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Madam Speaker Lambley took the Chair at 10 am.

MESSAGE FROM THE ADMINISTRATOR
Message No 10 – Assent to Bills Passed in September 2025

Madam SPEAKER: Honourable members, I have received Message Number 10 from His Honour the Administrator notifying assent to the Bills passed in the September meetings of the Assembly. The message is dated 16 September 2025.

SPEAKER'S STATEMENTS
Orderly Speech

Madam SPEAKER: Honourable members, I provide further guidance on what constitutes orderly speech in this Assembly.

Freedom of speech is fundamental to our democracy. In the Legislative Assembly, this includes the ability to raise important issues and to criticise. Members are free to state that a remark or statement is incorrect, inaccurate or not supported by the facts; however, it is not in order to accuse another member of lying, call them a liar or impute deliberate dishonesty, even in passing by an interjection. To say that a member has lied is disorderly, unless such an allegation is made by way of a substantive motion.

I make it clear that where such language is used I will intervene and require an immediate and unqualified withdrawal and, where appropriate, an apology.

In my statement to the Assembly on 26 March this year I said that I prioritise free and fair discussion over a strict application of the rules. It is not always productive to stop the free flow of debate to impose a standing order; however, in hindsight, I am of the view that a stricter approach now seems necessary. Let me be clear: allegations accusing another member of being a liar or lying will not be tolerated except by way of a substantive motion.

Finally, I remind members that I do not necessarily hear every interjection made on the floor. If members feel aggrieved by an unparliamentary comment made by another member in a speech or an interjection, it is up to them to call the relevant point of order.

Territorians are best served, and the dignity of this Assembly is upheld, when we engage in robust debate on matters of importance without degrading our discussions through slurs or imputations of bad faith.

I hope this reminder spares me from needing to make repeated interventions on allegations of lying or other imputations of improper motives.

Amendments to Motions

Madam SPEAKER: Honourable members, as outlined in my email to you, please note that in the future when a member moves an amendment I will put the question on the amendment before concluding the debate on the motion.

VISITORS
The Essington School

Madam SPEAKER: Honourable members, I advise of the presence in the gallery of Year 5 students from The Essington School accompanied by their teacher. On behalf of honourable members, I extend a warm welcome.

Members: Hear, hear!

REORDER OF BUSINESS

Mr EDGINGTON (Leader of Government Business): Madam Speaker, pursuant to Standing Order 59, I move that Assembly business order of the day number 2 relating to the Legislative Scrutiny Committee report takes precedence over order of the day number 1.

Motion agreed to.

PAPERS TABLED
Legislative Scrutiny Committee Report on Inquiry into the Environment Protection (Beverage Containers and Plastic Bags) Legislation Amendment (Expansion of CDS and Other Matters) Bill 2025

Mrs CARLSON (Chair of Legislative Scrutiny Committee): Madam Speaker, I table the report from the Legislative Scrutiny Committee's Inquiry into the Environment Protection (Beverage Containers and Plastic Bags) Legislation Amendment (Expansion of CDS and Other Matters) Bill 2025 and associated minutes of proceedings. Pursuant to Standing Order 200(4), the report was sent to the Speaker and made public on 8 October 2025.

Amending the *Environment Protection (Beverage Containers and Plastic Bags) Act 2011* and the Environment Protection (Beverage Containers and Plastic Bags) Regulations 2011, the Bill seeks to reduce complexity and increase recycling across the Northern Territory by strengthening the Container Deposit Scheme (CDS) and making a number of administrative reforms.

The committee received four submissions to its inquiry. While all the submissions supported the government's aim to increase the effectiveness of the CDS, concerns were raised regarding the inclusion of plain milk containers and the associated transition timeframe. However, following its examination of the Bill, the committee is of the view that the Assembly should pass the Bill with no amendments.

As set out in the report, the committee also considered several matters that were raised in submissions or during the public briefing that were beyond the scope of the current Bill, including whether the refund amount for permitted containers should be increased. Pursuant to section 50(2) of the *Environment Protection (Beverage Containers and Plastic Bags) Act 2011,* the committee has subsequently recommended that the next review of the operation of the CDS incorporates consideration of the impact of increasing the refund amount.

On behalf of the committee I thank all who have made submissions to the inquiry. The committee also thanks the representatives of the Department of Lands, Planning and Environment for briefing the committee on the Bill. I thank my fellow committee members for their bipartisan commitment to the legislative review process.

