating pressure at the emergency department here in Darwin.

Mr EDGINGTON (Leader of Government Business): Madam Speaker, I ask that any further questions be placed on the Written Question Paper.

RIGHTS OF THE TERMINALLY ILL BILL
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Continued from earlier this day.

Mr BURGOYNE (Lands, Planning and Environment): Madam Speaker, just to summarise where I am up to, I spoke about a speech by the original mover of VAD in the Northern Territory, Marshall Perron, and I am partway through a speech that Senator Jane Hume gave in the federal parliament on the Bill that gave the Northern Territory and the ACT the right to vote on this issue. It is important to note that Senator Hume originally opposed territories having this right, but due to a personal process that involved her father taking up VAD himself, she came to the conclusion that if her father could avail himself of VAD, why not those living in our territories?

I resume where I left off, which is concluding Senator Jane Hume's speech she gave to the Senate:

> *We say in this place that when we make a decision we will walk a mile in another man's shoes. Well, I have certainly done that. Having experienced it, having lived it, having held the hand of a person that I deeply loved as he died peacefully, as he died painlessly, as he died willingly and in the manner in which he wanted … and at the time of his choosing, I now feel very, very differently. It was truly a beautiful death.*
>
> *To those Australians who live in the territories, rather than any other part of the country that's represented in this chamber, I say to you: who am I to deny you the choice to leave this Earth in the same beautiful way as did my father, Steve?*

That is where Senator Hume's remarks conclude.

This speech and Senator Hume's vote was one of the many that allowed us the right to be here today to vote on this issue. It is important to remember that.

Along with those speeches that I have read out today, I thank the people in the electorate of Braitling whom I proudly represent for sending through their thoughts on VAD. The conversations I have had over the last few years on this topic show the passion people have for this topic and the interest.

I will not go through all the emails, but it is important that people took the time to write to me, so I will read out a number of them:

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'I am writing along with, no doubt, many other Territorians requesting that you vote yes in favour of introducing voluntary assisted dying to the NT.

'This, unfortunately, in the last 10 months has become very personal to me. I have been diagnosed with cancer in my lung, also another type in my bowel and liver. I am also told that if this cancer does progress, my life will become one of pain and sickness and very unpleasant.

'Really, who wants to endure that? If my life comes to this, I will choose to end my life. I know I will not want to subject myself, my husband or my family to a slow, painful demise.'

Another writes:

'I am writing to register my full support for VAD. After many years of watching my mother die a slow, painful death that tore our family apart, I do not want to have any chance of putting my children through that.'

Another wrote:

'Just saw your post on Facebook—absolutely support VAD.'

Another wrote:

'I support voluntary assisted dying after experiencing my mother's death. There are times when the quality of life towards the end of life is not good, and all the patient wants is for no more suffering and to be able to pass on peacefully.'

Another wrote:

'Because of the absence of voluntary assisted dying arrangements in the Northern Territory I am contemplating leaving the Northern Territory when I turn 70. This is in two years.'

It is important to also acknowledge those who are against VAD. I also received emails from them:

> *Dear Mr Burgoyne,*
>
> *Further to your request and feedback on VAD, I would like to oppose this in the NT. As a Christian, life is sacred from conception to natural death, as per the teachings of the Catholic Church. Palliative care should be prioritised for end-of-life care and not VAD.*

That is something that I want to touch on here today. I have been blown away by the number of people who have taken the time to reach out and ensure that, as representatives across the Northern Territory, we are informed about how they feel. I acknowledge Mr Nicholas Lay from the ACL, who has been in this Chamber all morning. I also acknowledge the Mother Teresa sisters from Darwin who are with us today. There are lots of people from many different backgrounds who have a real interest in what is happening in this Chamber today. It shows how much this matter means to so many different people across the Northern Territory for different reasons.

With all the submissions that I received, there was a clear indication from the community that I represent that they are in favour of VAD and this Bill before us today, the Rights of the Terminally Ill Bill. I acknowledge that there were those who wrote in who were against VAD and had a range of issues. I want those who are listening today to know I have also heard your concerns.

In conclusion, I support people having the right to choose how they leave this world and the timing. For those who have suffered for far too long, I say to you, your fight is over. I commend this bill to the House.

Mrs LAMBLEY (Araluen): Mr Deputy Speaker, today I speak in this debate on the Rights of the Terminally Ill Bill 2026. Voluntary assisted dying is a rare thing around the world. Less than four—I have lost my voice; isn't that interesting? Excuse me.

Less than 4% of the world's population has access to legal voluntary assisted dying. The best current estimates put the number of people living under a legal assisted dying regime as somewhere between 200 and 300—call it around 300 million to be generous. Against a world population of roughly 8.2 billion, this is a small percentage. Turn that number around and sit with it. More than 96% of humanity currently lives in a

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country where parliament has looked at this question and has either rejected it or has not gone near it. Less than 4% of the total population of the world has access to legalised assisted dying. Of all the 195 countries of the world, only 15 to 20 have legalised some form of assisted dying—very few.

Voluntary assisted dying is not a common practise or phenomena. Around the world globally, internationally, VAD remains unusual, extraordinary and far from normal for governments to assist people to die. The countries that have legalised voluntary assisted dying are The Netherlands, Belgium and Luxembourg since the early 2000s, Switzerland, which has permitted assisted suicide since the 1980s, Canada, Colombia and Ecuador, Spain, Austria, Germany and Uruguay, New Zealand and, once this bill passes, every state and territory of Australia. In the United States only 13 of the 50 states have legalised voluntary assisted dying.

This is not a wave sweeping the globe that the Northern Territory is finally riding; it is a narrow, contested minority practice confined overwhelmingly to western Europe, a handful of English-speaking nations and parts of the Americas. It is absent almost entirely from Asia, Africa, the Middle East and most of eastern Europe. Nations home to billions of people—India, China, Indonesia, Nigeria, Russia and virtually the whole of the Islamic world—has considered this question directly or indirectly and have not adopted it.

Voluntary assisted dying is far from the norm. It remains relatively uncommon. Our close global friends and neighbours do not have voluntary assisted dying. The United Kingdom, Japan, China, Indonesia, Timor Leste, Greece, Italy, India, Bangladesh, South Africa and so on so let us begin from this factual premise. Voluntary assisted dying may be accepted in Australia but for the vast majority of the work it does not exist and it is likely it will never exist.

The Northern Territory has a strange history with voluntary assisted dying. In 1995 this parliament was the first legislature anywhere on earth to legalise voluntary assisted dying when Marshal Perron's Rights of the Terminally Ill Act passed this House 15 votes to 10. Fifteen months later, the Commonwealth parliament overturned it, the only time a national government has stepped in and reversed a jurisdiction's own decision on this question. For three decades, Territorians have been the one group of Australians who had this right and then had it taken away so when this House votes on this Bill we are the last Australian jurisdiction restoring the rights we, ourselves, invented 30 years after the federal parliament took it off us. That is the context I want on the record before I turn to the Bill itself.

We must ask the question why do most countries on the planet not have voluntary assisted dying? There are good reasons why the roughly other 175 countries of a total 195 countries of the world do not have legalised voluntary assisted dying. It is not because those nations are backward or unfeeling or indifferent to suffering. This House owes it to Territorians to hear those reasons stated plainly, not dismissed. Most major world religions, Catholicism, Islam, most Orthodox and Evangelical Christian traditions, Orthodox, Judaism, hold that life is sacred and is not humanities or the states to end.

In many countries, these institutions still carry real weight in law making especially across Latin America, Africa, the Middle East and parts of eastern Europe. That conviction is not confined to scripture; it is written into international law itself, Article 6 of the International Covenant on Civil and Political Rights holds that:

Every human being has the inherent right to life.

Many governments treat that as effectively non-negotiable. For the majority of the human race this is not a fringe objection; it is the mainstream position. Medicine carries its own historical objection, 25 centuries deep. The hypocritic promise that a doctor will never give a deadly drug to anybody who asks for it, nor even suggests it, still shapes the formal ethical code of National Medical Associations around the world and this is not merely an ancient text gathering dust. Surveys of doctors, particularly those working in palliative care consistently find that a breach of professional ethics is the single most common reason clinicians themselves oppose voluntary assisted dying. This is not a lay objection made by people outside the profession; it is felt most strongly by the very people who would be asked to carry it out.

This is where the argument stops being theoretical. Disability rights groups in many countries argue that legalisation of voluntary assisted dying sends a message that a disabled or dependent life is worth less or creates a quite corrosive pressure to choose death rather than to be a burden.

There is real concern about coercion of the elderly, the poor and people with mental illness, that a legal right to die can, in practice, curdle into pressure to die, especially when family, financial or healthcare system incentives all point the same way. These are not hypothetical fears; they are documented. There are cases throughout countries in the world which have adopted voluntary assisted dying of people being pressured and coerced into using VAD. These are not invented horror stories of opponents; they are documented

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records of the very system held up to us as the model for what good safeguards look like. They are real examples which I will not go into today.

Every jurisdiction that has legalised voluntary assisted dying for the terminally ill has, within years, faced pressure to widen it further. Canada and Belgium now permit it for non-terminal and psychiatric suffering in some cases. That is not a slogan; it is the documented pattern and is exactly why so many nations that might otherwise be sympathetic have refused to take the first step, understanding that the first step rarely stays where it starts.

Many opponents argue that resources should go to palliative care instead of voluntary assisted dying or that legalising voluntary assisted dying undermines investment in palliative care. It is worth this Assembly knowing that recent academic review has found neither claim well supported by this evidence. What is genuinely true, though, and far more troubling is this: in places where palliative care access is poor, such as in many parts of the Northern Territory, people may end up choosing voluntary assisted dying for want of any real alternative, not because it reflects their genuine preference. That is not a choice; it is an absence of one.

In many countries euthanasia remains captured entirely under existing homicide law with no carve-out. Changing that requires either constitutional reform or a depth of legislative consensus that most nations have simply not reached. Some federal systems, including our own until three years ago, have had this power stripped or restricted by a higher level of government. We in the Territory know exactly what that feels like, better than almost anyone else on Earth.

Public opinion is often more permissive than the legislatures that represent it. Polling regularly shows majority public support for voluntary assistant dying, even in countries without it, yet it remains a low political priority. Party leadership sits more conservatively than its own base so that the question never reaches a vote. Where it reaches a vote it is almost always a conscience vote rather than a party-line vote, given how personal this issue is. This slows momentum and can defeat Bills that would otherwise command a majority in the Chamber.

In many cultures dying is understood as a communal family-managed event, not a private individual choice. Extended family and community involvement in end-of-life decisions is expected, even demanded, and that sits uneasy against a framework built entirely around individual autonomy—a framework this Bill adopts.

In countries with weaker healthcare systems, lower institutional trust or histories of medical abuse, there is far greater resistance to handing the state or the medical profession the power to assist death, on the simple and reasonable basis that oversight cannot always be relied upon to work in the way promised. That is why most of the world has not followed this path and why the safeguards in this Bill matter more than almost anything else we discuss today.

Let this Assembly be honest about what we are doing. We are not falling into line with a settled global consensus; we are joining a small, controversial and still contested minority of nations. We are doing it in the Northern Territory 30 years after this parliament tried once before and had that decision torn up by a Commonwealth Government that never had to answer to one Territorian for it. That is the weight this vote carries. I would argue that this is the most controversial and important Bill to come to this parliament in decades.

I now turn to the Rights of the Terminally Ill Bill 2026 itself. Before I go further, I will be up-front about where I stand. I have real issues with this Bill about the hypocrisy, the contradictions and the lies contained in it. I will be voting for it, regardless, but this Assembly deserves to hear those issues stated plainly, not glossed over, before I do.

I will support this Bill despite the issues I have with some of the premises underpinning it and some of its concerning specific features. This Chamber has been debating voluntary assisted dying, assisted suicide, the rights of the terminally ill for decades—over 30 years. It is quite unbelievable that it has gone on for so long. This Bill is profound. It has been a long and drawn-out process.

We now come to the fork in the road in this Chamber today. As 24 people representing the length and breadth of the NT, we get to decide on whether assisting people with terminal illness to end their lives in the Northern Territory becomes legal. Based on the commentary preceding this debate today, I have no doubt this Bill will pass. Then the real work begins providing the best possible service.

For the purposes of this speech, I will identify what I believe are mistakes or flaws in this report and in the case for this Bill. There are two critical concerns I will raise in my speech. I will start from a position of truth.

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If this House is to help people to die, the least it owes them and the people of the Northern Territory is honesty about what we are doing.

Voluntary assisted dying is assisted suicide. That truth is unpalatable to some, and this Bill is built to avoid saying it. In line with the Australian model of VAD, this Bill treats VAD as not suicide and makes that distinction explicit in its drafting. I will examine that closely because it does not hold up to the plain meaning of the word 'suicide'. Suicide is the act of intentionally causing one's own death. The World Health Organisation and the Australian Institute of Health and Welfare both define it more formally as, 'the deliberate act of ending one's own life'.

VAD assists people to die to end their life. Whatever euphemism we reach for, VAD is synonymous with assisted suicide. The truth may not suit the narrative that has been built around this Bill, but it is the truth nonetheless.

Clause 11 of this Bill says in black and white that this House does not need to speculate about whether this redefinition is happening; it is written into the Bill in front of us. Clause 11 is titled Voluntary Assisted Dying, not suicide. That clause states:

> *For the purpose purposes of the law of the Territory, and for the purposes of a contract, deed or other instrument entered into in the Territory or governed by law of the Territory, a person who dies as the result of the administration of an approved substance in accordance with this Act:*
>
> *(a) does not die by suicide; and*
>
> *(b) is taken to have died from the disease, illness or medical condition mentioned in section 19(1)(d) from which the person suffered.*

It does not simply say a VAD death is not suicide for the purposes of the criminal law or the coronial law. It states the law of the Territory—the whole of it. It then goes further still, extending the deeming to a contract, deed or other instrument. That is not incidental drafting; that is parliament reaching directly into private contracts, including unmistakably life insurance policies, and instructing them to treat a person's actual cause of death as something other than what it was. That is a lie.

Paragraph (a) is the plainest sentence in the Bill—a person does not die by suicide, is not treated as having died by suicide for limited purposes—not suicide, full stop, by legislative command. Paragraph (b) then substitutes the underlying illness as the deemed cause of death in its place. This is not a clarification of an existing legal distinction, it is the creation of one by direct statutory instruction in the clause immediately following the provision that tells us what this Act actually authorises. Here is where the limitations of our legal system show themselves most clearly. The distinction clause 11 draws is not a distinction found in ordinary language, in medicine or in common sense; it is a distinction created by statute, by parliament simply declaring it so.

Every Australian VAD Act does this. Queensland's equivalent provision carries the identical title of Voluntary Assisted Dying, not suicide. However, this Bill does not stop where most of those acts stop. By naming contracts and deeds specifically, clause 11 goes out of its way to make sure the deeming reaches into private commercial relationships, not just the machinery of the state. That is not a description of reality; that is parliament legislating a new reality into existence, redefining a word to suit the outcome it wants rather than defining the outcome by what the work actually means.

Victoria went further with its own Act, amending the *Coroners Act 2008* directly so a VAD death is not a is a non-reportable death removed from coronial jurisdiction altogether.

Clause 12 of this Bill preserves the Supreme Court's inherent jurisdiction but says nothing about the Coroner and clause 11's blanket law of the Territory language does the same regardless. This is the core dishonesty I ask this Assembly to confront. We are not being asked to legalise assisted suicide and deal with it as it is; we are being asked to enact a clause that instructs every court, every contract and every deed in the Territory to call it something else so the word 'suicide' never has to be spoken in the same sentence as this Bill again.

If this legal fiction were coherent, at least it would be consistent, and it is not. There is a Commonwealth law that contradicts this, and I will not go into that this afternoon, otherwise I will run out of time.

The question is, how does the minister reconcile this conflict and dishonesty within her Bill? Yes, the benefits of lying might outweigh the shame of lying, but is it is nonetheless a lie and like all lies in life, they catch up

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with you. This fiction has consequences and beneficiaries. This is not an abstract academic point. The relabelling has real downstream effects and they are not neutral. Standard life insurance policies carry a suicide clause, typically a 13-month exclusion period during which a death classified as suicide voids the payout.

Clause 11 does not leave this to chance or to later interpretation; it names a contract, deed or another instrument directly. That is this Bill, in its own words, reaching into every life insurance policy and superannuation death benefit in the Territory and instructing them to treat the cause of death as underlying illness, not suicide.

VAD deaths are also defined as unreportable, removed from coronial jurisdiction entirely with no inquest, no coronial investigation and no independent findings. Any other sudden, unexpected or self-administered death triggers mandatory coronial reporting. This one is carved out by legislation. I do not raise this to suggest families should be denied insurance payouts or that every VAD death needs an inquest. I raise it because it shows the definition is not incidental; it is load bearing.

Call it suicide and the exclusion clauses bite and the Coroner's jurisdictions attaches, but call it something else and they do not. The word was changed, so money and oversight moved as a direct result. This is not honesty; that is engineering an outcome and dressing it up as a legal category.

Clause 85—the doctor is told what they may write before we even reach the register.

Clause 148 is not where the concealment starts. It starts earlier as the deathbed itself with the treating doctor.

Clause 84 governs the notice a medical practitioner must give to the registrar at Births, Deaths and Marriages when a person has died after an approved substance has been administered under this Act. Subsection 2 states (a) must specify that the person's cause of death was the disease, illness, or medical condition that the person has been diagnosed with and that made the person eligible for access to voluntary assisted dying; and (b) must not include any reference to voluntary assisted dying as the cause of death.

This is not the registrar quietly declining to mention voluntary assisted dying later. This is the treating doctor, at the moment of death, being told by statute what they may and may not write about how their patient died. A practitioner who wanted to record the true cause of death voluntary assisted dying would be acting outside what this Bill permits. This is ethically and morally wrong. We ask doctors to be honest with patients and families about diagnosis, prognosis and treatment for their entire career. This Bill then asked the same doctor, at the single most consequential moment, to withhold the truth from the official record because the parliament has decided the truth is inconvenient.

Clause 84 is where the concealment begins. Clause 148 is where it is made permanent. At clause 148, the record itself is silenced. If honourable members think clause 11 is confined to abstract legal effect, clause 148 removes any doubt. It amends the *Birth, Deaths and Marriages Registration Act 1996*. The Act governs the civil record of every death in the Territory to insert this:

> *(3) For subsection (1), when making an entry about the death of a person who the Registrar knows or believes on reasonable grounds died after an approved substance was administered by or to the person under the* Rights of the Terminally Ill Act 2026*, the Registrar:*
>
> *(a) must record in the entry the person's cause of death as the disease, illness or medical condition with which the person had been diagnosed that made the person eligible to access voluntary assisted dying under section 19(1)(d) of that Act; and*
>
> *(b) must not include in the entry any reference to voluntary assisted dying as the cause of death in the entry.*

This is not a registrar quietly declining to mention VAD; this is the Bill affirmatively prohibiting the registrar from recording it—a positive statutory bar on the true cause of death ever reaching the official record. Clause 11 creates the legal fiction; clause 148 is where the fiction is physically written into the document that stands permanently as the state's own record of how a person died. Every death certificate issued under this Act will be, by law, incomplete by design—another lie. Once again, how does the minister reconcile this lie, the requirement or expectation that medical practitioners lie on death certificates, not stating the real cause of death—voluntary assisted dying?

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Let us not mention the inconvenient elephant in the room. This is the clearest evidence I can put before this Assembly that we are not being asked to legislate a technical distinction; we are being asked to mandate silence in the one document a family, an insurer, a researcher or history itself will ever consult. We say we value life; as a society we say that life is extraordinary. We go to extraordinary lengths to extend it. Our health system exists for life, with preventive health, acute care, healthy lifestyle programs and sustained investment in keeping people alive. Health is the single largest area of government expenditure in the Northern Territory. Voluntary assisted dying sits in direct tension with everything else we do as a society to value, sustain and extend life. Voluntary assisted dying ends life. We should at least be honest that is precisely what it does, rather than reaching for language that makes it sound like something else.

As a society we treat suicide prevention as one of our most important undertakings, and rightly so, yet voluntary assisted dying is assisted suicide. The paradox is stark: one arm of government spends to stop people ending their own lives, while another arm legislates to help them do exactly that provided they meet the eligibility criteria. Suicide is a terrible thing, but people have always chosen to end their own lives and will continue to do so.

If a person suffering from a terminal illness wants to end their own life, I do not stand in judgement of that choice. From my perspective that is their right, but the question before this Assembly is not whether people should have that right; it is whether government should be the one assisting. My answer is no; that is not the role of government. I believe in small unintrusive government, with minimal intervention in the lives of Territorians. Voluntary assisted dying is, at its core, government intervention to end a person's life. I cannot think of a more intrusive act of government than participating in facilitating and advocating for the end of a life.

None of this is an argument that people should be forced to suffer or that this Assembly cannot legislate in this space. It is an argument that we owe Territorians and each other the honesty to call this what it is before we vote on it. If we are going to help people to die, let us do it having told the truth about what we are doing, not through a statutory redefinition that exists to make the word 'suicide' disappear from the conversation entirely.

The second point I raise is about the critical role of palliative care, which several other members have raised today. What palliative care offers is not a waiting room for death; it is active skilled care that relieves pain and distressing symptoms, supports psychological and spiritual wellbeing and helps the person live as fully as possible for whatever time remains, while also supporting the family and carers around them. Done well, it gives people choice—choice about where they are cared for, how much intervention they want and how they spend their remaining time. That is precisely the language now being used to justify voluntary assisted dying.

Territorians deserve that same standard of genuine choice applied to palliative care itself. In large parts of the Northern Territory now, they do not have it. Specialist palliative care in the Northern Territory is delivered through Territory Palliative Care based out of Darwin and Alice Springs. That geography tells you most of what you need to know about the problem. About half of all Territorians live in regional and remote areas and roughly a third identify as Aboriginal or Torres Strait Islander. For many of those Territorians, accessing palliative care means leaving country, family and community often at the exact moment those things matter most.

NT Health has described palliative care provision in the Territory as woefully insufficient. That is not an activist characterisation. It is the government's own Health department describing its own service. Consultation carried out for the Legislative Assembly's inquiry into end-of-life choices heard directly from Aboriginal Territorians in remote communities who describe being forced to choose between continuing medical treatment and returning home to pass away on country because the system could not offer both.

That is not a resourcing gap at the margins. That is a fundamental failure to deliver equitable care to a third of the population.

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.

Mrs LAMBLEY: The Northern Territory has the fewest trained medical practitioners relative to disease burden of any Australian jurisdiction, a health workforce already managing complex multimorbidity, cross-cultural care demands and profound socioeconomic disadvantage across vast distances and with high staff

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turnover. Palliative care sits inside that same stretched system, competing for the same nurses, the same doctors, the same limited remote infrastructure as every other essential service.

Aged care in the NT faces near identical constraints and demand is only rising. The Territory has the fastest growing population aged over 65 of any Australian jurisdiction and dementia is the fastest growing disease burden nationally. None of that pressure is going away. All of it lands on the same underfunded shoulders palliative care already relies on.

Every Australian jurisdiction that has introduced voluntary assisted dying has seen demand for palliative care rise sharply in response, not fall. That is a well-documented pattern and there is no credible reason to expect the Northern Territory will be any different.

If anything, given our remoteness and the scale of the existing gap, the pressure here will be more acute. Multiple submissions to the Legislative Assembly's own inquiry from medical bodies, palliative care organisations and Aboriginal health services alike made the same point in different words—voluntary-assisted dying must never become the default option pursued because genuine palliative care was unavailable, inaccessible or under resourced.

A choice made because there was no real alternative is not a free choice at all. This is why sequencing matters. Legislating assistance to die is the easier task, legislatively and politically, than the harder work of funding and staffing and delivering equitable end-of-life care across a jurisdiction the size of the Northern Territory.

But if the Territory is serious about genuine choice at the end of life, the harder task cannot be left to follow years behind the easier one. A territory-wide palliative care strategy, properly funded and specifically designed to reach remote and Aboriginal communities rather than assuming Darwin and Alice Springs infrastructure is enough, is not a nice-to-have alongside VAD. It is the precondition for VAD ever being a genuinely voluntary choice in the Territory.

Well-funded palliative care in the NT context means more than an increased budget line. It means workforce investment specific to remote and cross-cultural care, not reliance on outreach from two urban centres. It means care navigator models that help patients and families understand and access the options genuinely available to them. It means culturally safe services built with, not merely for, Aboriginal communities so that returning to country and receiving quality palliative care are not treated as mutually exclusive.

It means funding certainty, a standing commitment, not a contestable line item revisited each budget cycle so that services in Katherine, Tennant Creek and remote communities are not perpetually the first casualty of fiscal restraint.

Territorians facing a terminal diagnosis deserve the same thing regardless of where they live. Genuine choice, delivered with dignity, close to the people and country that matter to them. We cannot claim to be offering that choice, while the palliative care system meant to deliver most of it, remains, by the government's own admission, woefully insufficient, funded properly and funded first.

What happens next when it comes to the giving of life and the taking away of life in the NT? This bill is a thin edge of the wedge. Like one of my former parliamentary colleagues in this Chamber used to remind us all at critical junctures in debate, be careful what you wish for. Thank you, Chris Burns.

For many, this Bill will bring relief, strength, options, peace and indeed an end, but from a policy and legislative perspective it is important as legislators we consider: what next? The implementation of this Bill and the evolution of the rights of the terminally ill needs to be observed closely. As with the experience of other countries the reality is that voluntary assisted dying is likely to expand and broaden. This is the reality—the thin edge of the wedge. Will we next be advocating to assist people with disability; people with mental illness; people who have acquired brain and body injury; or sick children, like in Belgium, to die? Will we be legalising the circumventing of their lives because of the hardship of their lives? Is the exploding ageing population around the world making voluntary assisted dying an economic solution, to the financial burden of looking after our sick and elderly? Will the terminally ill and the aged now feel more than ever that they are a burden on society and that they should be legitimately questioning when they will end their life, taking away the misery of their own life and the lives of the people who have to care for them.

For some voluntary assisted dying sends the message that old dying people are a burden on society and that a solution is for them to be assisted to die. I do not like any of this. This is an awful scenario, but let us be honest, it is a distinct possibility. At my core I am a Liberal. I subscribe to personal autonomy people

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choosing what is right for them. Liberal ideology values, individual freedom, personal autonomy and limited state interference in private life. It is grounded in the belief that adults should have the right to make decisions about their own lives, and by extension their own deaths provided those decisions do not harm others. From this perspective voluntary assisted dying aligns closely with my principles because it upholds the individual's right to choose circumstances of their death when facing unbearable suffering from a terminal illness. Allowing VAD is seen as respecting personal autonomy, human dignity and self-determination.

However, liberalism also values the protection of life and the role of the state in safeguarding the vulnerable. Thus, even with a Liberal framework there is recognition that strict safeguards and regulations are necessary to ensure that VAD is truly voluntary, informed and free of coercion. I have a degree of confidence that voluntary assisted dying represented in this Bill represents a balance between respecting individual choice and maintaining ethical and social responsibility.

In conclusion, last week as I contemplated the profound seriousness and complexity of this Bill, one thing made sense to me, and that was to visit the oldest person and one of the wisest I know in Alice Springs and ask her what she thinks about this whole voluntary assisted dying business. I trotted off to Flynn Lodge last Wednesday and had a chat with Mrs Jose Petrick about her thoughts on voluntary assisted dying. Jose turned 102 in February. I asked her what her view was on voluntary assisted dying. Very simply she said that people should have a choice. I agree with Jose Petrick and the many people throughout the Northern Territory who support voluntary assisted dying.

The Northern Territory like all Australians should have a choice when it comes to voluntary assisted dying. I acknowledge that all Australians apart from Territorians have access to VAD, and I will not deny Territorians the same rights as other Australians, but my support for this Bill does not erase what I raised earlier in this speech. The hypocrisy, contradictions and lies in this Bill are real, and they do not disappear simply because this Assembly is about to vote yes. I have named them so they are on the record and so that this government cannot say it was not told. I will vote in support of voluntary assisted dying in the hope that the Northern Territory delivers this highly controversial service in the best possible way to Territorians.

Mr HOWE (Drysdale): Mr Deputy Speaker, on the VAD Bill I will vote on the principle and grounds of individual liberty that I strongly uphold. I will vote in favour of the current legislation. That is quite a short line for what has been a monumental wrestle personally and for most Territorians as we come to this vote. It is a complex matter, and we are complex beings. On the matter of death a lot of different principles have clashed, and at the end of the day I am best representing the views of Drysdale and that principle of liberty that I believe that the individual above all should be able to author their own path, and if that means authoring their own death then so be it.

This Chamber can make laws on life and death, but I do not believe this Chamber has a monopoly on the morality of those two things. We can make it legal, and that is all. For me death remains a matter between my own mind, conscience, God and my wife, who I fundamentally believe is the second half of me. That is just me, and I completely understand that is the view that I hold. For many Territorians it will be between themselves and their conscience and their family. This Bill as it stands provides the best chance of everyone being able to exercise the authority that they believe death should be wrestled on.

Ultimately, I will vote to support that right of liberty and free will for individuals to exercise. I believe my own conscience weighs heavily, and I have a duty to ensure on every Bill that it does. I seek to both wrestle with myself and my own views on matters of such important conscience, and the Chamber has been granted conscience. More than ever do I have that duty to fill that. I must represent the electorate, and I have wrestled greatly on the peculiarities of the Bill/ I think that is where a lot of us will find differ intention on how far we support VAD, what a safeguard is and where the safeguards should begin and end.

I do not know if there is a perfect VAD Bill; I do not know if that is a thing. I have spoken to so many people, especially in the last few weeks about this topic and there are very passionate views across the entire spectrum. I have found that not one of those views is wrong. Everyone has what they believe is the best thing in mind with their view on this topic.

I believe the electorate is in favour of it, and I have a duty to the electorate and a duty to support that majority view. I believe the electorate also supports safeguards. Liberty in any sense requires safeguards. I have often spoken on crime, in that I believe your freedom ends where another's begin. I must stay true to that value on this principle here in VAD as well. I suppose an individual accessing VAD, as long as it truly stays in the realm that they control it and it does not impact another individual, and it stays true to that principle of your freedom exists and extends to where another's begins.

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I will speak a little bit about conscientious objection and why I too will be such a proponent this week on ensuring strong conscientious objection rights.

Before I go into that, I thank the Attorney-General, Marie Clare Boothby for her work. This has been an incredibly complex Bill. It is a hard Bill, and I take my hat off to the Attorney-General for taking this on and willing to put before this House a Bill on voluntary assisted dying and wrestling with the views across the Northern Territory and putting something that can be balanced and accepted by a majority of Territorians, which in its current form we have.

Those who strongly oppose VAD do not lack compassion. I have found that those who strongly oppose VAD have a great sense of the value of life at all stages. The argument that it lacks compassion—you could go to the extremes of where this debate can go. I will not go there because after speaking with many genuinely sincere conscientious objectors over the past few weeks, I see their point of view deeply and their value of life at all stages. There is no lack of compassion. I say there is a huge amount of compassion for human life in their views.

Likewise, those who want VAD, I do not believe are looking to kill people. They are appealing to ending the suffering at the end of someone's life who does not want to continue in that suffering.

Neither is wrong, in the sense of their underlying compassions, is what I am trying to get at. This is where it is difficult for lawmakers. The law must operate in black and white. However, as this Bill has shown me, the views of people exist in an extraordinary tapestry of colour. To take that tapestry and put it into black and white law is an extremely difficult task on a matter that has such a board spectrum of views. That is our job. The law has to be black and white, the way it is, so others can make sense of it. It falls on the 24 of us to come up with a black and white legislation that can be worked with.

The Bill, in its current form, is balanced. As I spoke, I do not believe there is such a thing as a perfect VAD Bill. A lot of Territorians will be glad in the safeguards that exist and whereabouts we have landed on it.

I will speak on the Commonwealth intervention. I cannot ever support Commonwealth intervention into the legislation passed by this parliament. Unfortunately, it is a relevant topic again that the Northern Territory is facing. However, I stand by the principle. It would be regardless of whether I was in government or not; it is not for the federal government to every intervene in the power of this Chamber to self-rule and self-govern.

I use this opportunity to again call for my belief that we should take statehood with the full entitlement of rights and take up our position in the Federation as a fully incorporated state and a constitution for the Northern Territory.
I intended originally, many months ago, to read the poem of Dylan Thomas, *Do Not Go Gentle Into That Good Night*. It is a beautiful and stunning piece. For a long time, it has been one of my favourite poems. It still speaks to me.

It comes from the perspective of the son pleading with his dying father to rage against the dying of life. In my wrestling on this issue I came back to the question, 'What of the father's perspective?' I had always looked at this as a son; I still am. I had always taken on the poet's perspective in that rally cry. However, I can no longer see the world only as a son. As this privileged position demands, I must have a world view that incorporates the entire spectrum of the lives of the individuals I represent, and I certainly do not pretend to have the wisdom of an entire life that is well lived, but I must try.

The Member for Araluen spoke very elegantly, and it is a tough act to follow, but I will touch on the topic of suicide, as discussed. For those who are not aware or have not been close to suicide, any individual who undertakes suicide have no doubt they are suffering from an insurmountable internal pain, an insurmountable suffering, that in that moment, they believe death is a better option.

We can speak of the tragedy of suicide, and we see it as a tragedy in youth; however, I will never deny the individual who commit suicide the grace that their suffering was, in that moment, insurmountable.

That is why this, this Bill, I think is hard to conflict. It is a tough decision, but I can understand that at the end of one's life, when you felt you lived a good life and no longer can see meaning in suffering, it is not for me to stand in the way of the decision you want to make. I do not romanticise suffering, nor do I wish to. I think suffering does bring great meaning and change to our lives, but that is for each individual to judge. It is not my job or my place—and certainly not government's place—to tell an individual the suffering they have to deal with and what purpose or meaning there is to that.

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I raised that I was speaking with conscientious objectors a couple of weeks ago and since, I have genuinely been inundated with conscientious objectors writing to me. Even today, checking my emails again, NT Health practitioners from across the NT are writing to me asking for stronger safeguards and saying they want no part in the voluntary assisted dying process, so I will be raising two amendments. They are my two strongest amendments in the sense of what I would push for. They are to strengthen and clarify the conscientious rights of the individual, and also for entities.

I have sent them to the Table Office, so all members are aware, and I sent through my reasoning to each individual member last week. And as I get to those amendments, I will also speak to that same reasoning to put it on the public record so individuals can see what I sent to my fellow peers.

Of the conscientious objectors, I have received over 40 from doctors and nurses in the Northern Territory who have very strong views. Those views are incredibly diverse. There are cultural reasons, faith reasons, and some on purely medical ethics reasons. Just today I received an email from a doctor who opposes it on the basis that it goes against his Hippocratic Oath.

I will be moving that what is in the regulations is clarified in the legislation, and I will be moving also that entities can conscientiously object as well.

In passing those amendments, I speak to just give a greater voice to the conscientious objectors throughout the Northern Territory, and regardless of what motivates them to conscientiously object that they have a strong voice this week in this House.

I acknowledge Nick from the ACL in the Chamber, who has championed conscientious objection and has done workshops with some of the doctors I have spoken to in the last few weeks. It is important to acknowledge that as it can be a lonely path—as probably everyone in this Chamber has known at times—when you are advocating for something you strongly believe in but might be against the tide of public commentary, media commentary, and it always takes a courageous stand. That is something probably every member of parliament can understand. For those who have advocated across the spectrum, it is worthy to acknowledge the courage it always takes.

The other amendment I will move is against anticipatory suffering, which is in the Bill. I spoke of how I do not want to romanticise suffering at all, but this is a deeply conscience and personal view I hold. I want to at least put forward an amendment to remove that, as I do not support the ending of a life on the basis of suffering that has not occurred and forecasting an event and treating it as the now. I just do not support that in legislation. I sent to my peers that it is not something I intend to at all lobby on them. In fact, across my amendments, I have truly tried to uphold that principle of a conscience vote, and I have simply put my reasoning to my fellow colleagues across the Chamber. On that one in particular, I just stated that is a deeply personal conscience issue, which is while I move that amendment.

The fourth amendment will be on the death certificates. Again, this is on the principle of purposely omitting information, but acknowledge to the entire Chamber, and when we get to this amendment, that this is not a simple amendment. I say that because we should be aware of any second and third-order effects of, if that amendment were to pass, what is then required is genuine amendment to insurance and superannuation legislation. If you are not willing to do that, do not support the amendment. I would hate to see a grieving family who may have no impact on the decision being left out in the cold as a result. I believe we should not be lying on legislation. I just think it is an incredibly slippery slope. On principle, I will put that amendment forward and where I believe the actual legislation should change, which sits federally under the insurance and superannuation. If there is anything at an NT level, then we should deal with that as well, but I think that the correct laws need to be changed.

I hold fears, and I would be lying if I said that there is a small piece of me that hopes I do not regret this decision in 50 or 60 years' time. I hope that safeguards remain throughout VAD and that future generations of legislators hold onto—safeguards might change and that kind of thing, but I would hate to see a society where it becomes treated as a normal thing because there is a lack of care from society or family. That is an avenue I genuinely fear we go towards.

The roots from this point are many. I hope that should future legislators be looking at what we intended, it was not that. The intent was for the select few, without coercion, under their own authority, end suffering at the end of their life.

Regardless of the outcome of any of my amendments, I will be supporting the legislation as it currently is.

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Mrs HERSEY (Education and Training): Madam Speaker, I thank and acknowledge the Legal and Constitutional Affairs Committee for the considerable work it has done. The consultation has been done across the length and breadth of the Territory, with organisations, community groups and individuals. The team has travelled to remote communities to consult far and wide across a diverse range of people. It almost had a catastrophe, where it was forced to land in Katherine during that time.

This consultation has happened over 30 long years since it was brought in as a private member's Bill by Marshall Perron in 1995. It is an historic day because this is about all Territorians finally being able to have their say and vote on something that 30 years ago should not have been overturned by the federal government. We in the Territory all know that the thing Territorians dislike most is the federal government coming over the top of us and changing our laws.

I will add a few things in reflection, after listening to the Opposition Leader this morning in her contribution. I find it a bit rich that she, as the previous Attorney-General, could not help herself from having have a snipe to say that this legislation should have been brought in earlier. The previous Labor government had eight long years where it was not even raised, apart from the consultation at the end with a report that was shelled with many other reports that they had.

I stand as a proud CLP government member, where we have got on with doing the job the previous government could not do. This legislation is being debated and will be a conscience vote that will, hopefully, pass by the end of debate.

The vast number of consultations by a bipartisan committee resulted in an overwhelming support for voluntary assisted dying or Rights of the Terminally Ill Bill that we have before us. I note there are varying views and amendments that have been put forward that will be debated on Thursday. In true style of a conscience vote, members are able to put forward their thoughts.

Many people contacted me about their choices, but one thing is for sure: they are all positive and just want this Bill to pass to enable people to have a choice over their time of death, in the place they choose, and with dignity. It is about making sure that they die with dignity and the safeguards are in place, which is why there are time frames like the 12 months of illness before accessing. There will also be a review in three years which gives significant time for the work to be done.

I will probably take my contribution a little differently today and talk about some people in my electorate who have made contact with me who want their thoughts on the record. Lori Martin, who I have known for a long time in Katherine, is a huge supporter of euthanasia. A constituent of many years in Katherine, Lori was so desperate she even googled how to tie a hangman's noose. Lori is terminally ill and says that she has been left with no choice but to find out how to end her life.

Before Lori became unwell, she had been an active participant in our community, filled with adventure. These days, she says that she is consumed with a relentless suffering and the growing terror of a slow, powerless and undignified death. Lori has COPD (chronic obstructive pulmonary disease). This is a degenerative lung condition that slowly suffocates the person. As Lori's disease consumes her, she would desperately like to maintain her composure, dignity and pass at a time of her choosing when the breathing gets too much and the pain is burdensome.

Lori says that if she wanted euthanasia she would need to move interstate or have a long drawn-out process with an uncomfortable death. She is looking forward to the passing of this legislation and will be watching online today.

Other constituents have emailed me and are desperately waiting for this legislation to pass. Just like Lori, Sam also wrote to me in 2024. I have known Sam for a very long time. She was my daughter's preschool teacher. Her diagnosis has slowly removed her from work and social circles. She says she was an active teenager into sport when she started having a struggle health-wise until she sought medical help and was diagnosed with a rare form of muscular dystrophy, facioscapulohumeral muscular dystrophy, or FSHD.

Having lived in the Territory since 1993, during her working days and when trying to continue with exercise, Sam noticed life was getting a bit more difficult as the years went on. People were calling her lazy, and she felt lethargic. She was again referred to a specialist and was diagnosed with a tumour on her pituitary gland. After operations, most of the tumour was removed. Sam still lives in Katherine today but is aided by her family, who moved here from interstate to support her and her husband Lindsay so he can continue to work. Sam's diagnosis of FSHD means she is in constant pain with no cure and no treatment. Sam's email was not unlike others I had received.

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Sam has had the conversations already with her family and with her medical team about the right to die humanely in a place of her choosing and at a time when she no longer wants to endure the pain. One thing Sam made explicitly clear is that it should be up to her to make that choice, which is what this Bill does. It is patient centred.

Another constituent, Dani Ford, tells me the story of how she nursed her mother for 10 years and says she watched and participated in her mother's living torture, as she calls it. Dani says she would not wish that level of suffering on any fellow human, and she says her mother suffered a long living death. Throughout her illness, she often expressed quite pragmatically and rationally that if it was available, she would have chosen euthanasia.

Another email was from a family member of Elizabeth Ann Holmes, who died without the choice of dignity and took her own life due to the constant illness and the pain she endured. She was 77 years of age.

There are many I have not spoken of here today, but I have read their stories. Their stories matter. The overwhelming majority of the stories I have heard are to past this Bill so there is a choice for people. It is not right that we were once the leaders in the nation, and now are the last jurisdiction to pass the rights of the terminally ill.

I am proud to be in a team that has brought this historic and important Bill to the Assembly, and I thank the Attorney-General and all members of the committee, who have done the hard work in consultation. I would like us all not to lose sight of the fact that there is a choice should you wish to go down that path. No matter what your religious beliefs are, your cultural story or your circumstance, I respect every member of this Chamber to have that conscience vote.

I will be voting in the affirmative and will not stand in the way of Territorians having that choice. I commend this Bill ill to the Assembly.

Ms CAHILL (Trade, Business and Asian Relations): Madam Speaker, I support the Rights of the Terminally Ill Bill. The NT has a unique history in this debate, one that I have been involved with from the very start, back in 1995, when this parliament became the first legislature in the world to pass legislation expressly permitting voluntary assisted dying.

The legislation subsequently operated from 1 July 1996 before it was nullified by the Commonwealth in 1997. As many of my colleagues here today have said, that there is nothing Territorians dislike more than being dictated to by those in Canberra.

Today, after the restoration of the Territory's legislative power to consider voluntary assisted dying, we have the opportunity to make that choice for ourselves once again. The Northern Territory Government has undertaken a consultation process, and the current Rights of the Terminally Ill Bill was introduced into this Assembly on 23 July 2026. Today I am proud to be part of a parliament that provides the Territory to again have the opportunity to determine its own position on this profoundly personal issue.

I want to be completely honest with this House and with the people I represent. I personally do not support voluntary assisted dying.

It is my own deeply held view based on my life experiences. It is not one I seek to impose on others as I respect that everyone's individual experiences create their own value and belief system. Being an elected member of this parliament, however, means something bigger than simply bringing my own personal views into this Chamber, especially when the matter being debated by the parliament is one of conscience.

I was elected to represent the people of my electorate, and my conscience tells me that on an issue as deeply personal and consequential as this, I have a responsibility to listen to the people of my electorate who elected me to express views they have expressed to me.

In speaking in support of this Bill, I do so not because this is an easy issue; it is not. It is one that I personally have struggled to support.

Questions about how we live, how we die, what choices should be available at the end of life go to some of the deepest values we hold as individuals and as a community. My constituents have told me in different ways and from different perspectives that when a person is terminally ill, facing unbearable suffering, and

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approaching the end of their life, they should have the right to make an informed and voluntary choice about how that final chapter of their life is managed.

Having been given the opportunity to vote in accordance with my conscience, I will be honest that balancing my personal beliefs and my commitment to represent the community who elected me to represent them in this parliament and who overwhelmingly have asked me to support the passage of this Bill has not been easy. After much soul searching, my choice, both in conscience and in commitment to my constituents became clear.

In searching my conscience, I reminded myself that whilst my personal views frame who I am as a person and guide my moral compass when considering complex matters such as voluntary assisted dying, being elected to this parliament means something bigger than simply bringing my own personal views on critical matters to this Chamber.

I was elected to represent the people of my electorate, and my conscience tells me that, on an issue as deeply personal and consequential as this, I have a responsibility to listen to those constituents and to respect the view they have expressed to me. I have listened to them. I have heard from people who believe that a terminally ill person should have the option, under carefully prescribed circumstances and with appropriate safeguards, to make their own decision about how they end their life.

I have heard from people who have witnessed loved ones experience profound suffering. I have heard from constituents who believe that whatever choice they would make personally, they do not believe the law should deny that choice to someone else who meets the strict requirements established by parliament. I respect those views.

Ultimately, my conscience tells me that my responsibility as their elected representative is to represent them. It is for that reason I support this Bill as it has been introduced.

In reaching that decision, I recognise there are differing views on the construct of the Bill and there are a number of amendments proposed reflecting that legislating for voluntary assisted dying is never simple or straightforward.

Asking a parliament to legislate for voluntary assisted dying is one of the most difficult questions that any parliament can be asked to consider because it concerns life, death, suffering, individual autonomy, medical ethics and the protection of vulnerable people. These are legitimate concerns on both sides. Those concerns must be taken seriously.

If this parliament will provide a legal framework for voluntary assisted dying, that framework must contain strong safeguards. We must protect people from coercion, ensure decisions are genuinely voluntary, that people have capacity to make the decision. We must ensure they understand their options, including palliative care, and ensure that people are not choosing this pathway because they have been denied appropriate care, support or dignity. These safeguards are not obstacles to the legislation; they are essential to its integrity.

I want to make something clear: a vote in favour of this Bill should not be interpreted as requiring every Territorian to agree with voluntary assisted dying. It does not require anyone to choose voluntary assisted dying or require a doctor to participate where the law provides for conscientious objection. It does not diminish the importance of providing high-quality palliative care.

It establishes a framework under which an eligible person can make a choice at the end of their life to access voluntary assisted dying.

Although this is a choice I would not make, I respect this is a choice that others have articulated is one they want the right to make. As elected representatives we sometime face a difficult tension between our personal convictions and the views of the people we represent and there will always be occasions when we must exercise our own judgement, even when that means disagreeing with our constituents, but there are also occasions when our conscience tells us that our role is to listen. For me, this is one of those occasions. I do not believe that representing them requires me to pretend that I personally agree with every policy position they hold; it requires me to be honest about where I stand, to listen carefully to what they are telling me and then to make the best decision I can on their behalf, which is what I am doing today.

I will vote for this Bill and do so respectfully and honestly. I recognise the enormous responsibility that this parliament carries in getting the balance right. We must protect the vulnerable, uphold the integrity of our

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health system, ensure appropriate access to palliative care and establish rigorous safeguards but also respect the autonomy and dignity of those Territorians who are at the end of their lives wanting an option that I personally would not choose. I know reasonable and passionate people will disagree on the question, and I respect those who oppose the Bill, but my responsibility is not to simply represent my own beliefs; it is to represent the people who elected me. My conscience tells me that on this occasion I must represent their wishes, even though they differ from my own, and support the passage of the Rights of the Terminally Ill Bill. This is not because I have changed my personal beliefs, but because I believe representing the people who entrusted me with this responsibility requires me to do so.

Mrs ZIO (Fannie Bay): Madam Speaker, today words cannot express how happy I am to support the Rights of the Terminally Ill Bill. It may have taken 30 years, but we got here.

We are debating the reintroduction of the Rights of the Terminally Ill Bill, but I also rise with the view that this Bill can be improved. During consideration in detail, I intend to seek amendments to two provisions of this Bill. The first is to remove clause 16, which prevents doctors from being able to provide terminally ill patients with information on voluntary assisted dying. The second is to remove clause 19(1)(d)(ii), which imposes the requirement that a person's disease, illness or medical condition be expected to cause death within 12 months.

I will explain why I believe those changes are important, but, first, I want to ensure people know that there are some speeches that are easy to write. There are debates when we can stand in this Chamber, make our political arguments, quote legislation, point to statistics and sit down. This is not one of those debates because, ultimately, this debate is about something every one of us will face: death. It is about how we treat people when medicine can no longer cure them. It is about suffering, dignity, families and whether, at the very end of someone's life, we are prepared to listen to the person whose life it actually is.

I begin by stating clearly where I stand. I support a person's right to die with dignity, when and how they choose to do so, provided that decision is informed, voluntary, free from coercion and made within the appropriate legal framework. I reached that position by listening to people. I have sat with families and heard the stories of people who are terminally ill and are dying or have died. I have heard about the terrible circumstances that can arise when the law provides no compassionate option for someone who believes their suffering has become unbearable.

I will tell some of those stories because this debate must never become simply a debate about legislation. Behind every clause is a human being, behind every argument is a family, behind every diagnosis is a person and behind every terminal illness is somebody who deserves to be treated with dignity until their very last breath.

Few issues generate views as deeply held as voluntary assisted dying. Both sides of this debate raise serious and legitimate arguments. People have deeply held beliefs about life and death, religious convictions, personal experiences, fears about where laws such as these may lead, and people have genuine concerns about protecting those who are vulnerable.

All those concerns should be heard, not be dismissed. But equally, the voices of people living with advanced, progressive and incurable illnesses must also be heard. Our health system is otherwise built around the patient. We talk about patient-centred care, about informed consent, about autonomy, and about respecting the wishes of the person receiving treatment.

Yet, at this extraordinary point in medical care, we have historically told the patient that one choice cannot be available to them, and we must ask ourselves why. Why should a competent and informed adult, suffering from an advanced and progressive condition that will ultimately cause their death, have no meaningful say in the circumstances of that death?

Many people who seek voluntary assisted dying may eventually become physically incapable of ending their own lives, and even where somebody remains physically capable, I do not believe we should leave people choosing between a prolonged death they consider intolerable and potentially violent or traumatic means of ending their suffering themselves.

We can do better than that. We must do better than that. The Northern Territory has a special place in this debate. We like to think of ourselves as frontier country: independent; practical; prepared to do things differently. Historically, the Northern Territory has been at the forefront of the international debate over voluntary assisted dying.

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On 25 May 1995 the Northern Territory became the first jurisdiction in the world to pass legislation allowing a doctor, in prescribed circumstances, to assist a terminally ill patient to end their life at that patient's request. The Rights of the Terminally Ill Act 1995 was not an unrestricted right: strict conditions applied; there were safeguards and requirements; and there was a process.

The Northern Territory was prepared to have this difficult conversation before many other jurisdictions around the world were prepared to do so. Then the Territory's ability to legislate in this area was taken away, as many have talked about today. For decades, Territorians lived under a federal restriction preventing this Parliament from determining this issue for ourselves.

I believe Territorians should be trusted to have this debate, that this parliament should be trusted to determine the laws that apply to Territorians, and that people facing the end of their lives in the Northern Territory deserve the same dignity and choice now available elsewhere in Australia.

An important principle of this government is that people should have control over their lives and, wherever possible, be masters of their own destiny. I agree with that principle wholeheartedly, and I believe it matters most when the decisions are hardest.

A while back, I was visited in my electorate office by Sharon Cramp and her husband, affectionally known as Spud—who join us in the chamber today. They shared with me the story of Sharon's beautiful mother, Elizabeth Ann Holmes.

Liz was 77 years old when she died. Her life had been extraordinary. She broke her back when she was 53, battled breast cancer for 12 years, and underwent two hip replacements, one of which dislocated earlier that year. Liz was much more than her medical history. She had a terrific career, worked in a bank, raised money through the Miss Australia Quest, worked as a model, in retail, and as a divisional secretary for a prominent insurance company. For 18 years, she volunteered as a Lifeline counsellor. Most importantly, she was a devoted wife and mother.

Liz, who had a close connection to the Territory and lived in outback Western Australia, kept an extraordinarily detailed diary. When you read that diary, what strikes you is that her final decision did not appear suddenly. You can see, in Liz's own words, the gradual loss of the life and independence she valued. In 2013, as her mobility deteriorated, she wrote, ‘God, do not take the legs!’. By January 2014, she was using a walking stick inside her home and taking six painkillers. In April that year, she wrote, ‘Can not stand the pain too much longer’. By November, she recorded that she could no longer stand to cook. In 2015, ‘Can’t do anything with the pain’. Later that year, ‘Nothing works. Just put up with it.’ These are not polished words written for an audience; these are private diary entries. They are a woman recording day by day, year by year, what was happening to her body and in her life.

By April 2016 Liz wrote, ‘I think I’ve had enough pain’. A month later, ‘Feel suicidal; have no life. It’s just too much.’ The following day, perhaps one of the simplest and most confronting entries in the diary, she wrote, ‘I’m existing/not living’. But Liz kept going. She continued her life with her illness, her pain and the increasing loss of her independence.

By 2017 the entries became extraordinarily difficult to read. She records chronic pain, bleeding, being unable to shower properly or wash her hair. She records becoming frightened of haemorrhaging. On 19 June 2017 Liz wrote something particularly relevant to the debate for us today, ‘If we had euthanasia, it would give us time to choose when—a longer life, as I have.’ I think those words deserve our attention.

An assumption is sometimes made in this debate that giving someone access to voluntary assisted dying necessarily shortens their life. Liz saw it differently. For her, having that choice would have removed the fear of losing control. It may have allowed her to keep living, knowing that when her suffering eventually became unbearable, there was a lawful and medically supported option available to her.

Instead, her diary records her world becoming smaller. On 10 July she wrote, ‘Living in fear of haemorrhages. Not living; existing.’ On 22 July, ‘Can’t live like this much longer’. On 5 September, ‘My life is reduced to totally dependent’. On 9 September 2017 she wrote, ‘Have had enough pain and indignity’. Those last words matter, because they are almost exactly what Liz would later tell her family she feared the most.

Throughout these entries, there is something else I find deeply moving. Liz was still thinking about everybody else: her children, her friends and her dog, Katie—the people who cared for her. Even while contemplating her own death, she repeatedly delayed because she was worried about the effect it would have on other people. On 6 September she wrote, ‘Can’t keep thinking of others.’ The following day she was again

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recording horrendous pain. Days later, she was still delaying, because she did not want to hurt the people around her.

This was not, from what her diary tells us, an impulsive decision. It was something Liz wrestled with over a long period while her physical condition progressively deteriorated. That is precisely why I believe a regulated voluntary assisted dying framework matters, because Liz would not have had to navigate those final decisions alone.

She should have been able to speak to someone openly, to appropriately trained medical professionals. She should have been able to understand every option available to her. She should have been assessed for capacity. She should have been assessed for coercion. She should have had access to palliative care and every appropriate treatment. If after all of that she remained eligible and her decision remained voluntary, informed and enduring, she should have been able to make that decision within a lawful and compassionate framework.

Instead, she was left to find her own way.

Then Liz wrote a final letter to her family in which she said, ‘I was so looking forward to my life after my two hip surgeries’. She dreamed of travelling, seeing her children and grandchildren, catching the *Ghan*, visiting Sharon and Spud in Darwin and simply being able to walk Katie again, but those dreams had disappeared. She wrote, ‘I have nothing to look forward to but pain and indignity’, and then, ‘We should all be able to choose when we die’.

Liz did not want the final years of her life to be defined by pain and loss of independence, and because there was no lawful assisted dying option available to her, she ultimately decided to take her own life. She wrote, ‘With great courage and no cowardice, I go to God’. She described her decision as an act of love.

This is a woman who lived a full life, who had worked, raised a family, served her community, spent 18 years helping others through Lifeline, and when she reached that final stage of her life, she believed there was no acceptable option available to her.

She did not have the opportunity to sit down with appropriately trained doctors and enter a structured, regulated and medically supervised process. She was left to find her own way, and that is what I find so difficult. If somebody has reached the point where they are contemplating ending their life because of an advanced illness, surely, we would rather that person to be able to have honest conversations with medical professionals, understand every alternative, be assessed for capacity and coercion and be surrounded by appropriate safeguards and family support.

At Liz's funeral, her family shared a poem, a celebration of life:

‘Do not grieve for me. If my parting has left a void, then fill it with remembered joy. My life has been full. I savoured much: good friends, good times, a loved one’s touch. Perhaps my time seemed too brief. Do not lengthen it now in undue grief. Lift up your heart and share with me. Be happy I am set free.’

Those words are about grief, but they are also about dignity. They remind us that sometimes the question is not simply if we can keep somebody alive. The question is what does a person want to do with their remaining life and what does it look like? That brings me to another Territorian whose story is incredibly important to this debate: Sam Turner, as the Member for Katherine spoke about.

Sam lives with a rare form of muscular dystrophy called facioscapulohumeral muscular dystrophy (FSHD). There are more than forty types of muscular dystrophy and they affect people differently. Sam's story demonstrates something extremely important when we talk about eligibility for voluntary assisted dying. Not every progressive disease comes with a neat timetable; not everyone is told that you have six months or 12 months. Some illnesses progress unpredictably, and some people live with years of deterioration, years of pain, years of increasing disability, years of losing the independence most of us take for granted.

Sam has lived with FSHD for decades and for much of that time, Sam was called lazy. She tired easily, her shoulders were rounded, she was given exercises and devices to correct her supposed laziness, but none of it worked because Sam was not lazy. As a child and a teenager, she was active. She competed in tennis and swimming and was good at freestyle, breaststroke and backstroke; butterfly was the struggle. Years later, the reason for that struggle became clear.

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The disease was affecting the muscles in her back, shoulders and stomach, and when Sam came to live in the Territory in 1993, she noticed her strength deteriorating, and she blamed herself. She then adapted, finding ways to reach high shelves, to put her hair up and changed how she performed ordinary tasks and she kept going. She sought medical help; she met with Doctors in Katherine and a neurologist in Darwin, had blood tests, underwent examinations and answered questions about family history.

For years, there were no answers. At one point, a local doctor in Katherine wrote on Sam's chart that it is all in her head. Can you imagine that? Imagine knowing your body is failing you, living with increasing weakness and being told that it is all in your head.

Eventually, Sam found doctors who listened, kept investigating and did not give up. After years of diagnosis, Sam was eventually diagnosed with FSHD. The diagnosis brought an awful certainty: there is no cure. There is no treatment that stops the disease. There is treatment for the symptoms and for pain, but there is no way to make the disease disappear. Sam lives with that pain every day. She describes the humiliation of no longer being able to do what everybody else can do, the humiliation of using a walking stick, people staring and seeing the pity in their eyes. Sam now uses a wheelchair when shopping in Darwin but remains embarrassed to use it in Katherine.

After more than 30 years as a teacher, Sam had to retire early. Not because she wanted to, but because her body could no longer keep up with the demands of the job she loved. This disease has taken things from Sam: independence, employment and the ability to perform simple household tasks. She cannot simply get herself up if she falls. She cannot cook dinner the way she once did; cannot stand for long periods; wash her hair; hang her own clothes; or sweep and wash the floor—things most of must never think about twice. Sam describes the future she fears as becoming a brain in a body that does not work.

That is confronting, but these are not my words; they are Sam's, and we have the obligation to listen. Sam's experience brings me directly to one of the amendments I intend to pursue during consideration in detail. Clause 19(1)(d) requires that a person be diagnosed with a disease or illness or medical condition that is advanced, progressive and expected to cause death. I support that safeguard. It also requires that the condition be causing suffering to that person that they consider to be intolerable. I support that requirement, but clause 19(1)(d)(ii) goes further. It requires that the condition be expected to cause death within 12 months. I intend to seek the removal of that paragraph.

I do not believe an arbitrary 12-month prognoses should determine whether a competent adult suffering from an advanced progressive condition expected to cause their death is even eligible to be considered. Medicine is extraordinarily good, but medicine cannot always predict the date of a death. A prognosis not a stopwatch. Disease does not read legislation. People do not necessarily deteriorate according to a parliamentary timetable, and some progressive diseases can cause profound and intolerable suffering long before a doctor can confidently say that the death will occur within the next 12 months.

Sam makes this point powerfully. People with some cancers or other terminal illnesses may eventually receive a relatively predictable prognosis. People with conditions such as FSHD may not. Every case is different. Every course of disease is different. Every timeline is different. Removing the 12-month requirement would not remove other safeguards in the Bill. The person would still need to be an adult. The disease, illness or medical condition would still need to be advanced. It would still need to be progressive, and it would still need to be expected to cause death.

The person would still need to consider their suffering intolerable. They would still require decision-making capacity. They would still need to be acting voluntarily and without coercion, and they would still have to pass through the assessment process established by this' legislation. What I do not believe we should do is tell a person, 'Your condition is advanced. It is progressive. It will cause your death. Your suffering is intolerable by you. You are competent. You are informed. You are acting voluntarily, but because your doctor cannot say with sufficient certainty that you will die within 12 months, you cannot have this choice.'

I struggle to see the compassion in that distinction. Sam is not asking to die today. Sam is not giving up on life; quite the opposite. Sam says: 'I won't give up on my life and my rights on how I live it', but Sam also wants the ability to make that difficult decision when the time comes. She has discussed voluntary assisted dying with her medical team, with friends, with family, and she has thought about it for years. Sam says: 'I do not make any decisions on my own, but I do know the final decision should be mine and mine alone, and once I have all the information needed to make an informed choice', that is the distinction.

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This is not about making decisions in isolation; it is about informed choice, medical advice, safeguards, support, time to consider, protection against coercion and ultimately respecting the decision of the person whose body, illness and life are being discussed.

I also want to tell the House about Keith James Carrick OAM—Kal. Kal moved to Darwin in the early 1970s and became part of the fabric of the Territory. He was a mechanic, a bushman, a buffalo shooter, a musterer, a farmer, an inventor, a motorcyclist, a man who lived an extraordinary life. He was also a survivor of the Catholic orphanage system. He had little formal education but developed extraordinary engineering skills through necessity and common sense.

In 2018 he received the Medal of the Order of Australia for his service to the livestock industry through the development of the bionic arm, then cancer came. For six years Kal fought it; treatments, operations, and setbacks. Eventually, the cancer spread and became terminal. Kal knew what he wanted. As Kal was working across the border in outback Queensland, he contacted the voluntary assisted dying team in Queensland, where VAD was available.

The medical process began. There were consultations, there was a second doctor's review, there were safeguards, but as the weeks passed, Kal's body deteriorated. He became distressed because he knew he was becoming too weak to end his suffering himself, then his wife, Rae, told him they had been advised that Tuesday was the day. His entire demeanour changed. He was relieved. He was happy, because he knew his suffering now had an end point, and then something extraordinary happened.

Kal chose to live his last day to the fullest. At five o'clock in the morning, his family took him to the shooting range. He was a keen shooter, and he hit a beer can at 1,050 yards. That was Kal. Even on his last day, he was himself. Three people drove to the hospital. The journey was not filled with despair. Kal was happy. He joked and remembered good times. He walked into the hospital barefoot and said, 'I do not need shoes where I am going'. He had a beer, designed a gate for the farm and said goodbye.

The doctor explained what would happen. Kal confirmed that he understood he was to die. Then, in typical Kal fashion, he made one final joke, 'I promise I will not snore'. Rae cradled him in her arms and, in two breaths, he was gone. Rae later wrote, 'If there is such a thing as a beautiful death, that was it'. Rae still feels his loss every day; of course she does, but she respects Kal's decision and remains grateful that the law gave him the opportunity to end his suffering on his terms and with dignity.

Liz, Sam, Kal—three different lives, three different medical circumstances, three different experiences of suffering, yet they bring us to the same fundamental question. Who should ultimately have a say in how a competent adult faces the end of their life? Should the law make that decision without regard to individual circumstances? Should it be someone who has never met that person and somebody who does not know their pain or should a competent adult, after receiving medical advice, understanding the alternatives and satisfying rigorous safeguards, be permitted to make that profoundly personal decision? I believe it should be the latter.

This brings me to the second amendment I intend to pursue during consideration in detail. Clause 16 prevents a health care worker, while providing health or professional care, from initiating a discussion that is in substance about voluntary assisted dying or suggesting voluntary assisted dying to a patient. I intend to seek the removal of clause 16.

I understand why it is there. I understand the concern that vulnerable patients must never feel that a doctor, nurse or other health professional is encouraging them towards death. I share that concern. Coercion or pressure must never be tolerated. A person's age, disability, illness, financial circumstances or perceived burden on their family must never be used to suggest that their life has less value.