I commend the report to the Assembly.

Legal and Constitutional Affairs Committee Report on the Inquiry into Voluntary Assisted Dying in the Northern Territory

Dr RAHMAN (Chair of Legal and Constitutional Affairs Committee): Madam Speaker, this final report of the Legal and Constitutional Affairs Committee represents the best efforts of the committee to address the terms of reference provided on 14 May 2025 to inquire into voluntary assisted dying (VAD). The VAD inquiry was challenging on enumerate fronts. It was challenging in terms of subject matter, scope and timeframe for delivery. It is a great credit to all involved that the work presented in this report is of significant quality.

It is seldom the case that reports such as this can capture and represent all perspectives and materials gathered and submitted. For that reason, we encourage interested parties to engage with the source materials of our inquiry in conjunction with this report—being the many hundreds of submissions and hundreds of hours of witness testimony—in order to understand the breadth of the data collected and the positions presented.

Notwithstanding the aforementioned, I am pleased to present this final report on VAD in the Northern Territory to the Legislative Assembly and to the public at large as testament to our collective commitment to progress resolution of VAD for Territorians. In doing so, I express my gratitude, first and foremost, to my fellow committee members across the aisle and within the government and, likewise, to the committee secretariat for its diligence and respective efforts towards completing this extremely challenging inquiry. I again thank the many hundreds of Territorians who contributed to this process and whose contributions will undoubtedly enrich our understanding of what is involved in finishing-up well.

Voluntary assisted dying (VAD) is an extraordinarily complex topic that evokes emotion and tension. It challenges us all. In discussing voluntary assisted dying, we are literally interrogating questions of life and death.

Ultimately, conversations about voluntary assisted dying are not just about fairness; they are also about competing rights and tensions within our system and society. They are about the tension between the rights

of individuals versus the rights of society, thinking about the common good and prioritising the needs of the one over the many. Sometimes lost in the debate is that these are also questions of a tension between equity and economy. Voluntary assisted dying is more than just an arbitrary concept; it is, in practice, something that requires support, structures, funding, rules, governance and compliance, all of which are essential parts of creating a framework to assist people with what we once referred to as euthanasia.

'Euthanasia' is a word derived from Greek terms; it speaks to the idea of a good death. Voluntary assisted dying—the modern nomenclature for euthanasia—is in some ways an imperfect expression of the idea, but it is the journey towards providing people with the option to have a good death and equitable access to voluntary assisted dying that has driven this inquiry.

It is important to recognise that this journey has been a long time in the making. It did not begin four months ago when this inquiry commenced but indeed, in the Northern Territory context, started some 30 years ago. One could argue reasonably that the pursuit of a good death is something that goes back even further than that.

In the modern context, as many Territorians who have been around for decades will know, the Northern Territory was the first jurisdiction in Australia and, indeed, internationally—depending on how it is defined—to legalise an assisted death on compassionate grounds for people who are terminally ill. The Rights of the Terminally Ill Act passed in 1995 when I was finishing high school. I can recall the fervour surrounding it at the time, and it is remarkable that the fervour has not dissipated. All these years later, there are still passionate advocates for the rights of the terminally ill in a legislative sense and in relation to the underlying subject matter.

The Rights of the Terminally Ill Act warrants mention as a precursor to discussing today's report because it provides the foundation for the discussions we are having. Some 30 years ago the then Chief Minister, Marshall Perron, took it upon himself to introduce a Bill to legalise voluntary euthanasia. He did so at considerable political cost, demonstrating great courage at the time. That Bill ultimately passed, as we know, by the slimmest of majorities and not across party lines but on a conscience vote.

The final vote was from then MLA Wes Lanhupuy who, in his final assessment, determined that whilst voluntary assisted dying—or euthanasia, as it was at the time—was not something he envisaged his constituency, representatives or the broader Aboriginal public would want to avail themselves of, it was not something he felt he should stand in the way of for the remainder of Territorians who were expressing, with some clarity, a desire to have legislation for voluntary assisted dying.

That Bill was substantively about voluntary assisted dying, but it also represented a point of maturity and growth for this parliament. It represented that this parliament had the capability and capacity to work across party lines for the greater good of Territorians. The Bill signalled to the Commonwealth Government that this was a jurisdiction emancipating itself; it achieved self-government in 1978, stabilised its polity and representative democracy and had the maturity to prosecute complex arguments and come to a determination of what was right for Territorians.