However, I do not believe the answer is to prevent health professionals from initiating an appropriate conversation about a lawful medical option. There is an important difference between providing information and applying pressure and discussing an option and recommending that somebody take it. There is an enormous difference between informing a patient and coercing a patient.

If we genuinely believe in informed choice, then patients need information. A person cannot make an informed decision about an option they do not know exists. The people who may most need that information can also be the least likely to know how to ask for it. That is particularly relevant in the Northern Territory. We have remote communities, language barriers, varying levels of health literacy, patients who may not understand the medical system, and people who may never have heard the words 'voluntary assisted dying'.

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Why should those people receive less information simply because they did not know the precise question to ask?

I want our doctors and appropriately qualified health professionals to be able to have honest and compassionate conversations with their patients about end-of-life care. That conversation should include palliative care, pain management, psychological and social support and treatment choices. Where clinically appropriate and lawful, I believe it should be capable of including voluntary assisted dying. That is not coercion; that is informed healthcare.

If we are concerned about inappropriate conduct, then let us regulate inappropriate conduct, enforce the safeguards against coercion, ensure practitioners receive proper training and that we have oversight. I do not believe we should achieve patient protection by withholding information from patients.

I will be clear: supporting voluntary assisted dying does not mean I believe people should be encouraged to die, disability makes a person's life less valuable, elderly people are a burden and it does not mean palliative care is unnecessary. It is quite the opposite; palliative care must remain an essential part of end-of-life care. People must have access to excellent pain management, psychological support, their families and medical information, and vulnerable people must be protected. We must also acknowledge that even excellent palliative care cannot necessarily resolve every person's suffering; nor should any of us presume to know what level of suffering another human being should be required to endure.

Some people argue that vulnerable people could be pressured into accessing voluntary assisted dying. I understand that concern, and that is precisely why safeguards matter. This decision must be voluntary. The person must have decision-making capacity, understand their diagnosis and options, have appropriate medical advice and understand alternatives, including palliative care. Coercion must be identified. Medical professionals must be appropriately regulated, and there must be clear reporting and oversight. These are not arguments against voluntary assisted dying; they are arguments for getting voluntary assisted dying legislation right. They are arguments that I believe we need to address in this Chamber.

That is exactly why I support this Bill while also seeking to improve it. Supporting the principle of the Bill does not require us to accept that every clause has been perfectly drafted. Our responsibility in this House is not simply to pass legislation; it is to scrutinise it, test it, listen to Territorians and, when necessary, amend it.

There is also a deeply personal reason why this issue matters to me.

Ms BOOTHBY: A point of order, Madam Speaker! Pursuant to Standing Order 43, I move that an extension of time be granted to the member.

Motion agreed to.

Mrs ZIO: I have seen within my own family and amongst friends what it means to face the end of life of somebody you love. These moments do not begin in a hospital room, and they certainly do not begin here in parliament. They begin much earlier, around the kitchen table when a family starts talking about what the future might look like; in a quiet conversation between husband and wife or between parent and child; in a doctor's consultation, when difficult questions are finally asked; and sometimes in the middle of the night, when the rest of the world sleeps and a family confronts a reality they never thought they would have to face. These are deeply private moments—moments of fear, sadness, love and sometimes of extraordinary courage.

I believe we must approach this debate not simply as legislators or politicians, but as human beings because one day, any one of us may find ourselves sitting beside someone we love, holding their hand and confronting the very questions we are debating now. When that day comes, I hope we will have built a system that does not simply tell people what they must endure. I hope we will have built a system that listens, protects, informs, provides every appropriate option and, above all, treats people with compassion and dignity at the most vulnerable moment of their lives.

There is a fundamental difference between giving up on life and having control over how it ends. Liz wanted to live. Kal wanted to live. Sam wants to live. They wanted their lives to have meaning. They wanted to see their families. They wanted to travel, work and walk their dogs. They wanted their independence. They wanted to be themselves.

Voluntary assisted dying is not about telling somebody that their life is not worth living. It is about recognising there may come a point in time when, because of advanced illness, a competent person considers their

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suffering intolerable. If that person is informed, free from coercion and satisfies a strict legal framework, I believe their choice deserves to be heard.

We all know how precious life is, and that is exactly why this debate is so difficult. However, valuing life does not require prolonging suffering at all costs. Respecting life does not require ignoring the wishes of a person living it. Compassion does not require removing autonomy. Protecting vulnerable people does not require denying every competent adult the ability to make an informed decision. We can do both; we can protect and respect. We can have safeguards and choice. We can have palliative care and voluntary assisted dying. We can value life and respect dignity at the end of it.

I finish where I started, with people, not legislation, politics or ideology.

Liz Holmes, a woman devoted to her family and community, who at the end believed she had no acceptable option other than to take her own life.

Kal Carrick: a Territorian who lived a remarkable life and, when faced with terminal cancer, was able to die peacefully, surrounded by people he loved, because the law gave him that choice. Sam Turner: a Territorian living with an incurable and progressive disease who does not want to die today, but who wants to retain control over that decision if her suffering reaches a point she can no longer accept. Three stories. Three lives. Three very different circumstances. But one common thread: dignity.

I support a person's right to die with dignity, subject to appropriate safeguards. I support this Bill, but I will also seek to improve it. During consideration in detail, I intend to seek the removal of clause 16 so that appropriately regulated health professionals are not prevented from initiating an honest conversation with a patient about all lawful end-of-life options.

I intend to seek the removal of clause 19(1)(d)(ii), because I do not believe an arbitrary 12-month prognosis should stand between an otherwise eligible person and the ability to make an informed choice about the end of their life. Removing that timeframe does not remove the requirement for an advanced and progressive condition expected to cause death, the requirement for intolerable suffering, decision-making capacity, voluntariness, the protections against coercion, medical assessment, and nor does it remove oversight—it removes a clock.

There will be people listening tonight who disagree with me. I respect that. There will be people who could never imagine choosing voluntary assisted dying for themselves. I respect that, too, but I ask that we extend that same respect to those who do want the choice. Nobody should be forced to choose voluntary assisted dying. Nobody should be coerced into it. Nobody should ever be made to feel that age or disability makes their life less valuable. But equally, somebody should not be forced to endure suffering simply because another person believes that choice is right for them.

We do not know how we will die, we do not know when, and we do not know what illness might eventually come for us. But I think most of us know how we would want to be treated: we would want to be listened to, our wishes respected, our family around us, and the best medical care available. We would want to be free from unnecessary suffering. We would want to be treated as a person, not simply as a diagnosis, and we would want some control over our final chapter. That is what this debate is about.

It is about giving Territorians a voice, compassion, dignity, safeguards, and trusting competent adults to make profoundly personal decisions about their own lives. For Liz, dignity meant wanting to avoid a future she believed would bring only pain and indignity. For Kal, dignity meant being able to say, ‘I am ready’. For Sam, dignity means being able to say, ‘I am not ready yet, but when the time comes, please let the decision be mine’.

Their circumstances, illnesses and journeys were different, but they remind us of the same truth: behind every diagnosis is a human being. A human being with a lifetime of memories, a family, fears, hopes, dignity, and a voice that deserves to be heard.

I believe the Northern Territory should be brave enough to listen. We were brave enough in 1995. We should not be afraid to have this conversation again or to trust Territorians. We are not afraid to build strong safeguards, and we are not afraid to show compassion. Because compassion is not giving up on somebody, it is standing beside them, listening, caring, and protecting. Sometimes, when every safeguard has been satisfied and the decision is freely and knowingly made, compassion means respecting somebodies choice.

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Let us make sure Territorians facing the end of their lives are not forced to face it alone. Let us make sure they have palliative care, medical support. Let us make sure they have their families. Let us make sure they have protection, information, and a voice. When somebody is dying, they do not become less of a person. They should not lose their dignity, their autonomy or their right to be heard. The final chapter of a person's life still belongs to that person. I support the Rights of the Terminally Ill Bill 2026. I support compassion, dignity, safeguards and choice, and I support the right of a competent adult, when the legal requirements are met, to have a say in how their life ends.

Mr YAN (Treasurer): Madam Speaker, I support the Rights of the Terminally Ill Bill 2026 and thank the Attorney-General and the various people on the committees and the Legislative Assembly staff who worked on the reports that have brought this to the House eventually.

This is one of the most difficult, deeply personal and consequential matters that any member of this Assembly will ever be asked to consider. It is not an issue where we should question the compassion and morality or sincerity of another member simply because they reach a different conclusion. There are deeply held views on all sides. Some believe on religious, cultural, ethical or personal grounds that life should be allowed to reach its natural conclusion. Others believe just as strongly that a person facing imminent death and intolerable suffering should have some control over the circumstances in which their life ends. I understand and respect both positions, both sides of the story, but having considered the legislation, its safeguards, our history in the Northern Territory and, importantly, the circumstances of the people I represent across Namatjira, I have reached the position that I will support the Bill.

The core issue for me has been about choice. It is whether an adult Territorian who is terminally ill, approaching the end of life, suffering intolerably, retaining full decision-making capacity and acting voluntarily and free from coercion should have the right to make that decision for themselves, and I firmly believe that they should.

This legislation does not require anyone to make that choice. It does not tell people how they must die, diminish the value of palliative care, override Aboriginal culture or religious belief or compel a health professional to participate contrary to their conscience. It provides an additional choice under strict conditions to a small number of people confronting the final stages of terminal illness—and that distinction is fundamental.

There is particular significance in the Northern Territory about debating this issue today. More than 30 years ago this parliament considered many of the same fundamental questions we face now. Members examined personal autonomy, medical ethics, suffering, the sanctity of life and the role of government. In May 1995 the Bill passed 15 votes to 10. It became the Rights of the Terminally Ill Act 1995 and commenced on 1 July 1996.

The Northern Territory became the first jurisdiction in Australia, and one of the first in the world, to establish a legislative framework allowing an eligible terminally ill adult to seek medical assistance to end intolerable suffering. Whatever individual members may think of that policy, it was an historic moment. The elected representatives of Territorians confronted an extraordinarily difficult question, debated it openly and reached a decision.

As we know, that decision did not remain ours for long. In 1997 the Commonwealth Parliament passed the Euthanasia Laws Act. It used its constitutional power over the territories to amend our self-government arrangements and remove this Assembly's ability to make laws permitting voluntary euthanasia. The Rights of the Terminal Ill Act could no longer operate.

The Commonwealth did not simply disagree with us; it used powers applied specifically to the territories to prevent this parliament legislating in an area where the states remained free to legislate. For more than two decades the Northern Territory was denied a legislative capacity available to other state parliaments. Regardless of a person's position on voluntary assisted dying, that raised a legitimate democratic question: why should state parliaments be capable of making these decisions while the people of the Northern Territory could not do so through their elected Assembly? The Commonwealth eventually removed that restriction and the responsibility is, once again, ours.

History, however, does not determine how we should vote. The fact that the Territory legislated in 1995 is not by itself a reason to legislate again in 2026. Thirty years have passed. Medicine, palliative care, community expectations and safeguards have certainly changed. Every Australian state has now legislated in this area and we have experience that did not exist when Marshall Perron introduced the original Territory legislation. Of course, we can learn from what has worked and from problems that have emerged in other jurisdictions.

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Importantly, we can give far greater consideration to an issue central to any Territorian model: how the law will operate for Aboriginal Territorians and people living hundreds of kilometres from major medical services. That is particularly important to me as the Member for Namatjira. Namatjira is not a conventional electorate. It stretches across a vast part of Central Australia, not quite as big as some of the other electorates, but we are about the size of Victoria. It includes rural and urban areas around Alice Springs as well as the communities of Amoonguna, Santa Teresa, Engawala, Atitjere and Finke.

People across those communities may live hundreds of kilometres from specialist services. For many, English is not their first language. For many Aboriginal people decisions about health, sickness, death and dying are connected not simply to the individual but to the family, to country, culture, spirituality, kinship and cultural authority. The Member for Gwoja spoke very well about that this morning.

We cannot take a system developed for Melbourne or Sydney and assume it will work in Central Australia. It will not. The Territory is different and Aboriginal communities are also different from one to another. Consultation on voluntary assisted dying found that there is no single Aboriginal position on this issue. We must be careful not to claim that Aboriginal people believe this or remote communities believe that; that would be fundamentally wrong. I know this from conversations across my electorate.

Different communities have different traditions; families have different beliefs; and individuals within those families may reach entirely different conclusions. Some Aboriginal people were very clear that voluntary assisted dying was not something that they would ever choose. Some believe life should end naturally. Some expressed spiritual and cultural concerns about deliberately bringing about death. Others I have spoken to would support voluntary assisted dying once the purpose of the legislation, the element of choice and the safeguards were explained. Those of us in this Chamber representing bush electorates know that getting accurate information to people so they can make informed decisions is critical and sometimes difficult.

All those views deserve respect. They must be accommodated by the legislation and the health system. There was strong evidence on returning to country at the end of life. For many Aboriginal Territorians dying on country is not merely a preferred location, country is connected to identity, to family, ceremony, language, law and spirituality. Being surrounded by the right family members, having the right cultural authorities present and finishing life in the right place can be fundamental to a good death and that must be respected.

Some Aboriginal Territorians also said that they would not personally choose voluntary assisted dying, though they did not believe they should prevent another person from choosing it. Others wanted the option available to them. This Bill does not create one approach to death that every Territorian must follow. It allows individuals to act according to their own circumstances, their own values and beliefs. A person can say no. A family or community can hold strong beliefs in favour of natural death. A practitioner can conscientiously object. All those positions must be protected, but those beliefs should not automatically remove the legal choice from another competent adult who reaches a different conclusion. That is the balance that this legislation seeks to strike.

Several safeguards are particularly important in remote Aboriginal settings. First the decision must originate with the individual. In a remote community, the relationship between the health practitioner and patient may involve significant differences in knowledge, language and perceived authority. There is mistrust in part of the health system in some communities with historical causes. A practitioner may believe that they are explaining options or a patient hears an instruction. That risk is especially serious when discussing death. Vulnerable people must never be led to believe that a doctor, nurse or government service thinks that they would be better off dead, which is why it is so important that the individual concerned initiates discussions if they wish to.

Secondly, no-one else can make the decision for that person—not a doctor, not a guardian or a person holding an advance personal plan, family member or cultural authority. The person must understand the nature and consequences of the decision, act voluntarily and retain capacity throughout the relevant process. If capacity is lost, another person cannot continue the process on their behalf.

At the same time, decision-making need not occur in isolation. Western legal and medical systems often focus on the individual sitting privately with a doctor, which may not reflect how important decisions are approached within Aboriginal families. Family involvement may be central, cultural authority may matter, a person may wish to involve elders or other significant people, and the law should accommodate that. Family and cultural authorities can support and advise the person and participate where the person wants them involved, but the ultimate decision must remain with the individual. That respects culture without allowing family, culture or anyone else to override individual consent.

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Third, we must take coercion very seriously. Terminally ill people may be physically dependent, socially isolated and concerned about being a burden or subject to difficult family relationships. In remote communities' dependence upon family may create additional pressures. The legislation must require a voluntary decision and independent assessment. Practitioners must be alert to coercion and there must be consequences for anyone who pressures another person to request voluntary assisted dying. The person must be free to change their mind and stop the process at any time; nobody should have the power to complete the decision on their behalf. These safeguards are not peripheral; they are the foundation of this legislation.

There is also a broader lesson in our history. The Territory lead Australia in this field, the 1995 law was controversial. It divided Parliament and the community and generated national debate, and this bill will once again produce disagreement. Disagreement is not a failure of democracy. Some questions are difficult precisely because reasonable and compassionate people can reach different conclusions. Our role is not to avoid those questions but to confront them carefully.

We asked for the right to make these decisions ourselves and now we have it, we must exercise that right responsibly. The Northern Territory should not be treated as a constitutionally mature when it suits the Commonwealth and incapable of making difficult decisions when it does not. Self-government carries an obligation to make laws suited to the Territory, rather than simply copying another jurisdiction.

When this parliament first considered this issue in 1995, there was far less recognition of culturally safe health care, Aboriginal community-controlled health services and Aboriginal health practitioners, language barries and the complexities of remote service delivery. We now know better and because we know better, we must do better. This legislation must be capable of operating in Central Australia, it must recognise Aboriginal concepts of family and country, allow people to involve those who matter to them, address language barriers, protect against coercion, and respect anyone who says, 'For cultural or religion reasons, this is not for me'.

Supporting this Bill does not mean placing less value on life; every human life has value. Nor does it mean voluntary assisted dying is preferrable to natural death—it will not be—or that palliative care has failed. Palliative care provides enormous relief and dignity to people approaching the end of life. Cases will remain where suffering cannot be relieved to a level acceptable to the person experiencing it.

Members of parliament can discuss suffering in abstract terms, doctors can describe it clinically, families and friends can observe it, but the person living inside that body is the one that is actually experiencing it. When that person is terminally ill and approaching death, fully informed, capable of making the decision, aware of palliative care and its alternative, free from coercion and making a persistent voluntary request, I struggle with the proposition that the government should tell that they have no choice.

We should not frame this as a contest between voluntary assisted dying and palliative care; good end-of-life policy requires strong palliative care and a respect for individual autonomy. A voluntary assisted dying framework without palliative care would be unacceptable. Equally, good palliative care does not answer every individual circumstance. Strong palliative care is one of the safeguards that makes genuine choice possible.

For Aboriginal Territorians, that means culturally appropriate palliative care, supporting people to go home, allowing family to be present and recognising that a hospital bed hundreds of kilometres from country may not represent dignity. It means working with Aboriginal community-controlled organisations rather than assuming the government always knows best.

I know that some people in Namatjira will disagree strongly with my position. Some will have religious or cultural objections, believing intentionally ending a human life can never be justified. I have received correspondence from and had direct conversation with those individuals and groups who do not support the Bill. Those beliefs are sincere and deserve protection. No person should be forced to participate. No doctor should be required to act contrary to conscience. No family should be compelled to endorse a decision with which it fundamentally disagrees.

Over many months I have also had many direct conversations and received written correspondence from individuals and groups who support the Bill and advocate for the right of an individual to have the opportunity for choice, the right to make decisions for themselves on the options available and the ability to choose how they deal with their own circumstances.

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I believe this is a fundamental right of the individual. Freedom of conscience has two sides. The right of one person to say I would never choose this must be protected, and so should the right of another eligible person to say, 'In these circumstances, this is the choice I want to make'.

I represent an electorate of extraordinary diversity. Some constituents live near Alice Springs, others live hours away, some have strong Christian faith, others live according to Aboriginal law and traditions extending back countless generations, and some combine both. My job is not to pretend that those differences do not exist. It is to ask whether the law respects them. On balance, I believe that this Bill does.

No law dealing with death can eliminate every concern. I heard commentary from this Assembly that no Bill, particularly this Bill, can be perfect.

There will be implementation challenges. We must monitor its operation across all communities and be prepared to act if problems emerge. This Bill cannot be one that we just pass and forget. The review period, review board and reporting framework must provide this Assembly with meaningful information about how the Act operates when it comes time to review it.

Beyond the legal argument, history and policy detail, there is a human question before us. Imagine a person approaching end of life, when medicine can no longer cure them; their condition is advanced and progressive. Death is approaching and they are suffering in a way they find intolerable. They understand their diagnosis, palliative care and the alternatives and they have full decision-making capacity. They have involved family if they wish, and are not being pressured or coerced. They make the request themselves, have time to reconsider and continue to say clearly and voluntarily, 'This is what I want'. Who should make that ultimate decision? Should it be the government, the local member, a doctor, a church, their family or their community? For me, the answer is a resounding no. The ultimate decision should rest with the person whose life is ending. That does not diminish the role of family, culture or medicine, or the value of life. It recognises that dignity also means respecting the informed decisions of a competent adult.

The Northern Territory first confronted this question three decades ago. This parliament made a decision and the Commonwealth removed our capacity to implement it. For many years we did not have the legislative freedom enjoyed by the other states. Now we do. We should exercise this responsibility thoughtfully, cautiously and compassionately.

We must maintain strong safeguards and continue investing in palliative care. We must recognise the circumstances of Aboriginal Territorians and ensure that remote communities are not treated as an afterthought. We must recognise the importance of country, family, culture and language. Above all, we must respect that different Territorians will make different choices.

An Aboriginal elder who wishes to return to country, be surrounded by family and allow life to end naturally should have every possible support. A person of strong religious faith who believes voluntary assisted dying is inconsistent with their beliefs should never be pressured to consider it. A health practitioner with a conscientious objection should have that position respected, but an eligible terminally ill Territorian who, after careful consideration, makes a different choice should also be respected.

That is genuine choice. It is not government choosing for people, it is government establishing strong protections and allowing individuals to make deeply personal decisions for themselves and about themselves.

I support this Bill because it recognises autonomy without abandoning safeguards. It allows culture and family to remain part of end-of-life decision-making without allowing anyone else to substitute their decision for that of the individual. I support it because the Territory should have the right and responsibility to make its own laws on matters affecting Territorians. I support it because palliative care, cultural safety and voluntary assisted dying can coexist. Above all, I support it because when a person's life is approaching its end, dignity includes listening to that person.

Thirty years after the Northern Territory first led this national debate, we again have that responsibility to decide. This time, the decision of this parliament will be ours to implement. We owe it to Territorians to approach that responsibility with humility. We owe it to those with strong objections to protect their rights. We owe it to remote communities to ensure that they are genuinely heard. We owe it to Aboriginal Territorians to recognise there is no single Aboriginal view on death and dying. We owe it to the terminally ill Territorians facing suffering at the end of life to listen to them as individuals.

For those reasons, I support the Rights of the Terminally Ill Bill 2026 and commend the Bill to the House.

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Mr EDGINGTON (Health): Mr Deputy Speaker, this is an important piece of legislation. Voluntary assisted dying is one of the most complex and confronting issues any parliament can consider. It raises deeply personal questions, evokes strong emotions and ultimately asks us to grapple with the questions of life, death and dignity.

Few issues before a parliament carry the weight and the emotion of voluntary assisted dying. The history of the rights of the terminally ill is well known and well documented. The Northern Territory was the first jurisdiction in Australia and among the first in the world to legalise an assisted death on compassionate grounds for people who are terminally ill.

The *Rights of the Terminally Ill Act* passed in 1995. The NT had shown we had the maturity to prosecute complex arguments and come to a determination of what was right for Territorians. We will do that again this week.

From the original Bill in 1995, four Territorians were able to avail themselves of the opportunity for an assisted death. In 1996, the Kevin Andrews Bill, as it is colloquially known, interceded to stop Territorians and, indeed subjects of any of the territories, from being able to legislate in a number of spaces, most notably in relation to this area.

Over two decades passed before finally in 2022, the Commonwealth Government amended that error and passed the Restoring Territory Rights Bill. Before that, other states had all started to make the determination that voluntary assisted dying laws should be considered. That process began in 2017 in Victoria where the first voluntary assisted dying legislation was passed. That paved the way for every other part of Australia to gain access to voluntary assisted dying—Victoria first, followed by South Australia, Western Australia, Queensland and, most recently, New South Wales.

Now, finally, it is time again for the NT to debate this important legislation and to regain these rights taken from us to debate this Bill for ourselves as Territorians.

I thank the Legal and Constitutional Affairs committee, chaired by Dr Tanzil Rahman, the Member for Fong Lim. It included the Members for Blain, Wanguri, Daly and the former Member for Nightcliff. I also acknowledge the previous report in 2024, which was the report into voluntary assisted dying in the NT, chaired by Vicky O'Halloran and Duncan McConnel, who was the deputy chair.

The work that has gone into where we are today—the consultation across the NT, including remote parts of the Northern Territory—and the Bill before us has given me the opportunity to form my opinion, my position, based on what I have read in those reports. But importantly, it includes the conversations that I have had with members and residents, my constituents in the Barkly region.

I represent the Barkly—448,000 square kilometres—and I must say that I have one of the most diverse populations in my electorate. All those conversations over a number of years have helped shape my thinking around this Bill that is before us today.

I want to speak in support of the safeguards that this Bill is drafted in a way that is patient led. The 12-month period for a terminal illness is consistent with every other state. Almost all Australian jurisdictions include a timeframe for an expected death. Some have six months, depending on the type of illness, and some have 12 months. It is consistent in line with the expert panel that was put together under the previous government. The rationale is to ensure the process is only available to people who are approaching the end of their life. These are rights for those diagnosed with a terminal illness. Without a timeframe to death, terminality becomes subjective.

Timeframe to death requirements are used by medical practitioners, insurers and other provisions for a range of reasons. A 12-month prognosis with the assessment framework will also enable patients with life insurance or superannuation to access their entitlements as a tax-free lump sum payment. This gives terminally ill Territorians greater peace of mind, knowing that they can clear their debts, cover costs and even create further memories with their loved ones. Those same loved ones may no longer be saddled with the costs of unmet financial obligations.

In regard to those safeguards, I point to a quote from the AMA, Dr John Zorbas, President of the AMA, at the public hearing on Tuesday 5 August 2025:

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> *… 12 months is a wider window and gives people more time to plan, more time to access, more time to discuss with their family, friends and loved ones and plan how they would use access to that.*

I support the prognosis timeframe in light of the evidence provided, and many practical considerations focus squarely on the patient's rights and needs. I believe it achieves the right balance for Territorians.

The legislation is patient led. This is about the patient's right to decide how they die. It makes sense that they should initiate the conversation, not a doctor, carer, family member or other agent. It is important to make sure we are safeguarding people from any form of coercion, and we want to not open the door to subtle coercion if it is not patient led. Once a patient suggests or asks for it, then all of the information will be provided to them. The safeguard is a protection against coercion, pressure and exploitation. A total of 9% of harm or neglect against older Australians is perpetrated by their carer or service provider. That is from the Australian Institute of Health and Welfare.

It is important to remember that the name of this Bill is the Rights of the Terminally Ill Bill. The rights belong to the patient, not the doctor. I point to support for this from medical experts. The Australian Psychological Society submission to the LCAC inquiry said:

> *Robust provisions need to be in place to ensure protection from coercion from family members, carers, health professionals and/or others.*

The Australian and New Zealand Society for Geriatric Medicine said, 'If medical practitioners are able to suggest voluntary assisted dying, it could open the door to subtle coercion'.

This legislation does not prevent healthcare practitioners discussing diagnosis, prognosis, treatment options, palliative care, pain management, advance care planning or other end-of-life care. It simply prevents practitioners from initiating substantive discussion about voluntary assisted dying. It also strengthens the trust in the process, in medical advice and legitimising the patient's independent and voluntary decision-making capacity, which is a big concern raised by Aboriginal health organisations. This important safeguard ensures that the Rights of the Terminally Ill Act will remain focused on people approaching the end of life. Voluntary assisted dying should always begin with the patient, and they must initiate any discussion about voluntary assisted dying.

There are also strong conscientious objection provisions. Health practitioners are not required to participate in voluntary assisted dying. The Royal Australasian College of Physicians said:

> *… it is neither feasible nor appropriate to mandate a single view on matters of individual conscience.*

The legislation protects practitioners who conscientiously object while ensuring patients can continue to access prescribed information and referral pathways.

This recognises that Territorians hold differing ethical, religious and personal views on voluntary assisted dying. No single safeguard stands alone. A person must be an adult; satisfy residency requirements; have decision-making capacity; be acting voluntarily; have an advanced, progressive and terminal illness; and be expected to die within 12 months. Meeting one criterion alone does not make a person eligible; every safeguard must be satisfied before voluntary assisted dying can occur.

Many remote Territorians have fears of coercion or worse. Consultation found some patients misinterpreting clinical advice as an actual recommendation from their doctor. This is why we have the patient-led model. It strengthens trust in the process, in medical advice and legitimising the patient's independent and voluntary decision-making capacity.

Central Australian Aboriginal Congress consultations revealed fears amongst Aboriginal people that they may be coerced into agreeing to voluntary assisted dying and concern that they might avoid healthcare because of those fears.

AMSANT even pointed out that in some cases Aboriginal people were afraid of accessing healthcare because of fears of being euthanised without their consent.

Irene Snell, from the Pulkapulkka Kari Flexible Aged Care Centre in my home town of Tennant Creek, told the committee: 'I think it is the word that is wrong because when you talk about voluntary assisted dying, then immediately you are helping to kill them'. That is the perception.

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We need to ensure that hospitals and clinics are not associated with death and trauma so that people seek help for health concerns to get better, not ignore health concerns so that they get sicker and then seek help too late. Some already sick people struggle to get the help they need and are fearful of visiting their local clinic, as Congress said. We will work to ensure that the VAD service design and rollout is not harmful to Aboriginal Territorians seeking care.

Some Aboriginal people, particularly elders, can struggle to reconcile voluntary assisted dying with their spiritual, cultural and religious views. There are also concerns in some contexts that having conversations about death may be taboo or cause concerns about cursing, bad luck or black magic. NT Health will work with Aboriginal organisations to ensure culturally safe implementation of voluntary assisted dying, ongoing consultation and appropriate training for clinicians. For Indigenous Territorians with a terminal illness, choice at the end of life can mean being able to remain on country and staying connected to culture, family and community rather than being forced to spend their final days in an urban hospital far from home. NT Health is working on the implementation of voluntary assisted dying.

The committee inquiry worked to get more knowledge from the views of Indigenous Territorians and Territorians who live in remote and regional areas. In the past, consultations outside of major urban centres had been limited and the inquiry was an opportunity to gain greater understanding and consultation with areas outside of major cities. Through the committee, we tried to ensure that remote Territorians have been heard in the development of this bill.

It is expected to be an 18-month timeframe for implementation. This implementation period ensures appropriate training, governance, clinical pathways and oversight arrangements are established before the framework becomes operational. NT Health will lead the implementation of the framework and will develop the clinical guidelines, operational policies and the required training. The 18-month period provides the minimum time required to implement the framework safely, and delayed implementation is consistent with other Australian jurisdictions.

The rights of the terminally ill service will be delivered in a way which is high quality, accessible, and cost effective for all Territorians, including the choice to pursue a dignified death, if they meet the legislative requirements. I am advised that NT Health's implementation planning is progressing well and remains on track to commence this service approximately 18 months after the legislation is passed.

Our government's focus is on ensuring Territorians can access the service as close to home as possible, including through their GP, with hospital and specialist support available where needed. The government is committed to delivering a safe, high-quality, and fiscally responsible service, with early cost estimates broadly consistent with those seen in other jurisdictions. Territorians deserve the same rights as other Australians.

We know that NT has palliative care provided by amazing health care professionals, but even the best palliative care sadly cannot relieve all pain and suffering. For some people, suffering at the end of life can be intolerable. A request for voluntary assisted dying is not about either the availability or quality of palliative care; it is about adding to the suite of choices for Territorians. The legalisation gives people experiencing suffering a compassionate end of life choice. It is the choice of the individual.

From the reports I have read, the Bill I have read, the consultations, and discussions I have had with Territorians in the Barkly electorate, I am satisfied that the safeguards are in place, and I support the Bill.

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 bad death for myself. I would not choose, on the balance of probabilities, a bad 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

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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, as 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. You will be pleased to know I'm not going to rehash. 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

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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

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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 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.

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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 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.

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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 306? 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 in 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 affecting 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.

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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 an 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

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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 VAD 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 invite 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 2014, 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

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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.

Mr MALEY (Agriculture and Fisheries): Mr Deputy Speaker, I was not going to talk about the Member for Fong Lim's amendments, but I think he unfairly attacked the Attorney-General saying that he could not support clause 19 because I think his words were that it was subjective—12 months. He put a proposal on his amendments, and I will just read one of the lines, 'The person is approaching the end of the person's life'. That is subjective.

So he is replacing a subjective—in his view, a subjective sentence—with another subjective. It really shoots his own argument in the foot. He said he cannot support it because it is a subjective test and it needs to be a doctor. Well, he is replacing it with something which is subjective. I am sorry; I was not going to mention it, but I disagree with what he had to say. So his approach has gone all wrong. He said he cannot support the Bill how it is because it is subjective, yet his planned amendment is subjective itself. And that is only one; if you read all three he talks about—the second one, 'Any treatments of disease, illness or condition reasonably available and acceptable to the person have lost any beneficial impact.' How could that be anything other than subjective? Again, it shoots his own argument in the foot.

He said he could not support section 19 or clause 11—it is the same clause—because it was subjective. He had had a go at the Attorney-General using those lines when his alternative is exactly the same. In fact, it puts in three different paragraphs there about three different tests. How would you police that? How would you enforce that? How would you do that?

There are three different subjective tests in his own amendment. It is just nonsense that you replace something on the argument. If you had a different argument, I would listen to it, but his argument was it was subjective and that is why he could not support it. Yet he has replaced it with three subjective tests. I just think that it makes even more confusing what he puts in. He says it is unworkable. Well, how would you pass or fail that test that he is putting in his amendment?

I said I would not speak about his amendments, because I will say I do not support them, but I think his argument was just clearly wrong and having a go at the Attorney-General using the word 'subjective', and he has replaced it with three times that, so it will be three times harder to enforce and three times harder to interpret. Again, is it a broad interpretation or a narrow interpretation of those words? This is all confusing.

I know people will take this to court and spend hours arguing over the meaning of these words. I have been there and done it in my previous life. I was in court; we used to talk about this stuff a lot. I just think the Member for Fong Lim shot his argument in the foot. There are arguments against everything he said, but I am not talking about that. That was just a glowing statement that he made, having a go at the Attorney-General, saying he could not support it because it is subjective, and yet he replaces it with three subjective paragraphs—which would be even more difficult in his view, not in my view. I think the legislation at the moment is clear. This is not perfect; it is about getting the balance right.

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I just wanted to raise that. It was not in my contribution, but when the Member for Fong Lim started speaking and that was his rationale behind it, I am not sure where he was going, but if you use his own argument against him, his is three times worse, three times as bad.

I will get back to what I was going to talk about. I want to thank the Attorney-General for the work she has done on this bill. She has lived and breathed it for a number of months. She spoke to a lot of people. I also thank the staff in her office and the staff who helped her do this. A lot of work was done behind the scenes to get this up and a lot of public servants have done a great job. So if you are out there listening, you know who you are. Thank you for the work you have done to get this here today because it is an important discussion for the Northern Territory.

If we go back in history, in 1995 we became the first jurisdiction. The Commonwealth overruled it in 1997. In 2022 they restored those powers, and here we are today. I just think it is a good time to be here, to have this legislation, which is about getting the balance right. I have dealt with lots of different types of legislation through my life, some of it good and some of it bad, but it is about trying to get that balance right.

This legislation has review clauses in it for later, which is uncommon. Normally legislation gets made up and then is reviewed as required, which sometimes may not happen for years. This legislation puts it in for three years, which I think will allow us to see what happens in relation to how it works. I disagree with the Member for Fong Lim saying that with how the Bill is now, he think it will be a long time before someone—the Bill says 18 months when this has to be put in place. He was saying things at the beginning like 'word-perfect'; however, if you read the legislation and interpret it, that is what it says.

There has been a lot of work done. We know that the previous Labor government did a report, and the Leader of the Opposition spoke about the Chief Minister taking too long. They had an opportunity for the last 20 years to do something like this—especially in the last eight years—but did not do anything at all. It is a bit rich coming from the Leader of the Opposition who was in government and in Cabinet when they had an opportunity to do this, yet they did not do it; they chose not to. They shied away from a tough decision, which this is.

We have heard from people who do not support it personally and who will do it because that is what their electorate wants. That is a tough decision, but that is what we are here for and what we do as politicians. We have our views and go out to the community to consult. The Member for Goyder and I had done surveys which showed that 93% of the people in the rural area support this legislation. That is where I get my support from. I also support it personally; I was keen to go out listen to my electorate.

It has been in my newsletter on the last three occasions; I asked people to contact me. There have since been more 60-odd people who have contacted me in relation to this. They have given me their comments, and these people have not completed the survey. They are overwhelmingly supporting it and, I must say, there have been some who have not supported it, and I respect their decision. I am put in this position as the Member for Nelson to represent a majority view of my electorate. After the work that I have done in those consultations, including two public meetings with the Member for Goyder—we have both been out in the community advertising it—people came to both of those sessions. There is overwhelming support for this legislation, so I will support it because of the research I have done in relation to how it works.

This is a voluntary Bill, which is not forcing anything upon anyone; it is purely voluntary and patient led. The patients need to think about it and lead the discussion, which is another safeguard in this legislation. This Bill will allow Territorians to request voluntary assisted dying, ensures the process is voluntary and allows the person to withdraw at any time, which I think is an important safeguard—allowing people to withdraw. They can go through all the processes—which I will talk more about later—but the first consult with the doctor must be in person, and the second one can be another way; it does not have to be in person. In the Territory we have got a huge landmass with a relatively small population, and people spread all over the Northern Territory, so sometimes it would be difficult to visit two doctors in person.

It allows for that person to withdraw, which I think is an important safeguard. You can get your assessments alongside your support person who helps you manage the substance that the medical doctor, or the CHO, will prescribe to you to ensure that it does not end up in the wrong hands. It goes back to being patient led and voluntary in nature; you must have that capacity to do it. This is where I agree with the Member for Fong Lim who spoke about capacity and dementia, which is a terrible illness. You need the capacity to do it. This legislation enshrines that to make sure it is a voluntary act.

There is strict criteria for how this will work. You must be an adult. You must satisfy the residency requirements. There are exemptions because some people live on stations that may be just outside the

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Northern Territory, or they might be half in and half out, but they see doctors in Tennant Creek or Alice Springs. Therefore, we need to be flexible to allow those people who live on cattle stations, for example, which go into two or three states to be eligible. You also must have an advanced, progressive, terminal illness and be expected to die within 12 months. These safeguards must be satisfied before voluntary—I emphasise that it is voluntary—assisted dying can occur and all requirements must be met before the person can access the substance.

There is a lot of oversight and accountability and none of the safeguards stand alone. The framework relies upon multiple layers of protection, going back to the voluntary nature of it and having the capacity to do it. The legislation establishes an independent review board, compliance monitoring, annual reporting, review through to NTCAT, offences, penalties for breaches and strict controls for approved substances.

The independent review board will oversee the operation of the legislation, monitor compliance and protect operational data. I agree with the Member for Fong Lim that data is important and we need to ensure we have the data so that as the reviews come forward we can see whether it is working, what is good and bad and whether we need to change it. We can have modern, up-to-date legislation today that could be out of date in three years' time because technology, culture and beliefs change. That applies to all sorts of legislation, including rules about firearms and criminal and civil law. Legislation from 56 years ago could not be brought in today because it would be so outdated. We need to collect the data to keep this legislation up to date. It needs to operate safely and it needs independent oversight, which is where the three-year review comes in after it kicks off. The data collection will ensure future decisions are informed by evidence collected during the set-up period.

The Health minister spoke about the Health department being on its way to getting things ready, to make sure there is a framework for it because it is a sensitive topic and some people disagree, so everyone needs to be respected.

Some of the public forums I spoke to had people who disagreed. They had their say and we had a conversation. It is not about getting angry or saying, 'My view is the right way. Yours is wrong, so bugger off'; it is about listening, respecting their views and taking it on board as parliamentarians.

I represent the constituents of Nelson, so it is about making a decision for the majority of Territorians and for the majority of people who live in my electorate.

I spoke about the two separate requests, the independent medical assessments and the need for training. There is 18 months to ensure that doctors know what is going on and have had the training. There will be a consultation in person and the other can be in another way. There will need to be a framework about what is in the Commonwealth legislation and how that will work. That needs to be worked out before this legislation can kick off. These requirements ensure that requests are genuine, informed, voluntary and enduring to ensure the person has capacity.

The Bill reflects that voluntary assisted dying should always begin with the patient and must have a discussion with the doctor, then—as the Chief Minister spoke about—it is open slather. We can talk about it to get things up and running. This is the gag clause that we spoke about, which is another protection.

The doctors, the practitioners can talk about treatment including palliative care. I know we have spoken about that, and this legislation is not about palliative care per se, but it is a part of the bigger picture of the health system. We need to make sure that we work together to get all these things up and running, because we need to have this as best as we can and ready to go. The legislation says 18 months, because we are talking about ending someone's life.

That is why I think the 12-month prognosis is important. The legislation talks about advanced progressive illnesses that a medical practitioner assesses to be expected to cause death within the next 12 months, so it gives that certainty to the patients and the doctors that they can have this discussion about it. Health will do the training to ensure that we have a respectful debate.

Conscientious objections allow practitioners to not participate if they see fit. Again, this is the word 'voluntary' not only applying to the patient but also to the medical practitioner who can choose not to participate. It is a matter for them. There will be some prescribed information that will be available to those patients if they raise it with a doctor who does not want to talk about it. That is okay. We accept that. The regulations will talk about what information needs to be passed on.

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The whole process here is about getting this voluntary piece of legislation as right as possible because what happens today and gets passed could be out of date in three years or five years after that. We need that process to ensure that reviews are not just left to be done at the parliament's will but are enshrined to keep this legislation up to date and relevant because things will change. The population will get older, more drugs may become available and, more importantly, more treatments may become available to treat people for things which may at this stage, or even five years ago, cause certain death.

I think cancer always pops into your mind, with treatment for that getting better. There may be a breakthrough next month, next year, in the next two years—we do not know. They might be able to fix that. Unless you have a crystal ball, how would you know? We need to make sure this legislation has that pathway to be relevant as technology changes, and I say technology to mean medicine.

I was reading a book about medicine in the old days when there were no painkillers, and they would put a sword in the fire and throw it on the wound and then it was, 'Good luck!'. Now there is medicine 2.0 which is where you get the illness and then go and get treated. I was reading books about what they called medicine 3.0, where if you have a family history of cancer, you go and get the scans done early rather than waiting until you show symptoms. Treatment is getting better, and cancer is one where the earlier you get it, the better chance you have of beating it. Now, if I want to call it medicine 3.0, you can go and get some of those scans early. I have heard stories about ladies whose mothers have had breast cancer going and getting their breasts removed early.

Technology and treatments are getting better, so we need to be up and ready for that. If there is one thing that is sure as I am standing here is treatment will get better, there will be breakthroughs in medicine, and technology will make things that are completely relevant and up to date now out of date in no time at all.

I support the Bill in its current form. I think it gets the balance right. It is important that we put this above politics, above the media hits and going out in the media. Some people in parliament have gone out in the media and done all sorts of things about it. In my view, it is above that. This is about a delicate subject that needs to be treated with dignity. This is not about personal profiles or legacies and saying, 'This is what I have done' or 'I was in charge of that'. This is about getting things right for Territorians moving forward and for people who are at the end of their life and facing a big decision, there is nothing more serious.

It is important that we try to get the balance right. Again, we will have reviews so that we can change as we need to, because technology, culture and values change.

One word I have not mentioned too much is 'certainty'. It gives people who are facing terminal illness the certainty to decide what they want to do with their life. They can have certainty in how they choose to pass on. They can have certainty about their treatment. I have heard stories where people do not want any more treatment; they just want to let go. It would have to be a very slow, agonising way to pass. This goes back to certainty so that you can have family and good times, smiles and laughs, knowing that you will pass and you have had a good life.

It is also about surety for loved ones who navigate through a difficult time in someone's life, not just direct family but also friends, grandchildren and all those people who you get to know in your life. It gives them some surety to know that the person had a good life and can now pass in a way that the person wanted to.

I support the Bill.

Mr SMELT (Nightcliff): Mr Deputy Speaker, I am grateful for the opportunity to speak on this incredibly important legislation, the Rights of the Terminally Ill Bill 2026.

The starting point for me in considering this legislation is what is a good death. In my experience in our Australian culture, we avoid thinking about death. Whether it is our own death or that of those we love, we shy away behind euphemisms, jokes and painful denial. Death is too hard, too painful and too emotionally draining. Death is messy, sometimes complicated and often inconveniently timed, yet it is a simple truth. Whether we accept it or refuse to think about it, death is coming for us all.

Understanding our own mortality has inspired spiritual, philosophical and theological thought across cultures and has been recorded over millennia. By being fully conscious of our own limited life span and those around us, we can make much better decisions about how we spend our time and who we spend it with. Although it seems oxymoronic, a good death is part of the marker of a good life. Thinking about our own death and those whom we have had to say goodbye to also helps us focus on what we value and what we should do with the limited time we have left on this planet.

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Indeed, I remind everyone in the Chamber and the galleries that none of us are getting out of this alive. With that knowledge maybe we should knock off work early and go home and see our kids. We should make the effort to call our parents when we are tired at the end of a busy week. We should lace up our runners and go for a jog rather than watching TV. Truly reflecting on our mortality is in fact an incredibly important, healthy and positive mindset for life. It is this poignant understanding of the fragility of life and the universality of death that brings us to considering what our end-of-life experience may be and what decisions we need to make for ourselves and our family members.

The best scenario is generally that we pass away gently in our sleep surrounded by loved ones. There is quiet chatter and perhaps a click of a cup and saucer as life goes on around us. We are very tired and it is our time to go. There is no paid or suffering, no regrets and no words left unsaid. We are supported in a comfortable bed in a safe and secure environment and we feel we are at home.

In the abstract that is generally what we all want; a situation where one can depart this life with as much dignity and compassion as possible, where people can maintain maximum autonomy of body and mind, because at the end of the day continuing to exist is not the same as living. Being trapped in your own body against your will by laws and medicine is not a real choice. Having the option available to exit the world on your own terms is dying with dignity.

While this Bill and voluntary assisted dying is about laws, choice and regulations. It is far more than that. It is about achieving a painless and humane death, that achieves what could be considered by an individual as a good death. The Bill turns the abstract good death into a practical reality for those who need it most.

It is something profoundly humbling and a deep honour to help care for someone in the final stages of their life. My mother-in-law Mickey Dewar died with motor neurone disease 23 April 2017. Susannah and I had been married for just over two years and our first-born son, Teddy, was only five months old. He had also been born two months premature.

The day after we brought him home from hospital, Mickey received her diagnosis. For Mickey, from diagnosis to death was only four short months. I watched this non treatable, non-curable disease totally change Mickey from the vibrant, light-up-the-room character she had always been to someone who struggled to speak and communicate with the world around her.

Incredibly, Mickey's story is intertwined with that of the history of VAD in the Northern Territory.

Mickey was so excited and enthusiastic of the work by former Chief Minister Marshall Perron to bring in world leading legislation. Being an avid political watcher, she was incredibly impressed by the moral clarity, leadership and commitment made by Perron to proceeding with the original Rights of the Terminally Ill Bill In 1995.

Just yesterday, I spoke with Marshall and recounted this story about Mickey. He told me how delighted he was to see this 30-year campaign hopefully come to a close and to see this new bill return to the floor of Parliament in his lifetime.

Mickey was a passionate Territorian and believed deeply in the rights of Territorians to create legislation for themselves. She cried the night statehood was defeated. She was equally appalled and outraged by the intervention of federal conservative politicians, led by the former Member for Menzies, to change the *Northern Territory (Self-Government) Act* and deny Territorians the right to a good death on their own terms.

The idea of Canberra interfering in the democratic will of the elected Northern Territory representatives was simply too much.

Mickey worked in Parliament House during the former Chief Minister Clare Martin era. Mickey knew many of the people involved and the challenges they faced introducing that first Bill. Were Mickey alive today, she would have been incredibly proud of federal Labor and the Member for Solomon, Luke Gosling, in achieving the overturning of the restrictions to enacting VAD in 2022.

We, through the federal Albanese Labor Government, had finally overturned what those from down south had so outrageously denied. The conscience vote of NT parliamentarians. Without this Act of the federal Parliament, we would not be here today having this debate.

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This legislative change enabled former Chief Minister Natasha Fyles to commission the exhaustive consultation and public enquiries during 2023 and 2024, which concluded with the report into voluntary assisted dying in the Northern Territory.

That independent expert advisory report, led by co-chairs the Honourable Vicki O'Halloran AO CVO and Duncan McConnel SC, paved the way for the subsequent Legal and Constitutional Affairs Committee inquiry and recommendations that have all informed the Bill before us today.

I also thank the Members for Fong Lim, Blain, Wanguri, Daly and the former Member for Nightcliff for undertaking this incredibly important work. This also informed Territory Labor's private members' Bill handed to the government in October 2025 by the Leader of the Opposition.

Our track record on this issue that means so much to people across the NT has never been in doubt. Since 1995 many people have refused to give up the fight for access to VAD. From Judy Dent to Marshall Perron to Sue Shearer, so many people have stood up, lobbied, written, spoken, harangued political leaders and their staff to get this work back on track. It is through sheer perseverance and people power that this Bill is now on the table and ready for debate.

My support for this Bill has been influenced by many personal stories, evidence from practitioners and examples from other jurisdictions. Most importantly, though, I have been informed by the feedback I have received from my Nightcliff community. Their input has been fundamental to informing my final position. Here is an example of an email I received from a constituent yesterday:

'Please will you support the VAD Bill and key amendments in the Legislative Assembly? At last, we are back on track with such a crucial piece of legislation that actually began here so many years ago.

'I am also asking that you vote to remove the gag clause on doctors. Open discussion on health matters is a fundamental right between doctor and patient.

'Please also vote against the proposed 12-month eligibility rule. Anyone who has been unfortunate enough, as I have been, to be compelled to watch someone very close to them with a terminal illness, but no specific end date, struggle on in pain and discomfort with no quality of life would ask the same thing.'

Another constituent earlier this month said:

'I am particularly concerned that doctors may not be able to discuss VAD freely, and about the prognosis time in the legislation.

'I have Parkinson's disease and while I'm currently healthy, this will change over the coming years. I will slowly lose my independence and quality of life. This may take 20 years before I'm in a bad way, but even then I may have five or more years before I die—five long painful years. By the time a six or 12-month prognosis is given, I may be too unwell to meet the criteria for VAD.

'Please push for the right for doctors to openly discuss VAD and for patients with chronic conditions to be able to access VAD much earlier than six or 12 months from death.'

I have also met with, or taken into account submissions from, Judy Dent, Bishop Gauci, Go Gentle Australia, Palliative Care NT, the Northern Territory Voluntary Euthanasia Society, the Australian Christian Lobby, the Council on the Ageing and many others. I have listened and reflected on the personal stories, moral courage, ethical challenges and deeply personal beliefs for and against VAD that people have shared with me. Ultimately, it is hard to go past the final note from Bob Dent, who received the first death supported through VAD in the Northern Territory:

'If you disagree with voluntary euthanasia, then don't use it, but don't deny me the right to use it if and when I want to.

'I'm immensely grateful that I've had the opportunity to use the Rights of the Terminally Ill Act to ask my doctor to assist me to end this interminable suffering and to end my life in a dignified and compassionate manner.'

I respect the rights of those who do not wish to support or participate in the administration or delivery of VAD. I also wish to see people have the right to access VAD and enable people to leave on their own terms with

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dignity. To this end, I will support the Bill and amendments that ensure greater access and knowledge for patients but also provide strong safeguards and protections for patients and conscientious objectors.

The introduction of VAD also needs to be partnered with greater resourcing and funding for the stretched palliative care network we have at the moment in the NT.

A bit over 20 years on from the original legislation, Mickey had some difficult decisions to make. To watch someone you love being in immense physical and psychological pain is one of life's greatest challenges. Towards the end, Mickey described the feeling of knowing that she was going to die, because her diagnosis of motor neurone disease is a death sentence, as being stuck on the outside and looking through a window to see people who still have a future life ahead of them. This is an incredibly hard and lonely place to be, and one experienced by so many with a terminal illness.

To give someone the autonomy to die with dignity and let them go on their terms is, I believe, one of the greatest acts of compassion. In this Chamber we have the ability to give people agency, power and dignity. I remind you all that, in the end, none of us know how many trips we have left around the sun. You can be assured of one thing: none of us are getting out of here alive.

I return to where we started with the notion of what is a good death. I hope when the time comes that I get to be the old man who passes away in his sleep, surrounded by his loved ones. However, I have seen those taken before their time and those whose bodies have long since failed them.

When the time comes, I believe it is essential that we have an option that is driven by compassion, integrity of autonomy and the dignity of medical choice. That is what I support. Ultimately, this is about dying with dignity.

This is for you, Mickey. Until we meet again, my friend.

Mr KERLE (Blain): Madam Speaker, I support the right of people to die with dignity and grace, and I will vote for the Rights of the Terminally Ill Act.

From my surveys, Blain is about 95% in favour of VAD. I honour the many people of faith who have respectfully lobbied me based on their faith position, but I have to respect the will of the people of Blain and vote in line with their wishes. That is my job in this place.

Alia in Bellamack reached out and shared with me the story of her brother's passing and gave me permission to share it. This is Jay's story:

'6 February 2026 marked one year since my big brother died from an extremely rare cancer. Jay was diagnosed in July 2023. After some investigation, he was told that his cancer would be terminal and the only plan moving forward was to make him as comfortable as possible until the end. The doctors gave him two to 12 months left to live. We were so lucky to have had him for 18 months after his diagnosis.

'On 6 February 2025 Jay died in palliative care at RDH. He left behind his beautiful and kind wife, my longest friend and his darling daughter who turned three, four days before Jay died.

'Jay was one of the kindest and most honourable men that I have ever known and I am so lucky that he was my brother. He was a pillar of the community and was loved by many. He always had time for you and was kind and quietly strong until the end.

'Watching Jay die slowly and in excruciating pain was one of the hardest things I have ever been through. Jay underwent a year of chemo. The chemo would make him so unwell that he would not be able to leave his bed or eat. As the cancer progressed it caused blockages in his intestines that would make him unable to eat or keep food down and would leave him constipated on the toilet and in so much pain that no matter how much or how strong his pain medication was, it could not do anything to dull the pain.

'I would watch Jay have to tell his daughter that he was too sick to play today, or "Daddy just needs to rest a little because he is feeling tired". I watched him, already a lean man, become thinner and thinner. The brother I used to give all my leftovers to, bring sweet treats over for because I knew he always would love them and would try my new meals, slowly stopped being able to eat or enjoy his food. As time went on and his kidneys stopped functioning, I watched Jay turn yellow from jaundice.

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‘Through all of this, I watched his wife, the strongest rock and the most dedicated partner, support him, help administer his medication, look after their daughter, take him to chemo, drive to different chemists around Darwin to get the right medication that might help him feel better, hold his hand and tell him that it would be okay and their daughter would be okay.

‘Jay was a realist and the most stoic person I knew. He accepted that it was just an unlucky chance that he was the one to end up with cancer, accepted that he was going to die and did everything he could to help his wife be prepared for the end.

‘On 28 January 2025 I had been messaging him and he said, “Yeah, it was another tough one”. When I said that I would tell him every day about how much I loved him, because I did not know how much time I would have left to tell him, he said, “No worries. I am not sure how much time is left either, but I do not think it is a whole lot.”

‘The next day, Jay went into palliative care. I had gone over to look after him while my sister-in-law went to get some new medication to try and make him comfortable. That day, Jay was put in a wheelchair because he could not walk anymore. I watched as my gentle, stoic and strong brother cried because he could no longer make his hands do what he wanted them to do when he was trying to show me something. As his words stopped making sense, I slept by his bed night after night, taking turns with his wife, my mum and his mother-in-law to hold his hand and listen to his breathing so he would not be alone when the time finally came.

‘My sister had to advocate for him, to try and keep him as pain-free as possible. He started breathing through his mouth and there came a gurgling sound when liquid would sometimes collect in his throat. He would groan sometimes in so much pain, even while he was no longer able to wake up. His lips started bleeding from being chapped. Before he came unconscious, he told me that he was so tired, he just wanted it to be over. His cheeks and eyes sunk, and I watched his body dying before he did. When he died, it was a relief to know that at least he was not in pain anymore.’

People should not have to suffer so much. We do not have a choice to die, but at the very least, we should be given the dignity to die without so much pain. That is why we are all here today, for stories like Jay's. People should have the choice to be able to choose to pass with dignity when all they face is in existence of suffering with no quality of life. There are so many stories like this, people who, near end of life, are suffering intensely, and they only have continued decline in function and more pain to look forward to.

While I am talking about suffering at end of life, I would like to bring up another issue that has regularly come up when I have talked to people about VAD, and that is the issue of dementia and Alzheimer's. When talking about VAD, people have often asked me whether they could use it if they get dementia. I have had to tell them that VAD requires informed consent, and dementia and Alzheimer's—by definition—preclude informed consent. For these people, the only hope is to update their advance personal plan to include a ‘do not resuscitate’ order and hope that they have a medical emergency that requires resuscitation, or when they reach the point of being unable to feed themselves, a ‘nil by mouth’ order can effectively starve to death.

This became quite real at the Palmerston markets last week when some constituents from the Palmerston area came by who have recently experienced exactly this. I will not name them, but one of their aunties was suffering from dementia. The way he phrased it was that she died a long time ago, but her body was still there. The dementia had progressed to the point where his auntie was unable to feed herself, was unable to swallow and she had a ‘nil by mouth’ order. She was reaching the point where the doctors were sure that in the next week or so, she would pass. They then travelled back to the United Kingdom where she was met with her family and were there while she passed.

They were clear that the auntie they knew was lost a long time ago, and all that was left was her body. It was a terrible way to go.

This is something for a future Assembly to wrestle with. If we allow people to choose to starve to death, should we allow them to be released from existence if they make the decision while they still have full possession of their faculties? But that is for a future Assembly.

On the committee we heard from a wide cross-section of Territorians, from medical experts to everyday Territorians. The phrase that came out of that consultation was ‘choice and help to finish up well’. VAD should be a way for people to die with dignity on their terms.

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When people reach a point where they have ceased to live and are merely existing in a state of pain, with only the expectation of more pain to come and not being able to enjoy the dignity of caring for themselves and their own hygiene, they should have the option to say their goodbyes and die with dignity.

The people of Blain have spoken, and I have listened. They have said, 'Just get it done', so I will support this Bill.

Mrs CARLSON (Wanguri): Madam Speaker, for the record, I wish to state that I personally will not ever use VAD due to my beliefs and my upbringing, but today, knowing that this is one of the most deeply personal matters that any of us will ever be asked to consider in this House, every member must come to their own decision, and I have done that. We must listen to our communities; consider the evidence, safeguards and our own beliefs and experiences; and, ultimately, vote according to our conscience.

I respect there will be different views in this Chamber. I respect those Territorians whose faith tells them that voluntary assisted dying is not something they could ever choose. I respect those cultures and personal beliefs, which mean they would wish their death to occur naturally. I respect those who have concerns about how legislation such as this will operate in the Northern Territory. After listening, travelling, reading submissions, hearing directly from Territorians and continuing to consult my own community, I have reached my decision. I will support this Bill.

I had the privilege to have had a role in the long journey that brought us to this point. I served on the Legal and Constitutional Affairs Committee that undertook the final parliamentary inquiry into the voluntary assisted dying legislation brought before the Assembly.

The Attorney-General asked our committee to consult extensively across the Northern Territory, particularly in remote areas. We examined different models and safeguards to understand the challenges that would arise in the Northern Territory. If we recommended proceeding, we were to provide the information and drafting instructions necessary for legislation. That was an enormous responsibility.

We travelled far and wide. We almost had an accident; we saw our lives flash before our eyes. We went beyond Darwin and into regional and remote communities. We listened to people in Ngukurr, Borroloola, Barunga, Wurrumiyanga, Gunbalanya, Papunya, Alice Springs, Maningrida, Numbulwar and Tennant Creek.

The committee heard from 211 witnesses, including 173 people who appeared in person in remote and regional communities. We received more than 400 written and oral submissions. They are not just statistics; behind every submission was a person. Behind many of those witnesses was a family. Behind many opinions expressed to us was an experience of death, illness, grief, faith, culture, medicine and caring for people and their loved ones—all contemplating what they would want for themselves to the end of their own life. That process matters.

I acknowledge my fellow committee members who travelled and undertook that work with me—the Members for Fong Lim, Blain, Daly and the former Member for Nightcliff. I also acknowledge the Member for Casuarina, who joined us in Numbulwar when we did not have a quorum. I thank them for their work.

I place on the record something I am particularly proud of: the Member for Blain and I were the only two members who listened to every witness throughout the consultation period. Those voices have stayed with me because this inquiry was never simply about producing another report to sit on a shelf; it was about giving Territorians an opportunity to heard before parliament is asked to make a decision of enormous consequence.

We heard strong support and strong opposition. We heard from medical professionals, families, Aboriginal organisations and Aboriginal people. We heard from people of faith, advocates, people who were frightened by the prospect of voluntary assisted dying and people who were frightened that they might reach the end of their lives without having this choice available to them.

Importantly, we travelled into communities where people hold strong cultural and religious beliefs about death and dying. That must never be dismissed. In some remote communities we heard that people preferred natural death because of their cultural beliefs about families gathering around a person as they approached their end of life, sometimes with families travelling from other communities to be there. We heard that a good death means different things to different people. The committee heard Territorians speak about dignity, comfort and the presence of family and friends, and the ability to preform religious and cultural practices.

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Those voices reinforced something important for me, that there cannot be one answer to how every Territorian should die. My electorate has a strong and diverse faith base. There is a Catholic Church, a Uniting Church, a mosque, a Buddhist temple and a Hindu temple. Many of my constituents are members of faith communities. These are not simply buildings within my electorate; they are places of worship, community, family and belonging. They are places where people come together in celebration and in grief and where people turn for guidance and comfort and to represent their faith traditions that have deeply held beliefs about life, death and dying.

I have enormous respect for those faith communities and am privileged as the Member for Wanguri to attend faith-based events and cultural celebrations on a regular basis. I respect the Catholic and Uniting Church members and the members of the Muslim, Buddhist and Hindu communities. I respect every constituent whose faith or belief led them to conclude that voluntary assisted dying is not something they could choose for themselves.

Throughout this process, people from across my electorate could share those views openly and respectfully to me. I have also seen something through those conversations that I think says a great deal about the people I represent: compassion for people who make a different choice. People can hold strongly to their own faith while recognising that their neighbour may believe something different. They can say that it is not something they would choose for themselves, while recognising that another terminally ill Territorian may make a different decision. Respecting another person's right to choose does not require anyone to surrender their own faith, change their beliefs, access voluntary assisted dying or diminish the importance of faith in our community.

This Bill is about choice; it is not asking parliament to decide that there is one correct way for every Territorian to approach the end-of-life process. It is quite the opposite; it recognises that Territorians are all different. Their faiths, cultures, families, experiences and personal decisions at the end of life are different. For some people, their faith determines that they will never access voluntary assisted dying; that is their right and choice, and it must be respected. For another person facing a terminal illness, their considered decision may be that they want voluntary assisted dying available to them. I believe that choice should also be respected. That is the compassion I have seen from many people in my own community. The ability to hold strongly to what they believe while still showing compassion for somebody who chooses differently. That distinction is fundamental to my contribution to the debate.

Because this Bill does not require a person of faith to access voluntary assisted dying, it does not require somebody who believes in a natural death to choose anything different. It does not tell a family how they must approach the final days of someone they love; it creates a choice for an eligible terminally ill person. That is why the name of the legislation is also important; it is the Rights of the Terminally Ill Bill. It is just that—about those rights.

It is not the right of the government or a politician to decide; nor is it the right of a family member or somebody else's faith to decide. It is certainly not the right of a person to pressure or influence that decision. It is the patient's decision. It is their life, their circumstances and their suffering; it is their choice.

Nobody randomly wakes up one morning after being told they have a terminal illness and casually decides that they want to end their life. This is not what we are talking about. For the people who are eligible to access the provisions in this legislation, it will be an extraordinarily serious and considered decision. Some people facing terminal illness have already thought about this question for years. Some know exactly what they want if the day comes that their illness progresses to that point. They are not asking the government to make a decision for them; they are asking the government to stop making the decision for them by denying them the choice.

They want the right when they meet the eligibility requirements to decide how they will approach their end of life. They may want to choose the time and they may want to choose the place. They may want to be at home or be surrounded by people they love. For some Territorians place may have profound importance. The committee recognised that providing individuals with choices in administration can offer autonomy and dignity in determining the place, time and manner of their death. For some people simply knowing that this choice exists may itself matter enormously. That is what choice means.

The Northern Territory knows this debate better than anywhere else in Australia. As many members of parliament today have stated, in 1995 the Northern Territory became the first jurisdiction in the world to legislate voluntary assisted dying, but that right was taken away. After being the first, we ultimately found ourselves the last Australian jurisdiction without voluntary assisted dying legislation.

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That history came through strongly in the feedback I received from my community, but I want to make clear that my consultation with my electorate has not been limited to the period immediately before this debate. I have been consulting with my community on this issue for more than 12 months. That consultation has taken many forms because I wanted to ensure that people had different opportunities to speak to me in the way that suited them. It has happened through doorknocking across my electorate, through our weekly Rapid Creek Markets, while attending community events, through conversations at seniors' morning teas and through notices in my newsletters and other correspondence with industry and community groups. Of course, it happened through many emails, phone calls and direct conversations I have had with my constituents.