As history students all know, that legislation did not endure. The Rights of the Terminally Ill Act was challenged the year after it was enacted. Only four Territorians availed themselves of the opportunity to have an assisted death. In 1996 the Kevin Andrews Bill, as it is colloquially known, by a backbench member of the then Howard conservative government interceded to stop Territorians and subjects of any territory from being able to legislate in a number of spaces, most notably in relation to euthanasia. Territorians, by and large, were then—and continue to be—aggrieved by that decision of the federal government in usurping the will of Territorians. That was a step backwards in our constitutional journey and our capacity to determine our fate for ourselves in relation to all of our affairs.

Some 25 years or thereabouts passed before finally, in 2022, the Commonwealth Government amended that error and passed the Restoring Territory Rights Bill. That legislation was driven by members of the territories, including the ACT as well as our federal representatives from the Northern Territory. It provided the foundation for Territorians to once again determine their own futures in relation to voluntary assisted dying.

Many people assumed that there would be an immediate correction and that governments would seize the opportunity to act with haste to remedy what was an abrogation, in many people's eyes, of the rights of Territorians. That is not how things played out, as we are aware.

In the background, from the start of 2017 states of the Commonwealth had all started to make the determination that voluntary assisted dying laws should be considered and enacted as a matter of equity and

fair access to healthcare across all states. That process began in 2017 in Victoria where the first voluntary assisted dying legislation was passed. The passage of that Bill was a rollercoaster affair; it was achieved under herculean pressure. The efforts underpinning it were not to be underestimated, and the protagonists behind the Bill paved the way for every other part of Australia to gain access to voluntary assisted dying. It was Victoria first, followed by South Australia, Western Australia, Queensland and most recently New South Wales and the ACT whose legislation, whilst enacted, has still not come into full effect.

Each one of these expressions of voluntary assisted dying legislation has developed iteratively, and each one of these Bills has learned from the last to the point where now Australia has broadly coalesced around the Australian model for voluntary assisted dying. From the outset of this inquiry, old hats to the Territory would put it to members of parliament of all stripes that we should simply resuscitate the Rights of the Terminally Ill Act, scrub out '1995', insert '2025' and Bob's your uncle. The truth of the matter is this is a much more complex matter now than at that time when there was a simpler regime for accessing an assisted death. For all intents and purposes the Rights of the Terminally Ill Act decriminalised the process of assisting with a death for a terminally ill person but lacked any of the checks and balances that are embedded in all subsequent legislation across Australia.

The process that Australia has settled on broadly for voluntary assisted dying is undoubtedly more burdensome and cumbersome than the Rights of the Terminally Ill Act was; however, it is also much more rigorous and contains checks and balances in process and procedure to ensure we have something which provides Australians equitable access to voluntary assisted dying without ending up on a slippery slope argument to abrogating rights and devaluing human life.

In 2023 and 2024 the Northern Territory Government chose to finally act on the *Restoring Territory Rights Act* and commissioned a report of independent experts to inquire into voluntary assisted dying and how to progress the matter for the Northern Territory. That inquiry is the basis for the one the Legal and Constitutional Affairs Committee has undertaken. The 2024 independent expert advisory report contained 22 recommendations for how to progress the agenda for Territorians.

Our remit as a committee was in the first instance to interrogate the parameters of that report and to consider whether it was fit for purpose, could be refined or we could add value to the equation to ensure a possible practical legislative implementation of voluntary assisted dying in the Northern Territory.

By and large, we set out on our journey not with a view to challenge or to codify the 2024 report but to simply add a body of knowledge to the 2024 report's findings, particularly with respect to the views of Indigenous Territorians and Territorians who live in remote and regional areas. The challenge had been made that, in the past, consultations outside of major urban centres had been limited and that there was an opportunity for greater consultation to be done in areas outside of major cities.

The terms of reference for the inquiry were, therefore, fivefold: first, to provide a consultation paper to stoke the conversation again. With respect to the consultation paper, we provided a 50-page document for Territorians where we simplified the issues and broadly considered the main questions of access, eligibility and process. We did the best we could to distribute that information to Territorians across languages in multiple mediums and forms to provide people the opportunity to be grounded in the major issues surrounding voluntary assisted dying.