I have spoken with people at their doors, the markets and events. I heard from as many people as I could. I have received correspondence from people who wanted their views formally recorded. I deliberately wanted the opportunity to provide feedback and be as open and accessible as possible because on this issue, as personal as it is, not everybody wants to stand up at a public meeting. Not everybody wanted to make a formal submission to the committee. Sometimes the most meaningful conversations happened at the door and community functions. Sometimes someone simply stopped me at the markets and said, 'I want to tell you what I think about this', and I listened.

Importantly, I did not seek out only people who agree with me; I wanted to hear from those who supported voluntary assisted dying and those who opposed it. I wanted to hear from people whose faith informed their position, and from people who were uncertain.

After The Legal and Constitutional Affairs Committee report was completed, I did not consider my consultation finished. I continued giving my community opportunity to provide feedback until this Bill was introduced. I wanted people to know that before I cast my conscience vote in this House, their voices had been heard. After 12 months of those conversations, most of the feedback I received was in support of the legislation, and the message from many was remarkably straightforward: just get it done. Others said that we were the first, and now we are the last. Another message I heard was that it is a human right. People spoke about dignity or they spoke about watching parents and loved ones die. They spoke about wanting the decision to belong to the individual themselves, and they spoke about Territorians having waited long enough, and they spoke about something very simple: everyone should be able to make their own choice.

I do not stand suggest that every person in my electorate agrees with this Bill. They do not. I have heard sincere and strongly held views against it, and I respect those views, but I can stand in this House knowing that I have not arrived at my position without listening. I spent over 12 months listening to constituents who have trusted me with some of the most personal experiences of their lives on the doors, at the markets, morning teas and a huge number of community events. That sustained consultation has informed the position I bring to the House.

Among all that feedback, one piece of correspondence has stayed with me. It came from my constituent, Samara Tuckey. I acknowledge Samara, who was here when the Bill was introduced today. She did not write to me about this Bill from a theoretical or political position; she wrote to me because she had lived through the reality of a terminal illness through her late husband. She wrote because wants future Territorians and families to have the choice that her husband did not have.

Samara's husband was diagnosed with a terminal cancer three years ago. He was only 30 years old. He supported voluntary assisted dying. He wanted it available as an option for his own end of life. While actively undergoing chemotherapy, he still took the time to support and participate in voluntary assisted dying community roundtables. That is important. This was not a view formed overnight, not a random decision. This was a young man, living with the knowledge that his cancer was terminal, thinking seriously about what lay ahead, and what he wanted at the end of his life. He knew what was coming, and he knew what choice he wanted available.

Unfortunately, last year his time came. He was just 32 years old, and the choice he had advocated for was not available to him. Samara told me what it was like to watch the person she loved most deteriorate physically and mentally as cancer took over his body. Her words were incredibly difficult to read. She wrote, 'I knew he was going to die from the first day of his diagnosis, but nothing prepares you for the slow, agonising death of the person you love the most'. Her husband's liver had failed, he became jaundiced, his illness began to affect him cognitively, and tumours affected his bowel and kidneys. His suffering became increasingly severe. Samara was watching her 32-year-old husband deteriorate before her eyes. At the same time, she was caring for their two-year-old daughter, who was also watching her own father slowly disappearing from the life they shared.

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Samara described one of her last memories of her husband was of him screaming in pain. That is a memory she now has to live with, and she told me that watching her husband decline physically and mentally will live with her for the rest of her life with trauma. Samara did not write to me simply because she wanted to tell me what happened; she wrote because she wanted what had happened to husband to mean something for those Territorians who come after him. She told me that voluntary assisted dying would have allowed him grace and dignity in death and the suffering to cease at the point he deemed it unmanageable. She finished with a request to this parliament, 'He was denied this option. Please let us give the option to future Territorians and their families.'

I have thought about those words because Samara's husband was not asking his wife to make that decision for him. He was not asking a doctor or government to decide. He had already formed his own view. He wanted voluntary assisted dying available as an option for his end of life. He had thought about it and advocated for it. He participated in the public discussions about it while undergoing treatment for his own terminal cancer, yet when it came to his time, the law in the Northern Territory denied him that choice.

We cannot change what happened to Samara, her husband or their little girl, but we can decide what choices will be available to the next Territorian who finds themselves facing the end of life. We can decide whether another person who has thought this through carefully, who is eligible and makes this decision voluntarily, will have their choice respected.

Stories like Samara's matter because this legislation is for real people. For Samara, this is not an abstract policy debate; it is the man she loved, the father of her daughter and in the final weeks and days of his life, it was her request to us that future Territorians be given the choice that he did not have.

I thank Samara for trusting me with something so deeply personal, and for advocating to me. I thank her late husband for advocating for this reform during his illness. His voice deserves to be remembered in this debate.

His story also brings us directly back to the central purpose of the Bill. The Bill is not about deciding that voluntary assisted dying is right for everybody; it is about recognising that for an eligible terminally ill person who has made a voluntary, informed and considered decision, it may be right for them. Choice does not force one person's values onto another; it allows each person to approach the end of life according to their own values.

Choice without safeguards would not be enough. This Bill contains significant safeguards. The Attorney-General made that clear when introducing this legislation. The process is fundamentally patient led. That principle is important to me; it is the patient's decision.

Eligibility is intentionally strict. A person must be an adult, must satisfy the residency requirements and must have decision-making capacity. They must be acting voluntarily and without coercion. They must meet the medical eligibility requirements established by this legislation. Every requirement must be met. There are multiple protections operating together.

These safeguards matter, because this legislation is about choice and that choice must be genuine. It cannot be the choice of a family member, a carer, a doctor or the government. It cannot be a decision made by someone who has been made to feel like a burden. It must be an informed and voluntary choice of the eligible person.

The committee recommended that a person accessing VAD must be acting voluntarily and without coercion, while recognising that a person may choose to involve family or culturally important decision-makers. That balance is particularly important in the Northern Territory. We heard during our consultation that in some Aboriginal cultures, major decisions may involve family and kinship structures. We also heard how complex and different those structures can be from community to community; that involvement should be respected when the person wants it, but the ultimate decision must remain voluntary—their choice.

Through the committee process, one phrase stayed with us—finishing up well. What does it mean to finish up well? The answer is different for every person. For one person, it means being surrounded by family and allowing death to come naturally. For another, it means returning to country. For a person of strong faith it may mean placing that final moment entirely in the hands of God. Every one of those choices deserves respect. For another Territorian with a terminal illness, finishing up well may well mean saying, 'I have reached the end and I know what lies ahead. I have considered my options. I have made this decision freely and I want to be in a place I choose.'

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It may mean they want to pass peacefully with dignity. Who are we to tell that person everybody else's choice is legitimate except theirs? That is ultimately the question I have asked myself. I am not voting today because I believe voluntary assisted dying is the right decision for every terminally ill Territorian. I do not believe that. I am voting for this bill because I believe, where the safeguards are satisfied, the decision belongs to the terminally ill Territorian for themselves.

This legislation does not tell Territorians how to die. It gives eligible Territorians the right to choose and recognise that if the bill passes, implementation will matter. The Northern Territory is not simply another jurisdiction. Our geography is different. Our population is dispersed. Our cultural diversity must be respected. Our remote communities must not be an afterthought. That is why the work of the Committee mattered.

We did not sit in Darwin and assume we knew what people in remote communities thought. We went out and we listened. Sometimes what we heard was uncomfortable. Sometimes people strongly disagreed with every premise of voluntary assisted dying. I think it was the first meeting we nearly got kicked out of the community.

Sometimes culture, faith and Western concepts of individual autonomy did not neatly align. But that is the Northern Territory. We cannot make good laws for the Territory if we only listen to the voices that agree with us. I thank every person who spoke to us, whether they supported VAD or opposed it. I particularly thank those who share deeply personal stories about illness and death. Those stories helped us understand that behind every clause of legislation there will ultimately be a human being.

I acknowledge the Attorney-General for bringing the Bill before the House. The Legal and Constitutional Affairs Committee Inquiry was asked to undertake that work necessary to inform the legislation that could ultimately come before the parliament.

We completed that work and our final report recommended that voluntary assisted dying be adopted in the Northern Territory. It contained 86 recommendations, including drafting instructions. Not every recommendation is reflected exactly in the Bill, that is the government's responsibility in bringing legislation to the House. My responsibility now is to consider the Bill before me. I have done that.

I have considered what we heard during the committee process and considered the views of my community, and different faith community stories, such as Samara's, and considered my conscience. I support the Bill and support those who choose for the option of voluntary assisted dying.

Thirty years is a long time. There are Territorians who were part of the debate in 1995 who are no longer here to see this day. There are advocates who have spent decades asking for this right to be restored. There are people like Samara's husband who wanted the choice and did not live long enough to see it available in the Northern Territory.

There are also people who have consistently opposed voluntary assisted dying throughout the period, and their voices remain an important part of this debate, but parliament eventually has to decide. Reports have been written, inquiries have been held, experts have given evidence and communities have been consulted and Territorians have spoken throughout that process.

The committee travelled across that vast Territory and listened. I have since spent more than 12 months continuing to listen to my own community and will continue to do so.

Although deeply personal conversations, the majority of the feedback I received was clear. Get it done. We were the first and now we are the last. Give people the choice.

Territorians are compassionate people and I have seen that compassion within my own electorate through this debate. I have seen people of faith hold firm to their beliefs but respecting their neighbours. I have seen people say they would never make this choice themselves but understand why another person facing a terminal illness may choose differently. That is the Territory community I know.

Compassion can mean sitting beside someone until their natural death, and compassion can mean praying with somebody and respecting their faith. It can mean helping somebody return to country and respecting the considered decision of a terminally ill adult who is eligible to use voluntary assisted dying.

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

Motion agreed to.

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Mrs CARLSON: We do not diminish one form of compassion by recognising another. We do not diminish faith by allowing someone else to make a different choice. We do not diminish the value of life by acknowledging that a person who is already dying may wish to have some control over their final stage of life.

This Bill is not about choosing death over life. It is about a person who has an advanced, progressive, terminal illness who is approaching the end of their life being able, through a process, to choose how they wish to meet that end. It is about dignity, compassion, autonomy and, most importantly, choice. Their choice, not mine, not ours—theirs.

I thank the Members for Fong Lim, Blain, Daly and the former Member for Nightcliff for their work during the committee inquiry, and I also recognise the Member for Casuarina. I thank the committee staff, advisers, interpreters and everyone who helped us undertake that consultation across the Territory, where consultation is never as simple as getting in a car and driving down the road.

Above all, I thank the Territorians who spoke to us, those who supported VAD, those who opposed it and those who were uncertain. Those who spoke through culture, those who spoke through professional experience and those who spoke through grief.

We heard you, I heard you, and your voices have confirmed the decision I make today. This is a conscience vote, and my conscience tells me that a terminally ill Territorian who satisfies that eligibility criteria should have their choice. My community also had the opportunity to speak, and I have listened. The committee did its work; the parliament now must do ours.

After three decades, I believe the time has come to return the right to Territorians to allow those who never choose voluntary assisted dying to finish their lives according to their own faith, culture and beliefs, and, equally, to allow those eligible terminally ill Territorians who choose it to have the ability to finish up well, in peace, with dignity and with the choice that this legislation provides.

For Samara's husband, that choice did not come in time, but for the next Territorian it can. That is what choice means, and that is what compassion means.

That is why I support the rights of the Terminally Ill Bill 2026, and I commend the Bill to the Assembly.

Madam SPEAKER: Member for Johnston, first of all, I acknowledge your mother, Dina, and Kit. Welcome to parliament, it is nice to see you here. Welcome to the other people who are in the Chamber this evening.

Dr RAHMAN: Madam Speaker, pursuant to Standing Order 23, I want to briefly explain a material part of my speech which was misquoted and misunderstood.

I made clear in my speech …

Madam SPEAKER: Member for Fong Lim, can we just get through everyone else's speeches first. Then you can make a personal explanation. Is that what you want to make?

Dr RAHMAN: An explanation speech. Yes, I can wait.

Madam SPEAKER: We have four more speakers on this Bill, and then you can make a clarification.

J DAVIS (Johnston): Madam Speaker, as members across the Chamber have said, today is an incredibly significant day for the Northern Territory for so many people, including many here in the gallery, people who are watching online and the many Territorians who have waited literally decades for this moment.

I start by acknowledging and thanking everyone in the Chamber today who has spoken in the debate so respectfully and compassionately, often sharing personal stories and deeply engaging with what it is we are here to talk about today; it feels like the way that parliament should work.

After 30 years we have before us a Bill to restore voluntary assisted dying in the Northern Territory. This is an incredible victory for the community and the people who refused to let this issue disappear. For decades, people have written letters, made phone calls, told their stories, cared for dying loved ones and stood up publicly to say that when the end of life comes, people should have a choice in how they face it. Organisations, including the Council on the Ageing NT, Go Gentle Australia, the Northern Territory Voluntary

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Euthanasia Society and many other community groups and individuals have kept this issue alive through years of advocacy. We are here because people refused to give up.

When I became the Member for Johnston, voluntary assisted dying was one of the first issues that people in my community raised with me. In my second week in the electorate office, a 93-year-old woman named Maureen, walked through the door, looked at me and said, 'Don't bother coming back here if you don't do something about voluntary assisted dying'. It was not a policy question or abstract political argument; it was a constituent telling her newly elected representative, 'This matters to me, and I expect you to do something about it'.

That conversation became hundreds more, with emails, letters, phone calls and people sitting across from me in my office, sometimes in tears, telling me about the deaths of their parents, partners and friends. People described watching someone they loved lose control over their body, independence and, ultimately, the circumstances of their death. Again I heard the same thing, 'Please give us the choice'.

Today is not a day for political pointscoring about which government should have acted sooner—which we have heard some of in the House today—Territorians have waited long enough. What matters now is we look forward and make the best law we can.

When the government told us almost two years ago that VAD was not a priority, the community did not let the issue disappear; people did not give up. Many of them came to me, like Maureen, and told me to do something about it.

I used the privilege of my role in May 2025 to move a motion in parliament to restore voluntary assisted dying. I congratulate the government for responding to that by referring it to the Legal and Constitutional Affairs Committee and drafting a Bill. I am pleased that we are now debating the Bill itself.

As many of my constituents tell me, this is an important part of what an independent voice in parliament can do because an Independent member can keep asking the question when governments are not ready to act. We can put an issue on the parliamentary agenda because the community is saying that this matters and the government needs to listen. I am proud to have played a small part in bringing this issue back before the parliament, but the credit belongs to the Territorians who kept fighting for it for 30 years. We have the opportunity to honour that work by restoring this right and making sure that we get the law right.

We are debating a Bill which we heard will pass. Again, I congratulate the government for committing to this work. I congratulate the Legal and Constitutional Affairs Committee for the extraordinary and extensive consultation it did and its report, the Attorney-General for bringing forward this legislation and every member across this Chamber who has listened, questioned, considered and contributed. This is exactly how our democracy and parliament should work; with the people elected by their communities listening deeply to both their communities and the evidence, and working together across party lines to make the best law we can for the Northern Territory.

Like many others, I have been talking and listening to people in my community for the last two years about this issue. I have heard from people who are desperate for voluntary assisted dying to return and people who are deeply concerned about it. I have listened to people of faith. I met the Australian Christian Lobby and listened to its members concerns. I listened to Aboriginal Territorians, people living remotely and people who are worried about what this legislation could mean for vulnerable people.

Being a representative means listening to everyone we represent, not only those we agree with. I have talked about a young woman, Sophie Kuswadi, from my electorate who wrote a speech opposing VAD as part of my Youth Speeches Parliament competition. Sophie sent it to me, but she said that she never expected I would read it because she disagreed with me. I read it out in parliament. I told her then and I say it again: I will always listen to the voices in my community, including the ones I might have different views from, because that is how we make good law and that is our role in this Chamber.

Because this is such an important law, we have a responsibility to get it right. We need to make sure that the law is clear and strong so that it protects people who are vulnerable and who are making an incredibly difficult choice at the end of their lives; it protects families, doctors and health professionals; and it works in the real world of the Northern Territory, including for people living remotely, people from different cultural and language backgrounds and people who already face barriers accessing healthcare.

I thank every person who has contacted me. I have listened to your concerns. I believe that the best response to those concerns is not to deny Territorians this choice but to build the strongest law we possibly can. That

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is why I will support amendments to two provisions in this Bill—the gag clause and the 12-month prognosis requirement.

I said publicly when this Bill was first introduced that I would move amendments to both these provisions, and I had prepared amendments to do exactly that. However, the job of all of us in this parliament is not simply to put forward our own amendments; it is to listen, work together and deliver the best law we can for Territorians. Having considered the proposed amendments that I have seen so far, in particular those by the Member for Fong Lim, and having heard him explain them publicly and in this Chamber, I am satisfied that they comprehensively address the concerns I raised. Therefore, I will not move my own amendments; I will support the Member for Fong Lim's amendments.

I look forward to working constructively with members across the Chamber to strengthen this Bill when we debate those amendments later this week. They will bring our law in line with best practice in the rest of Australia. They follow the recommendations of the 2024 VAD report and the LCAC report, and they overwhelmingly reflect what I have heard my constituents say what they want.

Regarding the gag clause, some people may already struggle to navigate our health system. If the only way to find out about VAD is to already know that it exists and what questions to ask and to have the confidence, the language and the capacity to navigate the system yourself, then the right may exist on paper, but it will not exist in practice. A right that people cannot reasonably access is not much of a right at all. The amendments that I have seen, once again from the Member for Fong Lim, combine strong safeguards with guaranteeing those rights.

Regarding the prognosis period, I understand why people see a timeframe as a safeguard, but medicine does not work in neat timeframes. We have heard many human stories about this in the Chamber. Doctors are good at treating illness, but they are the first to say that they are not fortune tellers. I note that some members said that the AMA supported a 12-month timeframe, but it was also mentioned that the AMA explicitly called for the prognosis period to be removed. Dr John Zorbas said, 'A strict 12-month terminal prognosis requirement is clinically arbitrary and effectively unworkable in many medical scenarios. It will inevitably lock out patients whose specific disease trajectory is difficult to predict with exact certainty but who will continue to experience intolerable suffering.' He went on to say that patients rely on their doctors for complete transparent information to provide informed consent and legislating what a doctor can and cannot discuss when a patient is facing the end of their life is an unacceptable intrusion into clinical practice. These are people with terminal, progressive and irreversible conditions whose death cannot be predicted with the precision this provision demands. Their suffering is real, their condition is real and their capacity to make a decision can be real, but an arbitrary timeframe can put the choice beyond their reach.

I will talk quickly about the arbitrary timeframe. I clarify that I think the Member for Fong Lim may have been misheard before. He said clearly that eligibility is always subjective, including a 12-month timeframe. That is a subjective standard, not an objective one.

Our job in this Chamber is to make laws. We have been reminded of that. Yes, this debate is about legislation. I acknowledge something I have heard repeatedly from people who fought for VAD for years. Many people who desperately want this Bill to pass have been cautious about advocating for these amendments. They worried that if they pushed too hard for changes to a Bill they know is not the best version it could be, they might somehow put the whole Bill at risk. I understand that fear. When you have waited 30 years for this right to be restored, you do not want to do anything that might jeopardise it. This is not the choice we face. We can pass this Bill and we can make it better. We can restore voluntary assisted dying, and we can strengthen the safeguards at the same time and that is exactly what the amendments that I will be supporting allow us to do.

As COTA NT, great champions of this and who have worked so hard for this for so long said:

> *While we welcome this important legislation, we want to see the best possible legislation for Territorians. That means legislation that protects vulnerable people while also respecting the rights, dignity, autonomy and choices of people at the end of life …*

I agree; that is the test that we should be applying, not simply whether we pass the voluntary assisted dying law but whether we pass the best voluntary assisted dying law we can, one that protects people who are vulnerable and respects the rights, dignity, autonomy and choices of people who are dying.

Ultimately that brings us back to the people at the centre of this debate. I have been lucky to meet and spend time with some extraordinary people through this process, people who have been great advocates like

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Marshall Perron, the original architect of the first voluntary assisted dying Bill in the world in the Northern Territory: Judy Dent, widow of the first man to use voluntary assisted dying; Gavin; Stevo; Chas and Spud; and many more.

In the words of Marshall Perron in this Chamber 31 years ago:

> *The terminally ill are mothers, fathers, brothers, sisters, sons, daughters, wives and husbands - they are the flesh and blood of their kinfolk. In suffering, like us all, they embrace with tears, fears and sadness. They are not just 'patients'; they are people. Mr Speaker, they are people like you. They are people like me. They are people like all those people in the public gallery. They are people like all those in the corridors and offices of this building. They are people like all of those in the streets. That is what we are talking about - real people. Let us allow each of them a personal choice. The freedoms that Territorians enjoy all their life should not come to an end just because life does.*

Like others in this Chamber, I have sat with Territorians with terminal illnesses who knew that this law might not come in time for them. Those people all essentially said the same thing to me, 'I would do anything to have this as an option'. Some of them knew that they might never personally benefit from the law that they were fighting for and yet they wanted to spend the time they had left making sure that somebody else could. That is an extraordinary act of generosity, and we owe it to them to do more than simply pass a Bill. We owe it to them to pass the best law we possibly can.

For some of them know it is too late. Stevo who I was so privileged to meet and spend time with—Stevo, this is for you. Stevo had a lot to say about suicide that I know we have talked about and, Madam Speaker, you spoke about it in this Chamber as well. He did not want to be seen as someone who suicided. He deeply believed that voluntary assisted dying is not suicide and that suicide is the tragic loss of life that could have continued and that voluntary assisted dying is the opposite. It is for people who are already dying, who would live longer if they could, but whose disease will take their life regardless. Stevo, I am so sorry this Bill is coming too late to ease your suffering.

Gavin Perry, who I am now privileged top call and friend and who has lived in the Territory for more than 50 years. He remembers riding his bike behind the bulldozer as it cleared what is now Dick Ward Drive. He loves the Territory and he has contributed deeply to it. Many of the beautiful gardens you see across Darwin are the work of Gavin. The other day he came to me at the markets and gave me some cotton grown from seed from the very first botanical garden here in Darwin in the 1890s. Gavin has made his life here and is now facing a very painful death from eye cancer.

For people like Gavin who are facing terrible choices and a painful death, I acknowledge that this debate today is an incredibly difficult one. Gavin has struggled with not wanting to be the face of death but also wanting passionately for Territorians—including himself—to have the choice that every other Australian has. In Gavin's words, he said:

'I love this place. I have given it everything I have and now I am facing a very painful death from eye cancer. My oncologist warns me that if my melanoma spreads I will suffer tremendously and go blind. When I listen to doctors talk about a horrible death it terrifies me. It should not be about some arbitrary prognosis; it should be about the intolerable suffering. This is what we all fear. If we had a voluntary assisted dying law I would not have to worry. I just want a clean, peaceful end in the place I love. Please, get this done for those of us who have run out of options.'

Gavin, I am thinking of you as we debate this in parliament tonight.

Many other people sent me their family's stories, and they are often beautiful and sometimes incredibly painful. I am grateful to the Member for Fannie Bay for sharing the story of Sharon's mum so beautifully. Sharon, known to many as 'Shaz', who is here in the gallery with her partner Spud, has been a fierce advocate for voluntary assisted dying. Shaz lost her mother, Liz Holmes, as we heard, nearly nine years ago. I also had her letter to read, but I will not read it again. However, I will read out her final text from 21 September 2017. She said:

'Shaz, thank you so much for understanding. You know I cannot do this existence anymore. I have nothing to look forward to but palliative care in a nursing home. Not doing that to you three or me. No euthanasia in New South Wales. Was once passed in NT, have it happen again. You of all people can do it. Animals have it, we are animals too. My legacy, my spirit will always be watching over you. When you see a happy pigeon, it will be me. Love you more than words can say, Mum.'

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Liz did not want to die. She wanted to live without unbearable pain, and when that was not available to her, she made—alone—the choice that this Bill exists to make sure no-one must make alone again. She talked about the Northern Territory in her final message to her daughter. She remembered that this place once led the world on this issue, and she asked her daughter in her last words to help bring it back.

Shaz, that is what we are doing and that is what you are a part of. This is for you and your mum. You have been a courageous and amazing part of this journey, and I hope when this debate is over and we have voted, you see a happy pigeon and know that her spirit is watching over you.

Another constituent who wants to remain anonymous shared her mother's story. Her mum accessed voluntary assisted dying in New South Wales in 2024. Her life had been marked by extraordinary trauma and extraordinary resilience. Decades of serious physical injury and chronic pain, following a car accident in her youth, worsening health, unmanageable pain and, eventually, round-the-clock care from her husband. Her doctors told her that she would never get better. She decided she wanted a different ending. Her family supported her, her doctors supported her and she could access VAD lawfully in NSW. Her daughter told me that she was devastated to lose her mother but also incredibly grateful that her mother had the ending she wished for. She had a peaceful and dignified ending, her final days were treated with warmth and respect, and her mother could make that decision herself.

Like others in this Chamber, I have heard many stories like this over the past two years—the stories of people who could make the choice and the stories of the unbearable suffering of those who could not. This is what this legislation is about: not forcing anyone to make this choice, but giving an eligible person the option to choose for themselves.

We have a chance to get this right. We know that voluntary assisted dying is not about asking the state to decide when somebody should die; it is about saying that an eligible adult who is dying from an advanced and irreversible condition, who has decision-making capacity and who meets strict safeguards should have the right to make their own choice about how their life ends. Equally, it is about making sure that choice is made freely, without coercion and pressure and with every appropriate safeguard around it.

These two principles are not in conflict. They are at the heart of this legislation: the right to choose and the right to be protected. We do not have to choose between autonomy and safety. We can protect people and respect their right to make decisions about their own lives. This is what getting this law right means. It means a person who wants every possible treatment and every possible day of life must be supported to have exactly that. It means a person who wants palliative care must have access to the best palliative care we can provide. It means that a person who is eligible under this law after rigorous assessments and safeguards should not be denied the choice simply because our legislation has imposed an arbitrary barrier that medicine cannot justify.

That is why I will support the amendments to strengthen this Bill, to remove the gag clause and the arbitrary 12-month prognosis period. A right that people cannot reasonably find out about is not a meaningful right. A right that is available only to people whose doctors can predict their death to an arbitrary timeframe is not a fair right. We can do better.

We can have a law that is compassionate without being careless, respects autonomy without abandoning safeguards and protects vulnerable people without taking away the choices of people who are capable of making them. That is the balance we should be striving for.

We should remember what voluntary assisted dying means. It does not mean choosing death instead of life; it means giving a person who is already dying a choice about how they face the end of their life. No-one will be forced to use this law, no doctor will be forced to participate and no family will be forced to agree. An eligible Territorian who meets the safeguards will have the right to say, 'This is my life. This is my decision, and this is how I want my final chapter to be.'

We know the Northern Territory has been here before. We know that in 1995 this parliament had the courage to lead the world. Marshall Perron and the members of that parliament showed what a conscience vote can actually achieve when members listen to their communities and make difficult decisions based on principle.

In 1997 that right was taken away from us, by Canberra, and for almost three decades Territorians have been denied the choice that everyone else in Australia can now make. Today we have the opportunity to restore it, but we have an even greater responsibility because we have the opportunity to restore it properly, not with unnecessary barriers and provisions that make the right exist only on paper, but with a law that is clear, safe,

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compassionate and workable across the Territory. That is what Territorians deserve and what this parliament can deliver.

I think of Maureen who told me not to bother coming back if I do not do something about voluntary assisted dying; Stevo who wanted desperately for Territorians, including himself, to have a choice, but for whom this law has come too late; Gavin, who is still fighting for this choice; Judy Dent, who has carried this campaign for decades; Bob, who was the first person in the world to legally access voluntary assisted dying under our original law; and Shaz and her mum, Liz, and the heartbreaking circumstances in which Liz died because she did not have the choice she wanted. I think of every Territorian who has contacted me and simply said, 'Please give us a choice'.

I also think or the people for whom this Bill will come too late. We cannot change that, but we can decide what happens for the next person. We can decide that no Territorian who is eligible under this law should have to face the end of their life without the real choice this parliament is capable of giving them. We can decide that we will protect that choice with strong safeguards. That is what voluntary assisted dying means—choice, dignity, autonomy and protection.

The community has fought for this for 30 years. Let us get it right. People should not have to come back in five years' time and fight to fix a law that we have the opportunity to get right today. Let us restore the right, strengthen the safeguards, remove the barriers that do not belong in this law and work together to pass a law that Territorians can have confidence in and which respects people's right to choose their own end while doing everything we can to protect those who are vulnerable. Le us give Territorians the best version of this law we can.

I commend to the Assembly the Rights of the Terminally Ill Bill 2026 and the amendments that will make it stronger.

Mr YOUNG (Daly): Madam Speaker, firstly, I acknowledge everyone's contribution today. I strongly believe it has been respectful, especially for those who have been advocating for voluntary assisted dying for decades. I appreciate everyone's feedback.

I also appreciate everyone's amendments that have been put forward in good faith and members talking through those amendments. There are some amendments that I still need to consider when we go forward. I am still thinking them through, and we still have time to talk through those amendments.

This particular topic can be personal, but it is important because we are discussing voluntary assisted dying. The debate compels different arguments, and I respect that. I appreciate the many people who came and spoke to me directly about whether they do not agree with the Bill itself due to spiritual and cultural reasons or certain values that they may have. I thank those who would like to see the Bill be passed and that we can consider it in a respectful way, which I think has happened here today.

I acknowledge the Attorney-General for bringing this Bill forward. I think it is an important time to have this discussion, and it respects those people have that have been advocating for voluntary assisted dying for some time now. I understand there will be differences in how the Bill will look, but it is a start, and we may not get it right from the beginning, but in the future, we will be able to make those amendments if needed. Hopefully we can get this Bill right today so that we do not need to make those amendments.

At the heart of this, I strongly believe this debate comes down to one thing: compassion; dignity; and the right for people to come together with different opinions. It also comes down to the people who are suffering to have a say and a choice with how they end their life. That is what this is about. We may have individual positions on it, but it is about the dignity of those people that are suffering and knowing that they have a choice.

We know that our healthcare system is built particularly around patient-centred care, and we listen to patients, respect their wishes, give them choices about their treatment, seek informed consent and recognise their right to refuse treatment. Yet, when it comes to the end of life, this law will give a way of choice through voluntary assisted dying for those that are terminally ill. For people who are terminally ill or living with a severe condition that has caused unbearable suffering, the current prohibition on assisted dying can seem completely at odds with the principles that guide our health system currently.

It is in many ways the one area of medical care where a competent patient's wishes can be fully considered when determining what is their best wishes, and I think we need to ask ourselves whether that is fair. As many people have reached to the end of their lives and are deemed terminal, we currently do not have that

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option of choice here in the Northern Territory. It is a real shame considering that we were the first jurisdiction in the country—and in the world, I believe—to introduce voluntary assisted dying, until that right was taken away from us in the 1990s by the federal government.

The Rights of the Terminally Ill Act in 1995 was groundbreaking, as many of us have discussed this evening. It did not provide an unqualified licence for people just to access VAD—we need to remember that—but it did not say that anyone could simply walk into a doctor's office and request euthanasia. It established strict conditions and safeguards around who could access the scheme and the circumstances in which it could occur. The Northern Territory was prepared to confront one of the most difficult ethical questions imaginable. Unfortunately, that was taken away by the Commonwealth Government, but the experience of the territory has remained an important part of the international debate.

As several of us have spoken about, we proudly sat on the Legal and Constitutional Affairs Committee. We went to remote communities with the Member for Wanguri, the Member for Fong Lim as Chair, the Member for Blain and the former Greens member, Kat McNamara, as the Member for Nightcliff, to speak with people from remote communities about voluntary assisted dying and their positions on it. To be honest, a lot of people did not really know about it. A lot of the old people did; they remembered it from the 1990s, but many people did not know about voluntary assisted dying. People seem to tar remote people with the same brush as people who were against it. That definitely was not the case. They may not want to see voluntary assisted dying for their community, but when questions were put about how they would feel about people in Darwin having access to voluntary assisted dying, it was clear-cut that it is a matter for them and their choice. It is important to ensure that the right information is put out that it is people's choice. It may not be right for us because of the cultural protocols around end of life, but if it is even other family members, that is their choice at the end of the day, and we must respect those cultural sensitivities around that.

As I started my speech, I was wrestling. We have a couple of the amendments. I will start with the prognosis of 12 months. I believe that should be lifted. That is one amendment I will vote for when it comes before the Assembly. It is something that the Legal and Constitutional Affairs Committee had in its report. I believe that should be lifted because we should not be restricting people, for example, if they have been diagnosed as terminally ill and the prognosis is two years. They may have to suffer for that first year to then be eligible to access voluntary assisted dying, and I do not think that is fair. Once you are terminally ill, you should have the choice to choose if and when you go down the path of voluntary assisted dying.