The second part of our terms of reference was perhaps the most important and value adding: the direction to consult extensively with people in remote areas of the Northern Territory to gauge views from people who may not have had the opportunity to fully provide views.

The third part was to evaluate existing VAD models across the country and, to some extent, the world to establish where we are up to and where we might go from here.

The fourth part of the terms of reference was to consider specific challenges for the Northern Territory, noting that we have unique geography, demography and economy to consider. As we are all aware, one size does not fit all, and the Northern Territory is measurably different than the rest of the states and territories of Australia.

Finally and uniquely, we were charged with the responsibility, if appropriate and if suitable support was found for voluntary assisted dying, to provide drafting instructions for model legislation. That final direction is extremely unusual by the measure of parliamentary inquiries. It is rare to be afforded the opportunity by the government of the day to prescribe what model legislation in a space might look like. The government is to be credited, in my opinion, for providing us the option not to simply make recommendations or provide

testimony and evidence but to say, 'This is what the VAD law should look like in the Northern Territory if we are seeking best practice and to make it work for Territorians'.

That final part of the process alone is many months of work. The totality of the terms of reference that we were provided was, in my opinion, a huge ask of any parliamentary inquiry, let alone within four months. I emphasise that point to reiterate that it is a great credit to all the people involved in this inquiry—the committee secretariat and government, opposition and crossbench committee members—that we could provide anything and submit a report of any quality, let alone of significant quality.

The protagonists involved in the inquiry had to work collectively and coherently, albeit in a highly pressurised, challenging space discussing extremely sensitive matters under impossible time constraints. Nevertheless, we produced a document which we believe will progress the VAD agenda for Territorians in a meaningful way beyond simply paying lip-service or, honestly, playing politics with the issue, which I reiterate—with no pun intended—is actually a matter of life and death.

My priority as the Chair of this committee has always been to oversee a process that has been rigorous and transparent but not necessarily to advocate for an outcome one way or the other. I am not interested in dying on a hill for the issue of VAD; I am interested in demonstrating that this parliament can take something challenging, as our predecessors did in 1995, and deal with it with maturity across party lines for the greater good of Territorians. By and large, we have done that.

What does rigour and transparency look like in the context of this inquiry? In the first instance rigour and transparency looks like keeping Territorians abreast of what we are doing. We were provided terms of reference mid parliamentary sitting on 14 May, and the committee wasted no time in meeting immediately to clear our calendars for four months and try to establish a timetable for how to deliver this process. That included doing things that are not often done in this parliament, which we did not to grandstand but to keep Territorians apprised of our work.

Interim reports were presented to allow Territorians to know that we were working on this continuously. The first interim report submitted in this parliament in July sittings outlined work that had been completed to date and the blueprint for the inquiry going forward to give people confidence in the process that we were seeking to follow.

Similarly, the second interim report tabled at the start of September, at the conclusion of all our hearings and consultations, outlined in detail exactly where we had been, who we had spoken to and the parameters of our consultation, including the details of specialist advisers whom we had procured to help guide our deliberations, noting that none of us are subject matter experts in this area.

Those interim reports were part of the process, as was regular engagement with media and providing media releases to allow Territorians to know where this journey started, where it is up to and where it goes next. That should be, in our opinion as a committee, the gold standard for how committee inquiries are conducted, particularly when they are substantive inquiries with heavyweight subject matter, as is the issue of voluntary assisted dying.

We also prioritised at every stage the full and timely disclosure of submissions and evidence. We have iteratively released for public viewing all of the 400-plus written submissions that we received, whether they were manifestos and thesis length or simply two lines of somebody wanting to have their say. All that evidence is important.

As I pointed out, the reality is that all of that evidence can never be captured in its fullness in a report of 200 to 300 pages, but it is important to recognise that everyone who had a say counts. I say to everyone who provided a written submission to this committee: we heard, read and considered your submission. The fact is that we were asking the opinions of Territorians not for a tick-box exercise but because we are genuinely interested in what Territorians have to say on this matter.

Some of it is extremely intelligent; some of it is slightly bonkers, but all of it is important. That is why my fellow committee members and I took the time to wade through the materials—to say nothing of the committee secretariat which, similarly, has been drowning in VAD-related materials for months—and have surfaced with a report.