The second amendment is about people from institutions not having the right to talk about voluntary assisted dying. I have real concerns about that. For example, if you are a religious institute and you are the only one in a certain town. The Legal and Constitutional Affairs Committee saw that. A lot of towns have only one option for aged care. If it is a religious institute with an aged-care facility, and you are a patient in that aged-care facility who is terminally ill and you want to speak about those options with a medical practitioner, you should have the right to have those discussions to get the right information about your options. If you are bedridden, for example, you cannot leave the aged-care facility, so it could be difficult to have those conversations with medical practitioners.

The one I am wrestling with at the moment is about the gag order. I would prefer it to be lifted and for the doctor to be able to speak to their patients about it from a personal position, but I understand the cultural complexities that we have in the Northern Territory and the sensitivities when we are talking about end of life, especially with many people from multicultural backgrounds and people who do not have English as their first language. For people from remote communities it may be that English is their second, third or fourth language. For a doctor to be able to raise the subject, there is a high risk that it will add confusion in our remote communities. I would not want to see—for example, in Wadeye—the doctor talking about voluntary assisted dying with a patient who is terminally ill. That may cause confusion when they speak with the community and their family members. It could cause some issues and conflict as well.

We are trying to encourage Aboriginal people to go to the clinic. We need to have strong regulations about that to ensure there is a cultural safety net for our remote communities. It is a hard one that I am wrestling with because I can see the complications with that for remote communities in the Northern Territory.

When we talk about the end of life it is not necessarily just with that individual patient; it can be broader, with other family members who help make those decisions regarding end-of-life options. If people are on life support, for example, decisions have to be made with families as well.

I want to bring the debate back from the legislation and legal arguments to who it is about. I think we have all touched on it in some way or another. It is people centred and, as we have mentioned, many people have been advocating for this for decades.

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I acknowledge Sharon Cramp and your husband, Spud, who visited my electorate last week. I appreciate that you entrusted me and other members with your story. The Members for Johnston and Fannie Bay spoke about your story. In this place we do not take lightly your years and years of advocacy to see this get over the line. I am confident that on Thursday we will see that for you, so I will appreciate that.

We heard the stories about Liz today—your beautiful mother—who was 77 years old when she took her life and passed away. After hearing her story, I do not think anyone could walk away from that conversation without understanding that this debate is not simply about legislation; it is about people, families, friends, the community more broadly and the impact legislation can have on people and communities.

Liz lived a remarkable life. She broke her back when she was just 53 years old and then battled breast cancer for 12 years, along with having two hip replacements. She also had a terrific career. She worked in a bank and raised money for a Miss Australia quest. She worked as a model and in retail. She worked as a divisional secretary for a prominent insurance company and for 18 years she volunteered as a Lifeline counsellor. Most importantly, Liz was a devoted wife, mother and friend of many. She was someone who spent her life caring for other people. Sharon and Spud shared with me her incredibly detailed diary, which I have here that Spud documented. Many people have touched on this. I was going to speak about it today, but the Member for Fannie Bay spoke about this.

If you can get a chance to read this and understand the steps where Liz was diagnosed, it clearly explains and lays out over many years what occurred. I believe it is a good document that shows what Liz would have been battling and fighting through with her family and friends. Not having access to VAD, I cannot imagine that wrestle she would have been having at that time. It shows that it would have been very difficult for her, but how strong she was through all of that. Something that Spud said to me last week with Sharon was that while Liz, your mum, may have taken her life, it is not a sign of weakness, and this explains it. It is a sign of strength that she had to battle all those years. It was a sign of strength that Liz had shown.

Last week the letter that the Member for Johnston and the Member for Fannie Bay touched on today was shared with me, and it is an incredibly powerful letter. I will read parts of it today to get it on *Hansard*, because it deserves to be heard in this parliament. The Member for Fannie Bay read it out as well, but in her letter, she wrote, ‘To everyone I love, especially Wayne, Sharon, and Wendy’ and went on to write about how she had been looking forward to the life with her hip surgeries, how she wanted to travel—to catch the train to Melbourne and the *Ghan* to Darwin to see Sharon and Spud. She wanted to visit her other daughter and her family.

She wanted to be able to walk her beloved dog Katie, but she could not, and as Liz wrote, ‘I thought, okay, I cannot walk, I will swim, and I cannot do that as well’. Her cancer had progressed. She described the physical pain and the impact it was having on her, but it was also the loss of independence, the loss of mobility, the loss of confidence, and the loss of the life she had imagined for herself. As stated, ‘I have lost my confidence in driving. I have no independence’. She described becoming isolated and wrote, ‘I have become a hermit, with a dog called Katie, my saviour’.

Then she wrote something that I think goes to the heart of this debate: ‘I have nothing to look forward to but pain and indignity’. We all should be able to choose when we die. Liz knew her decision would be difficult for her family. She knew that people might not understand it, but she believed it was her decision to make, and she wrote, ‘So with great courage and no cowardice, I go to God. An act of love.’ And finally, she asked her family to look after Katie, writing, ‘Please cremate Katie so she can be with me. Love, mum’.

I found Liz’s story incredibly difficult to hear, but it was incredibly brave tell that story publicly as well. This story has reinforced how important quality of life is, dignity, and personal choice can be when someone is approaching the end of their life. I again acknowledge Sharon and Spud. It takes enormous courage to share something so deeply personal with a member of parliament, and to ask us to listen to that story and understand the impact that debating legislation in this House has on the broader community, families and individuals.

The question before us is: what do we do when someone is facing the final chapter in their life with suffering that they believe is unbearable? Can we provide a safe, compassionate and carefully regulated option? Can we put safeguards around that decision? Can we make sure that vulnerable people are protected? Can we make sure there is no coercion? Can we make sure that palliative care remains available and properly funded? I strongly believe the answer to all those questions is yes, particularly if it is properly regulated, funded and communicated. Ensuring we distribute all the information to everybody across the Northern Territory, particularly our remote communities—when we are talking about healthcare and voluntary assisted

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dying, we ensure it is put in peoples' language, so there is a deeper understanding for all people across the Northern Territory.

I believe we can do that and have those safeguards in place as a Territory. We have shown that before. We did it through COVID; it was well rolled out. I remember going to remote communities, and most people in Wadeye knew about COVID because it was put in their first language. It has been shown it can be done. We need the political will to do that for all things.

We do not want to compromise voluntary assisted dying with palliative care. We need to ensure that is properly resourced and people also have access to palliative care. They should both be working side by side to ensure that people have those choices and options, whether they would like to go into palliative care or have the choice to go down voluntary assisted dying.

Liz's story has demonstrated so much of what she went through in terms of a loss of independence, dignity and the ability to live life that a person considers meaningful. The legislation has been debated so passionately that we will honour that by the end of the week.

This is one of those votes where every member has to look beyond the politics, the party rooms and consider their own conscience. For me, the story of Liz Holmes has reinforced what I believe. A competent adult who is terminally ill and experienced intolerable suffering should have the ability, under safeguards, to a make choice about the end of life.

They should not have to wait until their suffering becomes unbearable and then resort to desperate measures on their own. They should not have to leave their family wondering whether they will come home one day and find their loved one has ended their life. They should not have to travel interstate or overseas to find the dignity and choice they deserve.

The Northern Territory once led the world on this issue, and I believe we should be prepared to lead it again.

On behalf of Sharon and Spud, their family and friends, in memory of their mother Liz, and many Territorians who have advocated for this right for decades, I will be voting for this bill overall. I do so with respect for those who disagree. I have had many conversations with people that disagree, but I have stuck to the principle of what I believe is the right thing to do. I do so with the understanding what that responsibility comes with the decision I have made.

You spoke to me last week in the electorate office, and Liz's final words of love are perhaps the most fitting way to finish: 'God bless Katie, my saviour'.

Mr BROWN (Arafura): Mr Deputy Speaker, I support the Rights of the Terminally Ill Bill 2026 because I believe that all Territorians have a right to end their life with dignity.

In 1995 we were the first jurisdiction to put that forward. The Rights of the Terminally Ill Act was overturned in 1996. It was not until 2022 that the federal legislation was lifted. In 2023 Labor did a lot of consultation through surveys and submissions. The numbers that came back showed that 70% of Territorians wanted VAD. I am grateful for the CLP for carrying that on in the last year or so. I thank the LCAC members.

This is a very complex issue. I had grown up as a Catholic in a mission. Communities were missions back in the day, and having an Indigenous mum and a non-Indigenous dad plays a part. I have a story that I would like to share of my father's childhood best friend who used VAD last year to go out with dignity.

During Christmas in 2024 I was in Tasmania when I found out that Birdie had an aggressive spinal cancer, so he moved in with my dad who had a shack at the back of the house. They taught for the last 40 years at schools around Launceston in northern Tasmania.

Every day, dad would take him to the chemist or the hospital to get advice about VAD and choosing that option. Birdie qualified because he had a terminal illness, and he was deteriorating every day. By the end of it, he was on a walking stick and could not go to the toilet. He was a very proud man too, so dad would take care of him in that way. It was not until March, four months later, when he got up in the morning and could not move his legs that he said, 'Today is the day'.

The process in Tasmania is different, but it is pretty much a six-hour, three-dose process. Dad sat with him with a glass of whiskey, an illegal cigarette and they chatted about the kids and life. At 10 in the morning he took his first dose, then again at 1 pm, and lastly at about 4 pm; you can change your mind anywhere through

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this, which is interesting. He fell asleep at about 6 pm. Dad rang me, so all day I was talking to him. With that process, he was able to go in his own time, in his own way and on his favourite chair. Dad is so grateful for that, especially with all the secrets that came out in those six hours; they shared everything.

That is just a little personal story. I went in April last year to attend the funeral, and his boys were there. He cleared all that up with his family.

Coming back to the Territory and thinking about our Aboriginal communities, it is a taboo subject because death is treated differently in different communities. Safeguards need to be in place.

I am at odds with my team about the gag order. I agree with it because of the problem it would create in the community if doctors are to negotiate that with elders. I let people know that I will probably abstain when it comes to that. Indigenous people have long ceremonies over two or three weeks when we have deceased people because we are sending them through a timeline through the Dreamtime through ceremony. This adds another complexity, so we do not know how that will turn out. The whole Territory does not know how to deal with it, but especially in remote communities. People should think about that. Maybe there needs to be a separate section that deals with Aboriginal communities, but obviously it is early days.

The thing that got me over the line with this is the choice and the voluntary nature of it. I will take that back to my communities, 'If you do not want it, if you do not think it is right for you, for your clan, for your people, it is voluntary', because I know it will create issues and they know it will create issues. I think that it will not be for them. There are definitely taboo topics in communities because you have the black magic discussions and all the other stuff that happens. There is the blame game, cultural payback—that sort of stuff. Decisions need to be made carefully.

I support it overall. We need it in the Territory, especially seeing some of these people coming back. There are not enough beds in remote communities and not enough palliative care options. About three months ago, a guy who came out of dialysis in Darwin did not have family in Darwin, so he went back to his community. There was no dialysis for six weeks until he passed away. That is horrific.

I support it because there is choice and it is voluntary. There are some things that we need to iron out to look after Aboriginal communities.

Mr PATEL (Casuarina): Mr Deputy Speaker, there are some votes in this parliament when we come into this Chamber knowing clearly what our position will be, and there are others where the answer does not come easily. For me, the Rights of the Terminally Ill Bill 2026 is one of those votes. This is a conscience vote. I believe that a conscience vote should mean exactly that; it should not be decided by political pressure, by which side of politics someone sits on or by the loudest voice in the room. It requires each of us to look deeply at the legislation, listen to the people we represent, listen to those who will be affected, examine our values and then ask ourselves: what can I, in good conscience, support?

After more than 12 months of listening, consultation, conversations, submissions, concerns, personal stories and careful reflection, I have reached my decision for the Casuarina electorate. It has not been an easy decision. I will support this Bill, but I want to explain why. I also want those who oppose this Bill to know that I have heard you and I respect you. Many of the concerns you have raised are concerns that I have carried.

My starting point on this issue is the value of human life. I was raised in a culture with beliefs that place enormous importance on our family, care, responsibility and being present for somebody through difficult times.

I remember my grandparents used to say we are the best creation of the God.

Our own Sanatan Dharma upbringing teaches me that life has dignity. It teaches responsibility towards parents, grandparents, family and community. It teaches us not to abandon somebody simply because they have become old, frail, sick or dependent. Culturally, the idea that when somebody becomes seriously ill, we simply move away from them is completely foreign to me. We actually moved towards them, sit beside them, feed them, care for and comfort them, sometimes for days, sometimes for months, sometimes for years. We do not calculate how inconvenient their illness has become. We do not measure their worth by how much care they require. A person does not lose their human value because their body has become weak.

A person does not lose their dignity because they need help going to the bathroom. They do not lose their dignity because they can no longer work. They do not lose their dignity because somebody has to feed them, wash them or sit beside their bed.

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That belief remains part of my life. Supporting this bill does not mean abandoning it, and that is important for me to say.

There are people across the Territory who are strongly opposed to voluntary assisted dying. Some oppose it because of faith, culture or their experience in medicine, some because of disability advocacy. Some oppose it because they have watched a loved one die, and some because they genuinely fear where legislation such as this could lead.

These concerns deserve respect. One of the strongest concerns I have heard is: why are we talking about assisted dying when some Territorians still struggle to access high-quality palliative care because of the remote area we live in? That is a fair question. A person should never seek voluntary assisted dying because proper palliative care is unavailable. A person living remotely should not have fewer choices simply because of their post code.

A family should not feel that death is an easier option because nursing support, pain relief, accommodation, transport or specialist care are inadequate.

If we are going to talk about choice, then the choices must be real. Palliative care, care at home, pain management, psychological support, family support must be part of that choice and, where appropriate, spiritual and cultural support must be part of that choice too.

VAD must never become a substitute for good health care. I have heard concerns for elderly people, people with disability, people experiencing isolation and people who may feel they are becoming a burden on their families.

These concerns particularly affect me. I imagine an elderly parent hearing their children constantly discussing the cost of their care, imagine somebody with a disability beginning to believe that everybody else's life would be easier without them. Imagine a patient feeling guilty because their husband, wife, son or daughter has taken months away from work to care for them.

Even without somebody directly saying, 'You should choose VAD', pressure can exist. It can be emotional, financial, cultural and silent. Sometimes silent pressure can be the most powerful pressure of all. That is why safeguards, decision-making capacity and voluntariness matter. It is why coercion must be taken seriously and this parliament must never become complacent about how the system operates in the years ahead.

I have also heard from health professionals. Some strongly support VAD; others fundamentally oppose participating in it. Both views deserve respect. Doctors, nurses, pharmacists, Aboriginal health practitioners and other healthcare workers are human beings too. They have consciences as well. They have beliefs and professional responsibilities. They can experience moral distress. No health professional should be treated as less compassionate simply because their conscience prevents them from participating in VAD. Equally, a health professional who supports an eligible patient through a lawful process should not automatically be characterised as uncaring. There are good and compassionate people on both sides of this debate, and we should remember that.

Another argument raised with me is what happens in 10, 20 and 30 years. People said, 'Khoda, you might support what is written today, but what happens if parliament changes it tomorrow?' That is not an unreasonable concern. Laws and eligibility criteria can change. Future parliaments can make different decisions. That means oversight, review and transparency are important. If evidence ever shows that protections are being weakened, coercion is occurring or vulnerable people are being placed at risk, future members of this parliament will have a responsibility to act. Passing legislation does not remove parliament's responsibility; it increases it.

One experience during this journey has stayed particularly strongly in my mind. Last year I had an opportunity I had not expected due to the Member for Fong Lim and the former Member for Nightcliff being unable to attend a committee visit to Numbulwar. I had the opportunity to participate in that community consultation with the Members for Wanguri and Blain. I am grateful that I did. It took me seven minutes to make the decision to go with them. I appreciate it now because I realise that it was worthwhile going there with them.

I went there as the Member for Casuarina. Numbulwar is outside my electorate. I was there to listen, but something happened during those conversations. As I listened to the people in that community speaking about family, illness, caring and death, it felt familiar to me. I come from a different part of the world. I was born in Gujarat, India—different country, different language, different traditions and different history.

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However, sitting in Numbulwar listening to people talk about caring for someone who is sick, I began to recognise something from my own upbringing—I come from a small village of 800 people, so I felt welcome and understood them—the belief that when somebody you love becomes sick, you look after them. You do not count the days. You do not say, 'We have cared for you for six months or 12 months, and that is enough'. You do not say, 'This illness has gone on for too long'. You care for them. If it takes days, you care for them for days. If it takes months, you care for them for months. If it takes years, you care for them for years, because they are family.

Many spoke from a belief in allowing death to come naturally. That resonated deeply with me because I understand that thinking. I understand the dignity people see in caring for someone until their natural death. I understand the spiritual and cultural meaning attached to that. In that moment this debate stopped being a legal debate for me; it became human.

Sometimes in politics we rely heavily on words, reports, statistics. legal clauses, submissions and arguments, but there are moments when you learn something simply by sitting with another human. Emotion has a truth of its own. Sometimes emotion does not need a translation, t does not need the same language, it does not require us to come from the same culture. You can see love in the way somebody talks about their mother; you can see fear in somebody's eyes; you can understand grief in silence; you can understand compassion by watching somebody hold another person's hand.

There are feelings that do not need an interpreter. Humanity itself becomes the language. That was part of what I experienced in Numbulwar community. People whose cultural background is very different from ours expressed values that felt remarkably familiar: family; care; responsibility; respect for elders; looking after people when they become weak; and allowing nature to take its course. That experience made my decision harder, not easier, because I respected what they were telling us.

There was another part of those discussions that stayed with me. While people could say: 'This is not what I want for myself' or 'This is not consistent with my culture or beliefs', there was also an understanding that another person may make a different decision. That distinction became extremely important to me.

There is a difference between saying: 'I would not choose this', or 'Therefore you must not be allowed to choose it'. Those are not the same things. That became central to my final position.

For more than twelve months, I have listened. I have spoken to people who passionately support VAD. I have spoken to people who passionately oppose it. I have heard from people of faith. I have heard cultural concerns. I have heard from medical professionals. I have heard concerns about palliative care. I have heard fears about coercion. I have heard concerns about safeguards. I have heard arguments about personal autonomy. I have heard deeply emotional accounts from people who have watched someone they love suffer at the end of life.

There was no single conversation where suddenly everything became easy. There was no single email that decided my vote. There was no single person who changed my mind. My conclusion came gradually. Eventually I came back to one fundamental question: Who should make this decision? Should I make it? Should a politician make it? Should the government make it? Should somebody else's religious belief make it? Should somebody else's cultural belief make it? Or, within a tightly regulated framework and with appropriate safeguards, should a competent adult facing the end of their life be able to make that decision for themselves? That is where I ultimately came to my conclusion.

Supporting this Bill does not mean I want people to choose voluntary assisted dying. That distinction is extremely important. I am not standing here encouraging anybody to die. I am not saying VAD is preferable to palliative care. I am not saying natural death has less dignity. I am not saying families should stop caring. I am certainly not saying that someone who chooses to fight for every possible extra day has made the wrong decision—quite the opposite. If somebody wants every possible treatment and every possible day with their family, we should support them. If somebody wants palliative care and a natural death surrounded by children and grandchildren, we should support them. If somebody's faith means VAD could never be an option for them, we should respect that. If an Aboriginal person's culture and connection to country shapes their end-of-life choices, that should be respected.

If another eligible person, after careful assessment, free from coercion and with decision-making capacity, reaches a different conclusion about unbearable suffering at the end of their life, I have asked myself, on what basis should I use my own personal belief to take that decision away from them? That question ultimately became decisive for me.

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I want to say directly to those who oppose this legislation. You are not uncaring because you oppose VAD. Many opponents are motivated precisely by compassion. They want to protect vulnerable people. They want better palliative care. They believe deeply in the sanctity or inherent value of human life. They fear subtle coercion. They fear normalising death as an answer to suffering. I understand those concerns, and I believe this parliament should continue listening to them even if this legislation passes, because people who question legislation can help make legislation safer.

Likewise, people who support VAD should not automatically be described as people who place less value on life. Many have arrived at their position after watching somebody they love suffer. They have sat beside hospital beds. They have witnessed diseases slowly take away independence and bodily function. They have heard people they love ask for control over the final stage of their lives. Their position also often comes from compassion. So perhaps one of the most important things this debate can teach us is that people can begin from the same place—compassion—and still reach different conclusions.

I did not come into parliament simply to impose every personal belief I hold upon everybody else. Of course, our values influence us, and they should. Our conscience matters. Our life experiences matter. Our culture matters. Our faith matters, but representation also requires listening. The people I represent do not all follow same faith. They do not all come from same cultural background. They do not all have the same family structures. They do not all have the same views about death, and they should not have to.

We represent a diverse multicultural Territory. We are so blessed with that. That diversity should mean something when we make laws. For me, the strongest principle became this: true choice must protect both decisions. A person must have the right to say ‘No. This is against my beliefs. I want natural death, and that decision must be respected absolutely.’ A family should never be pressured towards VAD. A health practitioner with a genuine conscientious objection must be treated with respect, but within the law, an eligible person who reaches the opposite decision should also have their autonomy respected.

Freedom of conscience cannot mean only protecting the conscience of people who agree with us. It must also mean recognising that another person may conscientiously make a choice that we ourselves would never make.

I want to make one point absolutely clear. Nothing in my support for this Bill changes what I believe about the value of life. I want a Territory where an elderly person knows, ‘you are not a burden’; where somebody living with disability knows, ‘your life has the same value as everybody else’; where somebody who is seriously ill knows, ‘we will care for you’; where somebody dying in a remote community knows, ‘your postcode will not determine whether you receive dignity and care’; and where families know, ‘you will not have to go through this alone’. Those obligations remain whether VAD exists or not and perhaps they become even more important when VAD does exist.

To the people who asked me to oppose this Bill, I know my final decision may disappoint you. Please know that I did not dismiss your concerns, I carried them with me. They made me ask harder questions. They made me read more. They made me listen more carefully. They made this decision more difficult.

Some of the protections that I believe must remain strong come directly from concerns raised by people who oppose VAD. Disagreement does not mean disrespect. Sometimes democracy requires us to listen deeply to one another and still reach different conclusions.

To those who have asked me to support it, my support should not be interpreted as support for an unrestricted system. Safeguards, capacity, voluntariness, protection from coercion, palliative care, clinical standards, conscience protection, oversight all matter; and monitoring what happens after legislation passes matters. This parliament's responsibility does not finish when the vote is taken.

I began this journey with our own beliefs. Beliefs in life, family, care, responsibility and natural death. Those beliefs remain with me. Then, for more than twelve months I listened. I listened to people who agreed with me; I listened to people who challenged me; I listened to clinicians; I listened to people of faith; I listened to people who had watched loved ones suffer; and I listened to people frightened about what this legislation might mean.

I had the privilege of travelling beyond my own electorate and sitting with people in Numbulwar whose words reminded me that, although our cultures can come from completely different parts of the world, love for family can speak exactly the same language. They reminded me of something powerful. You can believe deeply in caring for someone until natural death and still recognise that another person may choose differently. That is where I finally found my answer.

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My personal choice and another person's legal choice do not have to be identical. My faith can guide my decisions without necessarily controlling theirs. My culture can shape my understanding of death without requiring every Territorian to share it. As a legislator, I must ask not only what Khoda Patel, Member for Casuarina would choose; I must ask what an eligible Territorian, acting voluntarily and with capacity, be permitted to choose for themselves.

After more than twelve months of listening, reflecting and consulting, I have reached the view that with strong safeguards, genuine access to palliative care, protection against coercion, respect for culture and faith, and proper oversight, the final decision should rest with that individual, not with me, politics or government but with the person whose life, suffering, family and final days are involved.

This has been one of the most difficult questions I have considered as a member of this parliament. I respect those who have reached a different conclusion. I respect the people of faith who cannot support it. I respect the health professionals who have concerns. I respect the Aboriginal communities who place enormous importance on family, culture, country and natural death. And I respect those who have pleaded for the right to make a different choice.

At the end of this long process, my conscience tells me that respecting human dignity also requires us, in these tightly defined circumstances, to respect individual choices. That is why after listening, questioning and struggling with many different beliefs and after more than twelve months of consultation, I will support the Rights of the Terminally Ill Bill 2026, and I do so with respect for every Territorian who, in good conscience, reaches a different view. Ultimately, this legislation shows a balance between the freedom to choose and freedom from harm. That is my belief.

Mr MACKAY (Goyder): Mr Deputy Speaker, I acknowledge those who are in the gallery today and who have been here for what is coming up to 12 hours of debate, those listening at home and those unable to be here. It is humbling.

I will be supporting the right to die with dignity. I am confident that this Bill delivers a workable model for the Northern Territory—one that is patient-led and provides appropriate safeguards to protect Territorians, without creating the unnecessary barriers for those who are eligible and choose to access voluntary assisted dying.

I believe strongly that elected members should be accessible to their communities. We are a unique jurisdiction in Australia. The size of our electorates, our communities and our parliament allow a level of communication and access to elected members that other jurisdictions simply do not have.

Over the past few months, I have been consulting with my community about their views on voluntary assisted dying. I have had countless phone calls, emails and conversations with rural residents, at market stalls, out and about in the community at the shops and in my electorate office. The Member for Nelson and i also recently held two community forums on voluntary assisted dying and conducted a survey to make sure we heard from as many rural residents as possible.

The message was clear: 93% of respondents believed that terminally ill Territorians should have the right to choose how they die. Rural residents understand that people deserve the right to go out on their own terms, with safeguards to ensure it is genuinely their choice and with a process that is not so bureaucratic or so difficult that it becomes inaccessible. I believe this Bill strikes that balance.

We should also be completely frank about what this Bill does. We are creating a lawful mechanism through which a terminally ill Territorian can choose the time and circumstances of their death and die with dignity. It is about allowing someone facing an inevitable death to retain some control and dignity at the end of their life.

We would not knowingly allow an animal in our care to endure prolonged and unnecessary suffering at the end of its life. When there is no prospect of recovery and the suffering cannot reasonably be relieved, we accept that the humane thing can be to end that suffering. For some people, that suffering may mean unbearable pain. For others, it may mean an inability to eat, drink or move and the complete loss of their autonomy. For others, it may mean an inability to eat, drink or move and the complete loss of their autonomy. For others, it may mean struggling and gasping for every breath. Some people will choose to endure that naturally until the end, supported by their family, their doctors and palliative care. That choice must always be respected.

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This Bill gives eligible Territorians the right to make a different choice. Importantly, it must be their choice, not their family's choice, their doctor's choice or the government's choice; it is theirs and theirs alone. That is why the safeguards contained in this legislation are so important. We must protect against coercion. We must protect people whose decision-making capability is impaired. We must ensure that every request is voluntary and that no person can make this decision on somebody else's behalf. We must ensure that the idea of accessing voluntary assisted dying comes from the patient, not their doctor. We must ensure that appropriate medical assessments occur, that there is proper oversight and that nobody accesses voluntary assisted dying simply because they cannot access appropriate health care, disability support, aged care or palliative care. Voluntary assisted dying should be a choice at the end of life. It should never be the only option.

Where I believe a safeguard will genuinely protect Territorians without unnecessarily hampering access to voluntary assisted dying, I will support it. For that reason, I support the inclusion of clause 16 in this Bill. This clause ensures that the idea of accessing voluntary assisted dying originates with the patient. There are mixed views on this clause—we have heard some of them today—and the feedback I have received in the rural area has gone back and forth as more people have provided their views. I thank the community for their views in support and against this clause. Perhaps in time, this clause will be reviewed, but I believe it is an important safeguard in ensuring that the process is entirely patient-led. I also acknowledge the Members for Arafura and Daly in their contributions today for raising their concerns about clause 16 and its implementation in remote communities.

Safeguards cannot become barriers designed to make a lawful right practically impossible to exercise. There is little point in this parliament passing voluntary assisted dying legislation if the process we create is so complicated, bureaucratic or inaccessible that an eligible person dies before they can navigate it. This consideration is particularly important in the Northern Territory. We are not Victoria, New South Wales, the ACT or Europe.

We have a small population spread across an enormous geographical area. My electorate is larger than Cypress. The Member for Barkly's is bigger than Sweden, it is bigger than Germany, it is bigger than quite a few countries.

Many Territorians live hundreds of kilometres from a major hospital. Many live in remote communities or islands. Access to specialists can already require significant travel, expense and time. We therefore need to look at every procedural requirement in this Bill through a Territory lens. This Bill provides a balance that I believe will work. The first consultation with a practitioner must occur in person, but the Bill does not require the second consultation to occur in person with a second practitioner.

The Commonwealth needs to resolve the remaining barriers to telehealth. That is its responsibility, and those barriers need to be addressed so that distance does not unnecessarily determine whether a Territorian can exercise a lawful choice. I am confident that this Bill delivers a workable model for the Northern Territory, one where eligible Territorians can access the scheme, with appropriate safeguards that protect vulnerable people without impeding those who choose to access it.

This Bill protects vulnerable Territorians while respecting the autonomy of those Territorians who have made a clear, informed and enduring decision about the end of their own life. It ensures that a person can withdraw from the process at any stage, right up until the substance is administered. It also ensures that doctors can choose not to participate, while requiring them to provide the patient with the information necessary to continue the process elsewhere rather than allowing an individual objection to become a barrier to access.

Another issue that has been raised with me time and again through my consultation in the community is access to voluntary assisted dying for people suffering from dementia. This Bill does not allow for that. No Australian voluntary assisted dying scheme in any state or territory currently allows a person with advanced dementia who lacks decision-making capacity to access voluntary assisted dying.

Fundamentally, a scheme built around the taking of life requires informed consent, continued decision-making capability and the capacity and ability to withdraw at any stage. That is incompatible with a person who has lost that capacity. Perhaps in time other jurisdictions will find a safe and ethical solution to that extraordinarily complex issue.

This Bill's mandated three-year technical review, followed by reviews every five years, will ensure that the legislation continues to be examined and remains fit for purpose as medicine experience and the law develops.

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I was not alive the last time the Northern Territory had voluntary assisted dying; it pre-dated me by two years. However, this is not the first time that I have considered the question before the House today.

In August 2018, I wrote to Senator Hume in Victoria in response to her comments on the Restoring Territory Rights (Assisted Suicide Legislation) Bill. I was a 21-year-old university student at the time and I put these questions to her: why are Victorians and residents in other states and governments across Australia more capable of legislating on euthanasia than those in our two major territories? Why was self-government granted to the territories if they are indeed filled with irresponsible voters?

I also wrote to the two Territory Senators at the time—Senator Nigel Scullion and Senator Malarndirri McCarthy. I said:

> *As you are no doubt aware, during the next sitting of parliament it is expected that Senator Leyonhjelm's Restoring Territory Rights (Assisted Suicide Legislation) Bill will be debated in the Senate. This Bill covers the repeal of Kevin Andrews' Bill restricting the rights of Territorians to legislate on euthanasia. While I understand that euthanasia is a contentious issue, it is my view that the most important aspect of this Bill is acknowledging that the residents of the two territories are just as responsible as other Australians and can be trusted to legislate on all matters afforded to the other states.*

I went on.

> *I have no doubt in my mind some Senators will attempt to make this debate about protecting people from euthanasia, despite the fact that other states have already passed euthanasia legislation already. I believe this Bill is a great opportunity for you to remind the rest of Australia that Territorians are more than capable of managing our own affairs and are not lesser Australians.*

Eight years later, I stand by those words.

Territorians have just as much right to manage their own affairs as Australians living in any state. We are not irresponsible lesser Australians. In fact, we are probably the best Australians. At 21 years old, I had no idea that nearly a decade later, I would be standing in this Chamber representing the thousands of rural residents who have put their faith in me to legislate on their behalf, debating the very issue that three decades ago resulted in Canberra intervening into the affairs of this Assembly. There is something significant about that.

For decades people fought for the restoration of Territory rights because we argue that this parliament, this Assembly, was more than capable of making difficult decisions for itself. With those rights comes responsibility.

We are here today, and we now have the ability and responsibility to make decisions regarding access to voluntary assisted dying in the Northern Territory.

I will be clear; I believe it is the duty of all Members in this Chamber to do their job this week. Abstaining from these votes simply because the issue is difficult is, in my view, a coward's move. Walking out of the Chamber or remaining behind the bar simply to avoid casting a vote is a cop-out. To participate in amendments then abstain from the final vote because the ultimate decision is difficult, is weak.

Every one of us in this Chamber was elected to make decisions. Sometimes those decisions are easy and sometimes they are extraordinarily difficult. This is one of those difficult ones. I encourage every Member of this Assembly, regardless of their position on individual clauses, amendments or the final Bill, to come into this Chamber, consider the arguments, and cast their vote. We are elected to represent our communities and to give them a voice. That is important. Territorians deserve to know where each of us stands.

I also will reflect on part of the debate that occurred three decades ago. In 1995 when the original Rights of the Terminally Ill Bill was debated, its architect, the former Chief Minister, who stood down to introduce the Bill, Marshall Perron, said in his second reading speech:

> *Today, I will damage relationships that I value deeply. My dilemma is whether to rest my case and not further bruise those relationships or press ahead and try to achieve a needed reform that will diminish misery and suffering for a very small number of unfortunate citizens …*

Those words remain relevant today.

DRAFT

Three decades later, members of this Chamber will again vote according to their conscience. There are members on this side of the Assembly whose views on this Bill differ from mine. That is okay because when this debate concludes, whatever the outcome of individual amendments and whatever the final vote, we will continue to work together, inside and outside this Chamber, to better the Territory, rebuild our economy, restore our Territory lifestyle and reduce crime.

That is the strength and unity of this team and this government. Unity does not mean that every member must hold precisely the same view on every moral question that comes before this parliament. We can disagree. We can argue our case. We can respect each other's views. Then we can continue working together because ultimately every one of us wants what we believe is best for the Territory. On an issue as personal and profound as voluntary assisted dying I would expect nothing less. I am incredibly proud to be part of a mature government that can go through this process without breaking apart.

I thank the Attorney-General for bringing forward this legislation and to the entire CLP wing for maintaining an environment that is respectful and facilitating cohesive debate throughout this process. I will be voting this week to give Territorians the right to die with dignity and to support important safeguards in this legislation to ensure that the decision to access voluntary assisted dying is entirely the patient's choice. I will support the safeguards necessary to ensure vulnerable Territorians are protected.

Ultimately, this debate is about the choice of Territorians to determine the course of their own lives at the very end and it is our responsibility, as their elected representatives, to have the courage to make the decision that many fought for the right to make.

Dr RAHMAN (Fong Lim): Madam Speaker, pursuant to Standing Order 23 I wish to simply clarify a material argument in my speech which, I believe, was misquoted and-or misunderstood. I argued, in my speech, that the 12-month prognosis component of eligibility is subjective, not objective, as has been inferred elsewhere. I did not suggest that I could not support clause 19 as it stands because it is subjective.

On the contrary, I argued that 12 months prognosis was subjective and arbitrary and not objective and that the definition of 'advanced' in the ACT legislation is also subjective. But that the latter is the better best practice subjective standard being supported by medical representative bodies and adopted within the coalescing Australian VAD model.

Ms BOOTHBY (Attorney-General): Madam Speaker, I will keep this brief tonight. I thank, in all earnest, everyone who has spoken in this Chamber today. It has been a respectful debate and there have been many differing views, deep and personal stories not only of their own thoughts, beliefs and values but sharing Territorian's stories as well. I sincerely thank you that we have had this debate.

It was mentioned earlier today that we will not now go to consideration in detail as it would be unfair to Territorians to push this through in one day. Once the speeches are made by the Clerk, I will move it to Thursday.

We have been speaking about the rights of the terminally ill for 30 years, and this week it is now time to finally make history and give Territorians back the rights they deserve.

I commend the Bill to the House.

Motion agreed to; Bill read a second time.

Ms BOOTHBY (Attorney-General): Madam Speaker, I move that the consideration of detail stage be deferred to 10 am on Thursday 27 August 2026.

Motion agreed to.

PAPERS TABLED
Auditor-General's Report No 2 – Follow-up of Effectiveness of Internal Audit and Audit Committees Review

Madam SPEAKER: Honourable members, I table the Auditor General's Report No 2 of 2026–27, Follow-up of Effectiveness of Internal Audit and Audit Committees Review.

DRAFT

Legal and Constitutional Affairs Committee Report –
Agency Stewardship of Historical Regulations in the Northern Territory

Mrs ZIO (Chair of Legal and Constitutional Affairs Committee): Madam Speaker, I table the Legal and Constitutional Affairs Committee report, Agency Stewardship of Historical Regulations in the Northern Territory, and associated minutes of proceedings.

The inquiry was referred to the committee by the Attorney-General, Hon Marie-Clare Boothby MLA, on 7 January 2025. The committee was asked to examine the adequacy of the existing framework for reviewing historical subordinate legislation and to identify practical ways to encourage more proactive agency management without creating significant additional staffing or resourcing requirements.

The committee also reviewed the 36 regulations made before 1990 that were in force at the commencement of the inquiry. These regulations represented approximately 15% of the Territory's regulations, with the oldest dating back to 1938.

Regulations are an important part of our legislative framework. They can impose obligations, prescribe fees, create exemptions and affect individual rights and liberties. For that reason, regulations should not simply remain on the statute book because they have always been there. They should be regularly reviewed to ensure that they remain necessary, effective and fit for purpose.

The committee found that the majority of historical regulations had been reviewed by their administering agencies within the last 10 years. However, review processes across government are generally informal, inconsistent between agencies and often undertaken on an ad hoc basis.

The inquiry also identified recurring issues, including outdated drafting practices, incorporation of external documents by reference, fees that had not been updated for significant periods, longstanding exemptions for primary legislation and provisions affecting personal rights and liberties.

Importantly, the inquiry itself prompted further action. Ministers and agencies committed to reviewing, repealing, remaking or amending a number of historical regulations. The committee was also advised that 18 of the regulations reviewed remained fit for purpose and required no further action.

The committee made 19 recommendations. These recommendations are deliberately practical. They include improved guidance for agencies on regulatory review; review of the legislation handbook; greater transparency for regulatory impact statements and documents incorporated by reference; and consideration of strengthening the regulatory stewardship role of the Office of the Parliamentary Counsel. The committee also recommends greater use of targeted review and self-repeal provisions, rather than introducing a broad mandatory sunsetting regime, which the evidence indicated would place additional pressure on already limited agency resources.

The report also recommends specific action in relation to several historical regulations, including the repeal of the Absconding Debtors Regulations 1980, the Return to Work Regulations 1986 and the Soccer Football Pools Regulations 1985, subject to the outcome of agency reviews. It also recommends that the Inquiries (Witnesses' Expenses) Regulations 1967 be repealed and remade, and that the Crown Lands (Recreation Reserve) Regulations 1938 being remade subject to review.

One of the strongest messages from this inquiry is that maintaining the statute book is an ongoing responsibility; passing legislation is not the end of the legislative process. Laws need to be monitored and tested against changing circumstances. They need to remain understandable and accessible. When a regulation is no longer necessary or appropriate, government should be prepared to amend it, remake it or remove it.

This report is therefore not simply about 36 historical regulations; it is about establishing a stronger culture of stewardship across government, ensuring that agencies are supported to regularly consider the legislation they administer, improving transparency and maintaining effective parliamentary oversight. Ultimately, it is about ensuring that the laws applying to Territorians remain contemporary, effective and fit for purpose.

I acknowledge that the committee has sought to strike a practical balance. We recognise the resource constraints faced by Northern Territory agencies. The recommendations are therefore designed wherever possible to strengthen existing processes rather than create costly new ones.

DRAFT

I thank my fellow committee members, Deputy Chair Matthew Kerle, Oly Carlson and Chansey Paech, for their work throughout this inquiry. I also thank the ministers and agencies that responded to the committee's request for information and correspondence.

The committee received 11 written submissions and heard evidence at a public hearing from Professor Lorne Neudorf, Stephen Argument, the Department of Treasury and Finance, the Attorney-General's Department and the Office of the Parliamentary Counsel.

I thank all individuals and organisations who contributed their expertise and perspectives to the inquiry. I acknowledge the Office of the Parliamentary Counsel for its assistance throughout the inquiry and the Committee's independent legal counsel, Professor Ned Aughterson.

I acknowledge the Committee Secretariat for the substantial research, analysis and administrative work required to bring this inquiry and report together. The age of a regulation should not determine whether it remains on our statute book. Its relevance, effectiveness and appropriateness should. This report provides a practical pathway for ensuring that the Territory's regulations continue to meet the test.

Madam Speaker, I move that the report be noted.

Motion agreed to; report noted.

PETITIONS

Petition No 23 – Replace Katherine Hospital with a new facility outside the Katherine flood zone

Ms UIBO (Opposite Leader): Madam Speaker, I move that the petition be noted.

It was an honour to be asked to present this petition on behalf of 2,421 petitioners seeking to replace the Katherine hospital with a new facility outside of the Katherine flood zone. I acknowledge the work of the families who put this petition together, and the care and resilience they have shown over the last couple of months in bringing together members of the Katherine community to sign the petition as well as those from the Big Rivers region and visitors to the Northern Territory.

Earlier this year, the Katherine township did experience the second worst flood in the last 20-plus years. It was a huge part of the town's recovery, looking at what facilities we have, what is fit for purpose, and what is in out of the flood zone. It became very apparent to many, not just in the Katherine and Big Rivers region but across the Territory and the country, that the Katherine Hospital is in the incorrect area, being right on the beautiful riverbank of the Katherine River, but in the devastation flood zone.

I give a big shout-out to all the health staff who supported the evacuation of the Katherine Hospital during the floods this year, and everyone who banded together with the anticipated second flood—which, thankfully, did not occur. Only by several hundred kilometres it did not hit the Katherine catchment. The preparation was there, the community support, business support and the Tindal RAAF support in the second anticipated flood was brought out and, thankfully, the health movements began in the short timeframe. It did affect many patients, staff and visitors.

We saw, for the first time in Australia's history, the AUSMAT hospital installed and set up in the Katherine East region, the industrial region. As most people will know, it is designed to go to crisis areas overseas to set up instant hospitals and use professional staff there. That operated in Katherine for several weeks.

I give a big shout-out to everyone involved in that process. It is 2026; we should not have to go to those lengths and the opportunity now is to band together. I will be interested, on behalf of petitioners, to seek the response and reply from the Minister for Health, the Member for Barkly, regarding this straightforward petition.

The letter that I read in adjournments last sittings in July outlined in detail by one of the key petitioners that the process of identifying suitable land in Katherine had been undertaken quite some time and that the flourishing of our health network in the Big Rivers region would be enhanced if we were to look at having a new Katherine hospital.

It is something for me, as a member of the Katherine community. I do not represent Katherine, obviously. That is Member for Katherine's role, but my constituents come in and access the Katherine Hospital. I was lucky to have all my babies at the Katherine maternity ward. It is a fabulous facility with the professionals there. It services the larger region as well as the many hundreds of thousands of visitors and tourists passing through Katherine who often need to use those facilities as well.

DRAFT

We have a hospital that is in a flood zone that is inaccessible when there is a flood or a severe weather crisis and have to relocate vulnerable patients and staff. There is also an aged-care facility near the Katherine Hospital. That is a huge and phenomenal effort and was thankfully done safely.

There were some quite harrowing stories, unfortunately, in the Katherine flood. I have been told in confidence of one particular story which has been a large trigger for this petition. I acknowledge Jackie and Jack, who have put together this petition off their own bat. They are members of the community wanting to make sure that no family experiences the horrible and harrowing things they experienced in this year's Katherine flood.

I pay tribute to Jackie Thomas, who did a phenomenal amount of work making sure the petition and the request for a new Katherine hospital was lobbied near, far and wide. Jackie wrote to the federal Health minister, Hon Mark Butler, the federal Minister for Health, who we hope to hear from in the reply to the petition; the NT Minister for Health, Hon Steve Edgington; Madam Speaker; other members of this Legislative Assembly of the Northern Territory; the Treasurer and minister for Logistics, Hon Bill Yan; the Chief Minister, Hon Lia Finocchiaro; me, the Member for Arnhem; Senator for the Northern Territory, Hon Malarndirri McCarthy; Senator for Northern Territory, Hon Jacinta Nampijinpa Price; Hon Jo Hersey, the Member for Katherine; the Member for Lingiari, Hon Marion Scrymgour; the President of the Australian Medical Association NT, Dr John Zorbas; and the newly appointed position that Mr Chris Hosking holds in the Department of Treasury and Finance and strategic healthcare.

Jackie also wrote to the acting Chief Executive Officer of the NT Health department, Ms Susan Bowden, and the Big Rivers Katherine Regional Executive Director for the hospital, Ms Renae Daniel. This is an extensive list. It is not just a letter to the local member; this has gone fire and wide.

There is a specific set of asks. The process the petition has undergone has covered so much regarding the reasons in terms of basic infrastructure needs, but also some of the other areas that would be enhanced by an upgraded or new facility for the Katherine Big Rivers region. There is a lot of data and information from the 1998 floods and where they peaked, which Jack and Jackie have included. It is a phenomenal effort to lobby for a new hospital for Katherine and the process of servicing the Big Rivers region.

My electorate borders the Katherine township, as does the Member for Gwoja's electorate. The Member for Daly's electorate comes down a bit further towards Pine Creek. The Member for Barkly's electorate comes up the highway near Larrimah. It is an epicentre for meeting. It is a meeting place and definitely deserves to see a new Katherine hospital.

Mr Ferrazzi and Ms Thomas want to ensure that this is a community-led request. They have done so with care, compassion and resilience in what they have experienced this year.

My thanks and appreciation go to them for their work in highlighting this much-needed issue. This leads me to say that our Territory Labor team would be seeking some type of offering or future election commitment of a new hospital. I will not touch on Alice Springs yet, Madam Speaker, as that is very close to your heart, and the Member for Gwoja has also been talking about it. We have a bit of time in opposition to sort that out, but it would be a great way show a bipartisan approach and commitment come 2028.

Labor likes to keep its election commitments, but unfortunately, the CLP does not. I am keen to hear what the Member for Barkly, as the Health minister representing the CLP government, says in response to this important petition. There are a phenomenal amount of signatures—2,421 petitioners—all praying for the same outcome: a new, fit-for-purpose hospital for Katherine located out of the flood zone.

Thank you to Jackie and Jack for their work on this petition. I hope we get a fulsome response for all the petitioners, and I look forward to supporting the planning process and, hopefully, a future budget process so the CLP can get a win in Health, because they do not have many wins in Health at the moment. This would be a great opportunity for the minister to show that health is a priority in the Big Rivers region.

Mr EDGINGTON (Health): Madam Speaker, in early March 2026 significant flooding impacted the continued operation of the Katherine Hospital. I acknowledge and thank the role of the National Critical Care and Trauma Response Centre, and the Australian Medical Assistance Team, known as AUSMAT. Their rapid deployment to Katherine played a crucial role in ensuring the continuity of the central health services for the Katherine community and surrounding regions.

DRAFT

The NCCTRC deployment delivered a comprehensive clinical capability to support safe and uninterrupted care after the evacuation of the hospital. I also acknowledge the Health team for the evacuation of the Katherine Hospital and the transfer of patients to Darwin. Their incredible work was amazing.

I also acknowledge and thank the Defence members, the Emergency Services, and members of the ADF at Tindal base who provided not only assistance throughout the floods but cleanup assistance across the region. I also acknowledge the hardship experienced by the community and note that people are still putting their lives back together after those floods.

The incredible resilience of Territorians impacted by these floods is humbling. When faced with extreme weather events and hardship, all Territorians ban together and help one another, and I thank every person involved in helping our communities.

In April I met with the petition organisers, Ms Jackie Thomas and Mr Jacky Ferazzi in Katherine. During the first flood emergency, Mr Ferazzi was evacuated from the Katherine Hospital to Darwin where he was cared for by NT Health staff. Mr Ferazzi spoke to me about his experience, including praise for the wonderful doctors and nurses who also travelled from Katherine to Darwin to provide ongoing healthcare. He made it clear during my conversation that he did want a new hospital built on higher ground south of Katherine, and he indicated to me that was a priority and that he would put out a petition to advocate for that new hospital.

Katherine's hospital history is deeply connected to the community. From humble beginnings in 1931 as an emergency facility to the opening of the permanent hospital in 1934, this hospital has withstood multiple floods, including in 1957, 1998, 2006 and the most recent flood this year. Katherine Hospital is one of the many core health infrastructure assets across the Territory that needs to be addressed.

After 20 years of Labor ignoring our health infrastructure needs, work is underway right now within NT Treasury on a health infrastructure masterplan. No government can build a major hospital overnight. The responsible thing is to do the planning now and establish what is required and put the Territory in the strongest possible position to secure the investment that is needed.

We have established a dedicated strategic healthcare investment function within NT Treasury. Its job is to develop the long-term investment plan for the hospitals, facilities and health infrastructure the Territory will need into the next 10, 20 and 30 years. It is important this work is done after years of piecemeal approach to our ageing health infrastructure. Healthcare is not an option, it is not a nice-to-have; it is a must-have.

We want a proper Territory-wide plan backed by rigorous financial and infrastructure analysis. Locating the function in Treasury ensures the work is considered alongside the Territory's long-term capital program and fiscal capacity. This is about having a credible long-term plan for healthcare infrastructure. It is important to remember that we are investing in the health system Territorians rely on today while planning for the health system we will need tomorrow. The two go hand in hand.

While we are doing this critical infrastructure work, we are boosting frontline healthcare, delivering more beds, more nurses and more equipment in a record $2.56bn budget for NT Health. Like other Territory hospitals, Katherine Hospital relies on the Royal Darwin Hospital for urgent and critical patient transfers. The CLP government is bringing on more beds with construction of the $23.95m 32-bed ward at RDH—which is now complete—and additional operational funding of $18.3m.

We are increasing the number of beds available through the new 24-bed mental health inpatient unit, which will improve patient flow and ease capacity pressures. Together, this will create additional beds which will assist in alleviating pressure in our ED department and hospitals immediately. Our plan is to create a safer and stronger NT, a place where more people want to live, work and invest. A safe and effective health system is central to this.

Make no mistake; unlike Labor, the CLP government will plan, fund and deliver the new hospital infrastructure Territorians need now and into the future. This is a priority, unlike Labor, which left Territorians with a debt of more than $9bn, with a debt trajectory of around $11bn. Just imagine the new hospitals and new health clinics across the Territory that money could have paid for. Unlike Labor, debt growth was 22% per annum, resulting in a debt growing from $1.8bn in 2016 to $9bn by the time it left government in 2024.

The CLP has cut the debt growth to 4%. Labor spent most of its term of government borrowing for day-to-day operations, not just assets. It underfunded our health department by $300m annually. Territorians have absolutely nothing to show for this massive debt, except for failed projects and budget blowouts. It is important that we remind Territorians of the opportunities that were lost under the Labor government.

DRAFT

Here is how it spent some of its money rather than investing in the places like Katherine. The State Square building it budgeted at $50m and spent over $150m. The Tiger Brennan Drive overpass cost blew out from $61.5m to $165m in 2023. It spent $10m on NT Beverages, $3m in cash for amphibious aircraft, $5.4m in Equatorial Launch Australia, $56m on roads to nowhere, $5m and $130,000 per annum since 2018 for a shadeless structure in Darwin. Now, Luke Gosling wants NTG to spend money to fund the federal government's gun buyback.

They are just a few examples of some of the funding opportunities that have not been contributed to our health infrastructure under Labor during that eight years of failures as a government and the opportunities that were missed when it comes to delivering health infrastructure.

We are delivering a 32-bed ward and a 24-bed mental health facility. What did Labor build? It wasted over $100m on a bridge on Tiger Brennan Drive. Other overspends where it wasted money were Garramilla Boulevard and an underground car park here at Parliament House, which was overspent by about $7m. There was absolute wastage of funding under the Labor government. Opportunities were lost to contribute to health infrastructure across the NT, in Katherine, Alice Springs, Tennant Creek, Nhulunbuy and Royal Darwin Hospital. They were all neglected under the Labor government.

We are getting on with the job and doing the work needed. We have a position in Treasury that is focused on putting together a strategic infrastructure plan for the NT health system. We will do the hard work and look at what the health needs for the next 10, 20 and 30 years.

Mr PAECH (Gwoja): Madam Speaker, I support this important petition. Katherine Hospital is the Territory's oldest running hospital. It will have been running for 91 or 92 years this December. This important hospital started off quite small and has grown over the years to support the Big Rivers region.

Katherine has a population of about 9,500, and 2,400 people signed this petition. That means 25% of the people of Katherine say that Katherine needs a new hospital. They are right; Katherine needs a new hospital.

We have just heard the Health minister talk for 10 minutes about everything else but the work that needs to be done. That is disappointing. In 10 minutes, he could have said, 'Yes, Katherine needs a new hospital. Yes, the CLP government is committed to doing it. We will start the process now and include the community.' Instead, all we got was talk, talk, talk and no commitment.

It is simple. If everyone in this parliament went to Katherine Hospital to see it firsthand they would understand that the region has changed. Katherine Hospital does not just serve Katherine; it serves the Big Rivers region, which has more than 25,000 people. That is not counting the tourists who come through and visit the region. That is just local people in the area that Katherine Hospital supports each day.

We could have heard from the Health minister about the services that should be delivered in Katherine. We have heard that people in Katherine, time and again, have to get in a motor car and come to Darwin to access medical services that should be delivered in a community the size of Katherine. Instead of talking about that, for 10 minutes the Health minister blamed and accused everybody else of not doing anything.

Let us be clear: the people of Katherine want a new hospital. They are not stupid. They know that it will take time and will not just pop up overnight. They want to have the conversations about where the new hospital should be. They are the people who can help determine what that will look like. Everyone says that it should be on higher ground—no-one disputes that—but where?

The floods went through. It was the second-largest flood in the last 25 years in the beautiful community of Katherine. People had access to medical services out of sheds at the showgrounds. That is not a good way to deliver health services.

The hospital was built alongside the river many years ago and no-one in this parliament is to blame for that, but we must be responsible and change it. We can build a new hospital. The good people of Katherine deserve that. The CLP government needs to commit to that first step and to the conversation.

It is a great petition. Thank you to the people of Katherine who put together this submission and made their voices heard. To the people of the Big Rivers region, keep your strong voice up because you will drive positive change well into the future.

DRAFT

Mrs HERSEY (Katherine): Madam Speaker, I will address the attempts of the Leader of the Opposition, and those of the Member for Gwoja, to rewrite history, as well as the ignorance of her own record as a previous Health minister.

Having been in government for almost 20 years since 2001, Territory Labor had every opportunity to do something about health infrastructure, but it did not. It had every opportunity to do something about workforce, but it did not. Instead they froze nurses wages. We have to be honest about the realities we face. The former Labor government left us $11bn debt trajectory. It is hypocritical of Labor members to demand that our CLP government do what they failed to do for two decades. We just heard the minister outline the plan for the future with health infrastructure. That is something that they clearly did not listen to.

The proposal to relocate has been around since 2008, with the vacant land behind Casuarina Street Primary School as the proposed site for the new Katherine hospital. As I say, that has been around since 2008. Since then, Labor has had three terms in office, of which the current Leader of the Opposition was a Health minister. That did absolutely nothing to progress that.

In stark contrast, I am proud to be in a government that has established a dedicated strategic healthcare investment function within Treasury, whose job it is to develop a long-term investment plan for health infrastructure.

We are doing the work first and will make decisions based on evidence. We are delivering more beds, more nurses and more equipment, in a record $2.56bn NT Health budget, which is an increase of $231.8m. The Chief Minister secured more federal funding and signed the new national health reform agreement earlier this year with an uplift of 152m in 2026 towards running our hospitals. St John Ambulance will receive $68m in total funding, with an extra $10m support package to boost St John Ambulance to recruit more paramedics, strengthen frontline capacity and reduce wait times, while we do a long-term deal to provide certainty.

I thank all of those amazing staff under Renae Daniel at the Katherine hospital. All my children and grandchildren were born there. We had the National Critical Care and Trauma Centre there over the floods; the AUSMAT team; and the emergency medical team for their work during the floods earlier this year. I thank them.

I also thank Jack and Jackie for the work they did towards getting this petition together. I know Bev, Jack's wife, who passed away recently. She was a very long-term client, and my heart goes out to them, and I thank them for bringing this petition.

Motion agreed to; petition noted.

Petition No 25 – Deterioration of Northern Territory Public Housing and Restoration Safe, Liveable Homes

Mr PAECH (Gwoja): Madam Speaker, I move that the petition be noted.

This is an important petition that has been brought to the parliament, as a number of people across the Territory are fed up with the lack of urgency this government takes when it comes to repairing public housing assets. Across the NT we have seen hundreds of families desperate for housing, yet when you look at the CLP government's records, there are at least 892 public housing and remote housing properties that are not occupied across the NT, including 232 homes across Central Australia alone.

We have to ask this government a simple question. Why are these houses not getting fixed in an appropriate time to get families into them as soon as we can? We hear that there are over 6,534 urban applications, from people trying to get in to a public housing property in the NT. In Central Australia, in some instances, it takes up to 448 days to get a vacant house turned over and back in to stock again to give a family, a house. We are in a housing crisis, and this is the type of attitude that the government has to getting public housing ready and available for families to get into. It is not good enough.

Daily, I travel the bush and meet with my community members, I hear from people from across the Territory, not just in the electorate of Gwoja. They tell me day-in, day-out across the bush, that houses continue to be boarded up and left empty. Taps continue to leak, plumbing and toilets continue to be blocked, and families continue to be denied access to safe, secure and affordable housing.

DRAFT

We continue to see houses with air conditioners broken the entire duration of summer, when families are struggling to keep cool.

These are not unrealistic requests from people living in public housing. It is their right under the Residential Tenancy Agreements and when they sign a lease, that they are signing a lease for a safe, secure and affordable home.

This petition has been brought forward to the parliament to seek answers. I have asked questions in Estimates and parliament, and we are again talking about it today to make sure that this government gets this clear message that this is what the people of the bush are talking about.

They are talking about this important infrastructure that is needed to help families thrive and survive, young kids to stay connected to school, family and community and to keep our elders in country and on country when they are old. We cannot expect people to go into the workforce when they do not have a good night's sleep in their own home, because they cannot turn off the tap or go to the toilet because it is blocked. They continually get told to buy housing, but they have to wait until they get enough jobs before they can send someone out.

When we drive through the suburbs of Karama, Alice Springs, Katherine, Darwin, Malak and Darwin city, we see public housing properties boarded up and empty. I have started keeping a list of those houses and how many days they are left boarded up so that we can see firsthand just how this government does not take housing seriously. If they did, the minute a house becomes empty, they should be getting it ready for a new family. Yes, we have been through this before. If it has been damaged or vandalised by someone, then the person who did it needs to pay. We should not leave it empty for long periods of time when we have families who need a house.

As part of the petition, there are also many communities across the bush still asking a simple question: what about my community; when will my community get new houses, refurbishments; when will we see houses in our community being upgraded or being built; and what is the construction time? There are communities on the Northern Territory CLP government's own housing program list which are not listed; they are not scheduled to get a single house. Yet this government says they believe, back and want to empower the bush. How can that be done, when they are not committing to build a single house in some of the most remote communities across the Northern Territory where there is chronic overcrowing and families who need homes.

The housing's own website shows the stats. It tells you in black and white what communities are getting houses and which are not. We continue to see the Territory and Commonwealth Government arguing over the Northern Territory remote housing agreement. People in the bush do not care about the arguments or what you are fighting over. They care about getting investment in the bush with new homes.

The Territory government and the Commonwealth Government are arguing and trying to change the program to increase the bedrooms. People in the bush do not want bedrooms; they want new houses, and they are sick of having multiple generations live in one house. This government says, 'She'll be right, mate; we will just tack another bedroom on.'

That is not what people want. They do not want three or four generations living in one house. If we are serious about addressing crime and antisocial behaviour, school attendance, truancy and health outcomes, stop building bedrooms and start building houses. That is what people in the bush want. They do not want extra bedrooms; they want new homes.

We cannot expect multiple generations to continue to live in one house. A clear commitment was made that 2,700 homes over 10 years would be built in the bush for remote housing, families and futures. It is simple, and both levels of government need to pull their finger out, honour that commitment and deliver 2,700 homes for the bush. We should not expect anything less for remote Territorians.

The government needs to do work, and we acknowledge that, but we should not be trying to shortchange bush votes because governments cannot get their act together. You all agreed to 2,700 homes in the bush, 270 homes a year. That is the commitment, but we are not seeing that; it is being left behind. That comes at a cost to people in the bush.

We need to keep this investment going and have new homes in the bush, not just bedrooms or saying we will build houses in the bush and increase the sizes of those homes. We need more homes for families to live independently so that people can get a home for the first time.

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This petition acknowledges that housing in the Northern Territory is not an easy answer, and no-one is saying it is, but we need that investment. Homes in urban centres need to be repaired quickly and tidied up, because when they are left boarded up and unmaintained in the suburbs of Araluen, Braitling, Sadadeen and Larapinta, it is not just an empty house boarded up; it makes the people in the suburb feel bad. The grass is knee high, the house is boarded up and it looks disgusting.

If you owned a house in that suburb, how would you feel? If you are trying to sell your home in that suburb and you look across at a house that is derelict and boarded up, which Housing cannot even maintain when it is vacant, it is decreasing your property value and decreasing the feeling of the local amenity in the community.

The government can do better and it should do better. If the house is to be left vacant, at least get people to tidy it up so from the front streetscape it looks tidy and people feel proud about their suburb so they do not have to drive past something every day that looks bad. It is not that hard.

You have the money and the national partnership agreement, so get in there and get it done. People deserve to have safe, secure and affordable housing. People in the suburbs deserve a suburb that they feel proud of and that feels like a community. In the bush we need more houses, not just more bedrooms. We need more houses because that is how you address the social determinants of health, housing, education and economic employment, and so people have a place to call their own that is not on top of another.

I just came back from the Gurindji Freedom Day Festival, an amazing festival in the greatest electorate of Gwoja, but I saw families there—17 people in a three-bedroom house with one toilet and one kitchen. That is not good enough. The toilet is constantly blocked and the taps were running. They were turning the water off at the meter box because they said that they had been reporting it to Housing for three months and were told, 'We have to wait until we get enough jobs to send a contractor there because it is not triaged at the top priority.' That is not good enough and we need to change that. We need to reform the way we deliver housing in the bush. I hope the Housing minister will be able to achieve that, and I will work with him if that is what he wants to do.

Mr EDGINGTON (Housing, Local Government and Community Development): Madam Speaker, what an attempt to rewrite history. I do not know how many times he used the word 'crisis', but the biggest crisis we have seen is the Labor government. Under eight long years of Labor, we inherited the legacy of watered-down accountability, leaving public housing tenants who caused repeated disturbances, damaged their properties and blatantly disregarded community standards to remain in public housing with little to no repercussions.

Coming to government, we were faced with many unoccupied houses, boarded-up windows and doors, and to top it off we had a waiting list of eight to 10 years for public housing. I have spoken about this already today; we have 12 times the national average of homelessness. Do not come in here trying to rewrite history, Member for Gwoja, because this problem sits fairly and squarely in your hands as a former minister.

Members interjecting.

Madam SPEAKER: Silence, please.

Mr EDGINGTON: The Member for Gwoja was the Housing minister for two years under the Labor government, responsible for remote housing and town camps, he was the minister for Indigenous Essential Services from 2020 to 2022. The lack of consequences for tenants who damage their properties set a very poor precedent when it comes to damage houses. Labor's legacy only increased the services, the cost required to do repairs, restore and replace damage assets and major refurbishments to be significantly delayed. In fact, we are now facing one of the largest litigations in the Territory's history with substantial financial, legal and operational implications.

A remote housing class action has been filed in the federal court against the CEO of Housing for a claim on behalf of remote public housing tenants across 73 communities, alleging failures in the condition, repairs and management of remote housing. I will tell you the timeframe: 2007 to 2024.

Labor was in government for 14 out of those 18 years, and here we are facing the biggest litigation for their failure to maintain public housing in remote areas. This will be significant because of the failures of the Labor government—two years under the Member for Gwoja as the minister. Disgraceful, the way they managed public housing in the Northern Territory. The allegations are on failures in the condition, repair and

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management of remote public housing, including claims relating to habitability, safety maintenance, rent increases and compliance with tenancy consumer and discrimination law.

The former Labor government has left the Territory in a housing crisis. The CLP government is committed to delivering for all public housing residents to ensure access to safe and stable housing. Social housing is essential for many Territorians to provide safe, affordable homes for low-income and vulnerable individuals and families across the Territory. It helps reduce homelessness, supports economic participation and ensures access to essential services. We aim to make the Territory the best place to live, work, visit and invest.

The CLP government has allocated $17m under our accelerated vacant dwelling refurbishment program. This program has bought 275 dwellings back online, and a further 30 dwellings are nearing completion as we speak. The program has not only increased housing availability but reduced the vacant dwelling backlog left by Labor allowing more families to come off the wait list and into homes more quickly.

More specifically, Member for Gwoja, this has returned more than 50% of the long-term vacant backlog back online in Alice Springs, which the Labor government failed to do. To date, works have been completed across 72 properties in Alice Springs, 35 properties in Katherine, six properties in Tennant Creek, five in Nhulunbuy and 157 in the greater Darwin area. That is 275 homes back online, reducing the expected vacant dwelling backlog by up to 70%.

This program allowed for refurbishments across Katherine and supported rapid rehousing of tenants affected by the recent floods. Some of the work was done during the most significant floods the Territory has seen, across Murray Downs, Nauiyu and Palumpa. This demonstrates the program's contribution to community recovery and housing availability.

The department will continue to prioritise urgent repairs and maintenance and address health and safety risks and improve living conditions for all tenants. This includes strengthening maintenance services across the public housing portfolio to improve contractor performance, monitoring more repairs and a focus on critical maintenance requests. Not only did we have the injection of additional funding for repairs and maintenance, but in February this year we also introduced the tenant accountability program.

I want to talk about the work our frontline staff are doing tirelessly to support all public housing residents to achieve a sustainable tenancy management program. They are not social workers; they are representatives of the CEO of Housing and, as a landlord, have a responsibility to hold tenants accountable in line with the *Residential Tenancies Act*. We are getting back to basics, re-establishing ourselves as landlords to ensure obligations are met inline with the *Residential Tenancies Act*.

I will talk about the $4bn program which the Member for Gwoja touched on. It is important that we talk about this because that program, signed back in 2024, was to deliver up to 2,700 houses over 10 years. We have seen issues in relation to headworks being developed under that funding agreement. It is clear to me that Labor, in putting this agreement together, was focused on headlines and not headworks. This is a problem now because that is where the dispute lies in how much funding can be contributed to the headworks for housing subdivisions in remote areas.

The Member for Gwoja also talked about residents not wanting additional rooms on houses. Has anyone heard that before? The member and the Labor government were running the Room to Breathe program, adding additional rooms on houses. He now tells us that remote tenants do not want additional rooms on their houses, but Labor spent taxpayers' money putting extra rooms on houses. You cannot have it both ways, Member for Gwoja, and say they do not want additional rooms when you paid our taxpayers' money to do so.

We are getting on with the job and delivering houses in remote areas. We delivered 401 houses, equalling 1,508 bedrooms, which is equivalent to 502 three-bedroom homes delivered over the last two years. The Member for Gwoja knows as well as I do that the program is run by a joint steering committee, not the Northern Territory Government. He has made misleading statements about a housing program, which all land councils are on along with Aboriginal Housing NT, the Northern Territory Government and the federal government.

Do not blame the Northern Territory Government when you know who puts the program together. Do not mislead Territorians, blaming the Northern Territory Government for your incompetence in adding bedrooms to houses and then saying people do not want them. You cannot have it both ways, Member for Gwoja.

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We are focused on reducing overcrowding and getting on with the job to support economic participation, better health and education, reducing crime in the Northern Territory. We are committed to investing in remote housing and homelands and will continue to deliver for Territorians.

Mr O'GALLAGHER (Karama): Madam Speaker, I thank the Member for Gwoja. I am happy that he said that he walked the streets of Karama and Malak. Pity I did not run into him, because a lot of what he described is correct.

Over the last couple of week, I have been walking the streets. Public housing is in disarray and vandalised in Mistletoe Crescent, Fawcett Court, Magdelene Court and Tabletop Place. The member is right; people should be made to pay and fix it, but that has never happened because this was a legacy of the Labor government. They never had consequences for bad behaviour.

Our government is starting to make moves, and the minister is adjusting the *Residential Tenancies Act.* We have had some evictions for bad behaviour, noting that most public housing tenants are good, but we have never had consequences for bad behaviour. The other issue that they never tackled is the over-density of public housing, particularly in Karama and Malak. That is a real cause as we have ghettos happening.

Public housing is a privilege, not a right, and that is what we have to focus on. When people who do $80,000 to $100,000 worth of damage, we do not just fix it up and let them stay there and do it again. That is what the neighbours tell us continually happens. The yards are unkempt. I have tried to help some people by taking my own free mower and whipper snipper service, but that is not good enough. I cannot do it all.

We must put in place consequences. People have to take responsibility for themselves and be appreciative that this a public asset and respect it. I am with you; we need public housing reform. One thing I can say is that in our first two years we have done a lot on crime, antisocial behaviour et cetera but we have not done enough in terms of public housing reform. I know we have done a bit, but we have a hell of a lot more to do. I say to all my colleagues, particularly those from Palmerston and the northern suburbs, that we need to focus on public housing reform and go a lot harder.

Mr YOUNG (Daly): Madam Speaker, I thank the Member for Gwoja for bringing this petition this evening. It is disappointing that we are seeing a punch-down on people who have a right to access public housing, to be public housing tenants. It is a basic human right to ensure that people have safe, secure housing for their families, and each individual family has different circumstances, whether they are fleeing domestic violence or may not be able to afford to rent private housing.

We need to lift the standard when we are talking about public housing tenants in this House and stop punching down on our most vulnerable people in the Northern Territory. We should be doing better as a parliament than just punching down on some of our most vulnerable people and debate how we can support people who need help. It is immature, disgraceful, and you should be ashamed of yourself that you think it is okay to come in here and punch down on our most vulnerable.

I can tell you now, when I walk around Darwin and I see many people from Wadeye, who I sit with and speak to directly, a lot of the time it is because they do not have housing in their community.

Mrs Hersey: It is because they burnt them.

Mr YOUNG: Sorry, Member for Katherine?

Mrs Hersey: Because they burnt them.

Mr YOUNG: You think they burn them, do you? Why don't you come out to Wadeye and talk to people to understand? Because that is not the case. It is such a simplistic statement from the Member for Katherine.

Members interjecting.

Madam SPEAKER: Can we have some silence, please.

Mr YOUNG: She cannot come in here and have a mature debate about this and an understand the complexities of communities.

I remind the Member for Katherine that it was 2015 that the CLP government took over homelands funding for housing and spent every single cent of that—I think it was five or 10 years of funding—because it wanted

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a political win in the Northern Territory. The CLP spent all the housing money for homelands, so people did not have access to homelands on their country. We saw half-done projects and it meant that when Labor got in, in 2016, there was no money for housing for homelands, meaning people could not live on their own country.

You are an absolute disgrace, Member for Katherine.

Motion agreed to; petition noted.

ADJOURNMENT

Mr EDGINGTON (Leader of Government Business): Madam Speaker, I move that the Assembly do now adjourn.

Motion agreed to.

Mr CHARLS (Sanderson): Madam Speaker, on 31 July I had the honour of helping fulfil the wishes of a small group of constituents by recognising the life and legacy of a much-loved member of our community, Uncle Vic Ludwig. Members may recall that I have spoken in the House previously about Uncle Vic and the important place he held within the Sanderson community.

On 31 July, around 40 of Vic's family and friends gathered at Northlakes Shopping Centre for the unveiling of Vic Ludwig memorial chair. It was a small but moving dedication, and I was honoured to be there. The chair now provides a permanent place at Northlakes Shopping Centre where Vic's family and friends can come together, just as they did during their regular Friday catch-up. It also means that everyone who visits the shopping centre will be reminded of Vic and the contribution he made to our community.

I think Vic would have been overwhelmed by the number of people who came to honour him, particularly the beautiful blessing delivered by Bishop Eugene Hurley. I will always fondly remember Vic's warm smile and his casual greeting, 'We are finding the solutions to the world's problems. We will pass them on to you when we find them.' That was Vic.

We are now well into Term 3 of the school year. I acknowledge the smooth transition that Sanderson Middle School has made to Sanderson High School. Principal Rob McIntosh and his staff have embraced the transition and the current Year 10 students are thriving with the knowledge that they will become the first graduating class of Sanderson High School.

One program in particular that hit the ground running is the Certificate II in Salon Assistant. Amy Ratcliffe and her students recently hosted staff from my electorate office as well as the Member for Karama's for a conditioning treatment and professional blow-drying service. I can assure the Assembly that the staff were well looked after. I particularly acknowledge the students who looked after all so professionally, Whitney D, Jaiida F, Rhiannon G, Feby H, Matilda L, Caity M, Mina P, Mia S, Chaniqua S, Irelyn S, Teke T and Philimina W.

The Certificate II in Salon Assistant provides students with practical skills, including shampoo and basin services, client interaction, basic blow-drying, braiding and salon safety. It provides an excellent pathway for young people interested in the hair and beauty industry and can lead into further study, including a Certificate III in Hairdressing. I encourage anyone looking for a professional salon experience while supporting local students to contact Sanderson High School. They come highly recommended.

I acknowledge an outstanding achievement by the Principal of Milkwood Steiner School, Netanela Mizrahi, who recently received three awards at the 2026 NT Performing Arts Awards. Together with Banula Marika, Netanela was recognised with the Production of the Year Award for *Wuyal's Journey*, as well as receiving the Inspiring Educator Award and the Behind the Scenes Creative Award. Congratulations, Netanela. These are wonderful achievements and reflect the passion and commitment you bring to education and the performing arts.

In the same spirit, I was proud to recognise the principals working across the Sanderson electorate on Principals Day on Friday 7 August. I acknowledge Brian Hyke, Principal of Anula Primary School; Netanela Mizrahi, Principal of Milkwood Steiner School; Christine Hibma, Principal of Marrara Christian College; Dane Russell, Acting Principal of Wagaman Primary School; and Ramon Dixon, Principal of Wulagi Primary School. Our school principals and their staff make an enormous contribution to the young people and families of Sanderson. I thank each of them for their leadership, dedication and commitment to their school communities.

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I also acknowledge the achievements of Sanderson constituent, teacher, Anula school board member and artist Sarrita King, who was recently named Darwin NAIDOC Artist of the Year.

I wish the under-14 Territory Stingers hockey team all the best for the Hockey Australia U14 Championships to be held from 4 to 10 October 2026 in Canberra. I am proud that six Sanderson athletes—Eleanor, Adair, Ruby, Robyn, Edward and Emilio—will represent the Territory. My office will support these young athletes with their fundraising efforts as they prepare for the championships. I congratulate them on earning their place in the team and wish them every success in Canberra. Enjoy the experience, represent the Territory with pride and, most importantly, enjoy every moment of it. I look forward to hearing all about their experiences when they return home.

As we move through the Dry Season I have been enjoying getting out across the electorate and speaking directly with residents. I have taken advantage of the cooler weather to undertake a significant amount of doorknocking as well as hosting several Pizza in the Park events and mobile offices throughout Sanderson. I also continued my regular roster at the Rapid Creek Markets alongside my northern suburbs colleagues the Members for Karama, Wanguri and Casuarina. These opportunities to speak directly with constituents are incredibly important. They allow me to hear firsthand what matters to people living in Sanderson and to raise concerns on their behalf.

One issue raised repeatedly in recent weeks is the City of Darwin's decision to postpone its pre-cyclone cleanup ahead of the 2026–27 Wet Season. Constituents have expressed serious concerns about this decision, particularly in light of recent increases in rates. Many residents are asking why they are paying more while losing services that have been provided regularly in previous years.

For those of us who live in the Top End, we understand the real risks associated with an approaching cyclone. Residents are concerned that, should a cyclone strike before the proposed May 2027 cleanup, accumulated vegetation and other debris could become dangerous projectiles and pose a serious risk to people and property.

My northern suburbs colleagues—the Members for Casuarina, Karama and Wanguri—and I wrote to the Lord Mayor on behalf of our constituents seeking reconsideration of this decision. Unfortunately, the response we received was unsatisfactory. The decision to withdraw the service was maintained, with no apology or commitment to reconsider.

Like the Member for Fannie Bay, who is running a campaign to get signatures on a petition to reconsider the decision, I encourage everyone to add their signature, even though there was a public comment from one of the members of the community. One of the counsellors attempted to initiate a conversation during today's Darwin city council meeting. That conversation was immediately shut down, saying it was a confidential discussion. We want to make sure that the service is available for people living in the City of Darwin region.

By contrast, we commend Palmerston City Council, under the leadership of Mayor Athina Pascoe-Bell, for maintaining its pre-cyclone cleanup service and doing everything possible to help keep its residents safe as we head into another Wet Season.

I will continue to advocate for the constituents of Sanderson regarding this matter, along with the many other concerns raised with me through my electorate office, mobile offices, community events and doorknocking. Representing Sanderson means listening to our residents, understanding the issues that matter to them and making sure their voices are heard. It is a privilege to represent the people of Sanderson, and I thank all of the individuals, families, schools, community groups and sporting organisations who continue to make our electorate such a wonderful place to live.

Mr PAECH (Gwoja): Madam Speaker, we celebrate an extraordinary few weeks of Aboriginal art and culture in the Northern Territory every August, with Darwin once again bringing together some of the best artists, designers and musicians from across the country.

Congratulations to Delvene Cockatoo-Collins, winner of the Fashion designer award at the National Indigenous Fashion Awards. Lillardia Briggs-Houston was winner of the Textile Design Art Award. One of my personal favourites, the Kimberley Aboriginal Fashion Textiles Art, KAFTA was winner of the Business Achievement Award. Lucy Simpson was the winner of the Wearable Art Award and the amazing Jake Powers was the recipient of the Cecilia Cubillo Young Achiever Award. Jake is outstanding.

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I also acknowledge our Territory winners: Michelle Pulatuwayu; Woody Minnapinni from Milikapiti on the Tiwi Islands, who won the Traditional Adornment Award; and another personal favourite of mine, Babbarra Women's Centre from Maningrida, whose partnership with the Tharangini Studio received the Community Collaboration Award.

We also celebrated the 43rd National Aboriginal and Torres Strait Islander Telstra Art Award, one of the most prestigious and important celebrations of First Nations visual arts in this country. A huge congratulations to Ryan Presley who was born in Mparntwe Alice Springs, who won the prestigious Telstra art award.

Congratulations also to my family, Vanessa Inkamala from Mparntwe, winner of the General Painting Award; Barayuwa Mununguru who took out the Bark Painting Award; Jenna Mayilema Lee, who won the Work on Paper Award; and Napuwarril Marawili, who won the Wandjuk Marika Memorial 3D Award; Guruwuy Murrinyina was sinner of the Emerging Artist Award; and Colin Heenan-Puruntatameri from Milikapiti, who was the winner of the Multimedia Award.

I move on to the National Indigenous Music Awards. Our own Yolngu superstar Baker Boy had an incredible night, winning Album of the Year, as welt as Song of the Year and Film Clip of the Year for *Thick Skin*, a truly amazing achievement we are all proud of. Birdz and Fred Leone were named Artist of the Year, while Terry Guyula—a relative of the former Member for Mulka—and Drifting Clouds from Gapuwiyak were recognised as the Best New Talent, and they were amazing. If you have not heard them, download them now before you leave tonight.

Bulman School and Bulman community won the Indigenous Language Award. I also warmly congratulate Saltwater Band from Galiwinku who were inducted into the National Indigenous Music Award Hall of Fame alongside the remarkable Marlene Cummins.

What an incredible showcase of First Nations excellence. From our visual artists and designers to our musicians, these awards demonstrate the extraordinary creativity that exists across our communities and the important role the arts play in keeping culture and language strong, sharing our stories and creating opportunities for the next generation.

The Northern Territory should be enormously proud of the role we play in bringing these national celebrations together. Our artists, stories, songs and our culture are something worth celebrating and worth investing in.

It was also wonderful to have the celebration this year at the Darwin Aboriginal Art Fair Foundation. We celebrated 20 years of the fair. What an amazing achievement and congratulations and huge thanks to the Darwin Aboriginal Art Fair Foundation board, Claire Summers the CEO who does an amazing job pulling that celebration together. It began in 2007 with just 16 Aboriginal-owned art centres and has grown into one of the Australia's most created and celebrated First Nations events. A huge acknowledgement and celebration to them.

The month of August in the Territory is a celebration of all things First Nations. There is the National Indigenous Music Awards Country to Couture, where beautiful, vibrant, strong Aboriginal and Torres Strait Islander people powered down the runway, showcasing black beauty, excellence and creative designs. There is the Darwin Aboriginal Art Fair, the Music Awards, the National Aboriginal and Torres Strait Island awards; it is truly the time to be in Darwin.

I give a shoutout to all the staff who helped bring these events together. They help us showcase the Territory. To the musicians, tech and stage crews and organisers thank you, not only for this week and month in Darwin but also for your work every day.

The month of August continues to put the Territory on the map, showcasing that we are the home of creativity. We might be small in population, but we are big in creativity, passion and in the arts. It is a remarkable event watching the thousands of people at the Darwin Aboriginal Art Fair, seeing and hearing those stories. Art is such a powerful tool and vehicle for change, education and truth-telling.

I continue to urge the Northern Territory CLP government to get behind and back the National Indigenous Music Awards. We cannot afford to see a sponsor such as Sony or someone like that steal this from the Territory and for it to end up in Sydney or Melbourne. We have to keep the national awards in the Territory, where they rightly belong. It is too important to lose, and we want this investment and continue to be proud of.

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It would be remiss of me not to mention while we had the fantastic week in Darwin, all things are culture and vibrant, we must address the elephant in the room. I hope the CLP government can have their come-to-Damascus moment and see this beautiful State Square gallery, which was purpose built, become the home of the Northern Territory art gallery. During the week we heard people talking about how amazing it would be if that gallery could open and free up space at Bullocky Point at MAGNT to let that place become the STEM museum that it is supposed to be, and we have a premier art destination.

Imagine the cruise ships docking in Darwin and tourists walking past this building and being able to stop in a premier state square gallery to see the amazing contribution that Aboriginal and Torres Strait Islander artists make each and every day.

Thank you to DAAF. All the profits that were made at DAAF go directly back to Aboriginal community-controlled art centres, which is money into people's pockets and livelihoods being supported. They do an amazing job.

In September, back in our patch, Madam Speaker, we will have Desert Mob. That is an amazing celebration of art in Central Australia showcasing the amazing talent of all our local artists in the region. It is a great time. Art and culture contribute so much to the Northern Territory, not just in paintings but in songs, stories, celebrations and talking to people and hearing how wonderful their experience was. Anyone in parliament who has not been to those events, book your tickets for next year for County to Couture, the National Indigenous Fashion Awards, the National Indigenous Music Awards, the Telstra National Aboriginal and Torres Strait Island Art Awards. They are all amazing mechanisms to showcase the Territory and bring people together.

I give a shout out to all our amazing Territory models who powered it down the runway at Country to Couture and congratulations to everyone who entered and was nominated in all the awards. You are all a winner in my eyes. Thank you for everything that you do, thank you for being strong, black and deadly.

Mr O'GALLAGHER (Karama): Madam Speaker, I continue the positivity in this adjournment debate. To do that I seek leave to table an inspiring correspondence received from an esteemed educator known to many people here, Mr Henry Gray, who is the former Principal of Leanyer Primary School and Karama Primary School.

Leave granted.

Mr O'GALLAGHER: I will read this:

'Brian and co, as one grows older and becomes retired, opportunities often arise to consider what has happened with the domain of one's environment. In my case, the Northern Territory, both historically and in a contemporary sense. This is now almost the full second year of the Finocchiaro government. I have always been very interested in politics, and at one stage was asked to stand for a political party. Declined and from the viewpoint of career satisfaction I am glad that I did.

'The seat of Karama, which of course is next door to us'—noting that Henry lives in the Wanguri electorate—'I was principal of Karama school for five years—has always cast quite an enigmatic light on the community. I can say without a shadow of doubt that the way in which you, Jess and Marylou have combined to uplift and magnify politics in the NT through Karama is second to none. You have great public outreach, and it seems to me from both observation and feedback that the way in which you approach the political representation of people in your electorate, and indeed beyond, has been quite uplifting. Along with that it seems that you have been able to influence some of the other CLP politicians to follow your example. Specifically, they copy the newsletter example, full of information and very local flyers which reflects positively for their electorates.

'Those books you have developed for students are brilliant, and the fact that you change them up every so often means that they are not repetitive, but have new things for people who used earlier models or additions. The note paper you have, the calendar you produce and the fact that your office is always inviting, is a great first. The way you get out and about in your electorate and meet people, delivering your newsletter, has to stand you in good stead and also make people more than aware of the fact that you are there for them and that you are a local member and as an office cohort that you care for them very much.

'As you reach the halfway point of your elected term in office, congratulations and thank you for the positivity that you, indeed the three of you, set. The leadership you offer stands strong and clear within the community and on a wider political front.

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'Regards, Henry Gray, August 7, 2026.'

I am humbled by that letter. I have been getting good feedback. It reflects on our government because we have been doing stuff to give more confidence in the community. This one from Rhonda came through a couple of days ago:

'Good morning, Brian.

'You are doing amazing work.

'Sorry, I cannot pop in for a chat, but, yes, the suspension of the pre-cyclone cleanup is on everyone's mind and is concerning.'

The Members for Sanderson and Fannie Bay and my other northern suburbs colleagues have been hearing that concern loudly from residents. I can only hope that the council listens to those concerns.

Last Friday I had the big pleasure of going to Darwin Olympic Sporting Club and handing over a $2,500 cheque to help it out on a range of stuff to help the club support kids and do other things. I am privileged to be the patron of Darwin Olympic Sporting Club. I was pleased that the Chief Minister, Minister Charls and my good colleague the Member for Casuarina were also there. It was fabulous. The club had 10 junior matches on; they were all playing. Teams came from all parts of Darwin, including Port Darwin and Casuarina, and Palmerston to play. It was good to see the juniors playing and all the families there. People were cooking up souvla and had a whole range of food, serving Greek salads and so on. We all enjoyed it.

The club members embrace this and appreciate the support that the CLP gives not only them but all sporting and community clubs. We value clubs as being part of the fabric of our society. To see young kids out on a Friday evening enjoying themselves, not watching TV but doing a bit of physical activity, is positive and it had us all inspired. It was a great evening.

Once again I acknowledge the volunteer committee. Ioannis is the president. The whole team is fabulous. It is the volunteers who really get us going because they put in a lot of effort. This club runs 12 months a year. Why? It focuses on the season and does a whole range of other things. I went by again on Sunday morning and more senior games were being played. It was good to see people at the oval and the families there enjoying themselves.

Mrs HERSEY (Katherine): Madam Speaker, we had incredible celebrations to celebrate the centenary—100 years—of Katherine.

There was a series of events, with celebrations kicking off with drinks at sunset held on our iconic railway bridge. One hundred residents gathered on a beautiful Dry Season evening to share stories and a bite to eat, with food supplied by George and Anu at Katherine Street Food and also Boab Caravan Park. The drinks were served by Katherine Community Project Association members and the event was supported with funding from the NT Government. It was a fantastic evening.

As part of the centenary events, Pioneer Through the Ages was put on by the seniors of Katherine. This was an interesting event at which our long-term residents spoke of stories of different things in our town. Bronwyn Hager spoke of the history of the hospital as a former nurse. Gary Beaumont spoke of the history of the main street and all the changes we have seen over the last 100 years. Gary had maps for us of the many changes in shopfronts so that we could follow along. It was interesting. Doug Kelly spoke of the times he had growing up in Katherine as a born-and-bred Katherine boy and how very different times are now. Doug had many stories and it was wonderful to hear a few stories of yesteryear.

Another event for the centenary was the sports carnival, which was fun for the whole family, put on by the council.

In early July the annual Show and Shine Teddy Bears Picnic was put on by the Katherine Vehicle Enthusiast Club and the Katherine Community Project Association, held at our museum. This was another fantastic event for the whole family. We saw cars from Darwin, stalls serving yummy foods, childcare services setting up events for children and families, and a dance-off with kids winning large teddy bears—they were as big as the kids.

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Following on from the Teddy Bear's Picnic, later in the afternoon was a street parade with floats going down the main street and back up Railway Terrace, ending at the Railway Museum where they held railway fair. Plenty of community people attended this event, with the National Trust volunteers doing a mountain of work getting the Railway Museum open and getting the grounds ready, decorating the train with lights and balloons. The station was open with all the memorabilia on display. There was plenty to see and do that day.

Another event recently held was the NAIDOC and Kalano family fun day. Starting with NAIDOC celebrations I attended the Kalano Family Fun Day which is an annual event my office participates in. The day had plenty of stalls this year, and the annual blachan competition saw plenty of entries that got the official taste test by the judges. It was a fantastic event and also the opening of the Adrian McDonald Memorial Oval, a beautiful celebration of Adrian's dedication to AFL, sport and junior football. Thank you to his family for sharing his journey and to all of Kalano for celebrating his achievements. Thank you to Suzi Berto, Kalano's Deputy CEO and Amber Giumelli for organising a fantastic event.

It is with great sadness that we farewell a long-term Katherine family, Ushani and her family from the Red Cross Connected Women program. After being in Katherine for many years, Ushani was instrumental in getting the Connected Women's Program running. It is an amazing annual event bringing many cultures together. This event started off as a very small function and has morphed into a bigger-than-Ben Hur event that many in town look forward to attending. Apart from the incredible upcycled clothing runway event as well as the incredible delectable delights. Red Cross will not be the same without Ushani, and I wish her all the best in her next adventure in Perth.

Recently the Beat Festival happened on 6 August. It was a fantastic evening that I attended at the Katherine High School with this year's theme, Traveller. Thanks to Bill Grose, Principal of NT Music School, for joining us. Thanks also to Nicolle Gadd from Casuarina Street Primary School for her stewardship on the night ,along with Per and Shona Forsberg, who teach all the students through the NT Music School. To all the dedicated teachers and staff that work hard to put the show together, I say thank you.

The kids were amazing. I enjoyed watching the students who did solos last year and again this year. The growth and confidence they showed was incredible. Even if they got something a bit wrong, they did not hesitate; they just picked up and carried on, which is amazing for such young people. Children had performances either through singing, playing musical instruments or dancing. It was great to see from preschool through to high school performing. It was a fantastic evening.

I recently gathered at the Katherine Bowls Club where one year ago, on 18 July, along with the minister for Sport, we delivered $1m to Mal Trattles, the president of Bowls NT along with the president of the country club, Toni Coutts, for the construction of an all-weather roof for the Katherine Country Club for the lawn bowls. One year to the day, I was joined by the Chief Minister and the minister for Sport to open the incredible project which will make a huge difference. It was completed on time, on budget thanks to Trevor Scott from Lightweight Structures Australia.

We celebrated with Mal Trattles, who could not quite believe it was done and was quite emotional. I thank Mal for the hard work and dedication he put into the project. We were joined by President Toni Coutts at the Katherine Country Club during the show weekend. This new shade structure will allow lawn bowls to be played all year round, no matter the weather. It is a fantastic shade structure.

Earlier in August, I held a beautiful morning tea to celebrate our seniors in Katherine for Seniors Month. Thank you to all that came and for being such an integral part of our community. I also congratulate the new committee for the Katherine Senior Citizens, the new president, Louise Doyle; treasurer, Yvonne Gitsham; secretary, Penny McClure; and public officer, Juanita Tabe. Thank you to the outgoing committee, Margaret Price, president; and Jill Haggart, treasurer.

For that senior's event, I thank my staff, Jen and Harriet, for running around getting a lot of things organised for that seniors event. We do all the cooking and baking for it. It is a beautiful event that we hold in my garden at home, and the seniors enjoy it. We were joined this this year by my little grandson, Lachy, while Hannah was doing some haircuts with her clients, so that was nice.

I congratulate Temple's Tae Kwon Do Academy for a great event of discipline and fighting on 16 August. Thanks to the Kununurra and Howard Springs teams for making the event held over that weekend at Katherine South Primary School a success. It was incredible to have Olympian Caroline attend as a mentor and trainer, along with Master Woods who travelled from Melbourne. Temple's Tae Kwon Do Academy is going from strength to strength with its skills in this area under the leadership of Darrel Temple.

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Another event recently held in Katherine was the Kintore Street School croc race. I have been attending this event for many years. I was joined by my other grandchild who, with my daughter-in-law, was visiting—Florence and Kiara—which was lovely. Congratulations to all the Kintore Street staff. They do an incredible job to organise that event held at the top of the low-level lawns. They raised more than $21,000 towards a shade structure for the school's outdoor area. It is an incredible event. The teachers and all the staff work hard to raise vital funds for that school.

Mrs CARLSON (Wanguri): Madam Speaker, I express my deep disappointment at the decision by the City of Darwin to postpone—or as many of my constituents understandably see it, cancel—the pre-cyclone cleanup for people across Darwin. The pre-cyclone cleanup is not simply another council service; it is an important part of preparing our community for the Wet Season and the very real threat of cyclones.

Territorians understand cyclone preparation. We know that when the Build-Up arrives we need to clean our yards, remove unwanted materials and reduce the amount of debris that can become dangerous during severe weather. That is why this decision has caused such disappointment in our community, and our constituents have made their views clear.

I acknowledge the great efforts of my colleagues the Members for Karama, Casuarina and Sanderson, who have listened to their communities and spoken up on their behalf. We made sure those concerns were heard by writing to the council collectively.

Across our electorates, residents are asking the reasonable question: why would you postpone a service designed to help people prepare for cyclones? As we approach another cyclone season, our constituents plan around this cleanup. Families use it to clear their properties, older residents rely on it and people who may not have trailer or a ute or the ability to take their large items to the tip themselves rely on it.

There is a broader issue here—community safety after a cyclone. We often talk about the importance of preparation, remind people to clean up their yards, secure loose objects and make their homes cyclone ready, but preparation works best when government at every level makes it easier for people to do the right thing. That is why the Members for Karama, Casuarina, Sanderson and I will continue to stand with our constituents in the northern suburbs and make their concerns known.

This is not about picking a fight with council; it is about asking the Darwin City Council to listen to the people it represents. The message from our community is straightforward: please bring back the pre-cyclone cleanup. Darwin residents value and use this service. Importantly, they see it as part of keeping their homes, streets and neighbourhoods prepared for cyclone season. I urge the City of Darwin to listen to the community, reconsider this decision and reinstate the pre-cyclone cleanup, because when it comes to cyclone preparedness in the Top End, prevention and preparation will always be better than dealing with the consequences afterwards.

On a lighter note, I recognise a special milestone for a much-loved school in Darwin's northern suburbs, the 50th birthday of Wanguri Primary. For half a century, Wanguri Primary School has been at the heart of its community, providing generations of young Territorians with the foundations of their education and future. There was wonderful joy in the school community to celebrate 50 years of education, friendship and achievement. Over those five decades, thousands of children have begun their educational journey at Wanguri Primary School. They have walked through its classrooms, learnt from dedicated teachers, made lifelong friendships and gone on to contribute in many ways to the Territory and beyond.

A milestone like this is an opportunity to recognise the many people who helped shape that school over the years. I thank all the teachers, support staff and principals, past and present, who have given their time, energy and commitment to Wanguri Primary and its students. I particularly acknowledge the current principal, David Cluse, for his leadership of the school and his commitment to ensuring Wanguri Primary continues to be a welcoming and supportive place where students can learn, grow and succeed. I also acknowledge the Wanguri Primary School board, led by Kris Rule, and thank its members for their ongoing contribution and support of the school.

The 50th birthday celebration was a fantastic occasion, bringing together students, families, staff, former students and members of the wider community. It was a privilege to provide the official 50th birthday cake and to join Chief Minister Lia Finocchiaro in unveiling a commemorative plaque marking this important milestone. The plaque will serve as a lasting reminder of the school's first 50 years and the generations of Territorians who have been a part of Wanguri Primary School.

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I also recognise Trent Lee, who created the beautiful mural near the school's office entrance. The mural captures the character of Wanguri Primary, its connection to the surrounding Wanguri community and its wonderful addition to the school as it celebrates this milestone.

Most importantly, I thank everyone who helped make the 50th celebration such a memorable afternoon, the organisers, committee, staff, students, families, volunteers and members of the wider community.

Schools are about much more than the buildings and the classrooms. They are places where children discover their abilities, their friendships begin, communities come together and our generations of Territorians build memories that stay with them for a lifetime. For 50 years—about the same age as me—Wanguri Primary has done exactly that.

To everyone who has been a part of Wanguri Primary School since its doors first opened, congratulations on this wonderful milestone. To today's students, teachers, staff and families, you are now writing the next chapter of Wanguri Primary's story.

Happy 50th birthday, Wanguri Primary School. May the next 50 years be every bit successful as were the first.

Motion agreed to; the Assembly adjourned.

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