The other thing we did to give our process rigour was not exclude the prior voices that established the parameters for the VAD agenda. To that point, from the outset, the committee took a number of private briefings with key protagonists. The former Chairs of the 2024 independent expert advisory panel were at the

top of our list. We are extremely grateful to the former Administrator, Her Honour the Honourable Vicki O'Halloran, and Duncan McConnel SC for taking the time to help guide our journey and cooperate with us at every turn to avail themselves and support our process without, at any stage, detracting from our efforts.

Other key people provided significant private briefings to us in the background, including key advocacy groups for voluntary assisted dying. We took those meetings deliberately because we wanted to hear from everyone we could reasonably hear from within a time-limited period. We heard from Go Gentle, the Voluntary Euthanasia Society and advocates. At subsequent junctures we also heard from key opponents of voluntary assisted dying to ensure that we did not silence the voices of Territorians.

To that point, the committee worked through all the submissions we received carefully to determine what should be available to the public, redacted or kept confidential. In the main, the committee has sought to provide transparency, provided that people's interests would not be personally affected—of course, redacting people's names and addresses, so on and so forth, in submissions. For the most part, we allowed people to have their say. Whether what they have to say is rational or reasonable is for everyone to judge for themselves. We wanted people to be heard and to ensure we provide transparency in this process so far as reasonably possible.

As I alluded to earlier, we also took the opportunity to appoint key subject matter experts as advisers. The first of those advisers was a medical and clinical subject matter expert. To Dr Geetanjali Lamba, on behalf of the committee, I express my gratitude for helping us as people without medical or clinical insight to work through challenging questions that only a subject matter expert could guide us with. It is a credit to her that she could do so dispassionately, notwithstanding that she herself was a member of the 2024 independent expert advisory panel and has a personal view of these matters. Her input was key in helping us to understand the finer details of what is involved in voluntary assisted dying in practice.

The other core group of advisers who we appointed and who have provided, in my opinion, immeasurable value to this process—and differentiate the work that we have done here from prior work—is the legal advisory team from Queensland University of Technology.

QUT's team was headed up by Professor Ben White. Anybody who knows anything about voluntary assisted dying in a research or academic sense will know that Professor White is the Australian gold standard academic on these issues. Professor White was ably assisted by Dr Madeleine Archer, Katherine Waller, Dr Katrine Del Villar and Denisha Tyler. That group of people from the Australian Centre for Health Law Research provided us with the practical legal guidance we required to turn the committee's policy positions and deliberations into quantifiable, executable legal drafting instructions.

The drafting instructions for model voluntary assisted dying legislation are appended to the final report in Appendix 3. To a large extent they have attracted a lot of the attention because they are, in essence, the distillation of a blueprint for how to go forward. It was important for the sake of legislators, parliamentary drafting counsel and our legal department within government that we could provide succinct and clear guidance on what we believe, as a cross-party committee, is the best way forward.

Having said that, they are not the totality of the story. Today, in the main, I will not focus on the drafting instructions but on many of the other materials supporting that, including the report itself, the recommendations and the underpinning data.

My focus today in sum is to provide clarity for Territorians and parliamentarians on why the Legal and Constitutional Affairs Committee (LCAC) has made the choices that it has; the 'what' of what we have done; and the underpinning logic of why. In isolation, simply reading the drafting instructions—detailed and as well produced as they are—does not necessarily provide the totality of the picture of how VAD could or should work in the Northern Territory.

Without being impolitic or impertinent about it, in the time since the report has been delivered, the sequence of questions that I and my fellow committee members have received from many people—the general public, our own colleagues, bureaucrats, advocates and lobbyists—all demonstrate to a large extent considerable misunderstanding of many of the issues surrounding voluntary assisted dying in practice.

We are looking to talk about things in a practical sense and explain the choices we have made for the benefit of everyone involved with a view to progressing the agenda, because here is the nub of the issue: in-principle support for VAD is one thing. Do you support VAD? Yes or no? That is a much less complex question to ask but a fairly imperfect one that does not progress the agenda for us meaningfully in isolation.

Without consideration for broader factors, practical and timely implementation and how we will achieve that, if we are not careful with what we do there is risk of endorsing, supporting or providing a legislative solution for voluntary assisted dying in the Northern Territory that prohibits Territorians from realistically accessing it anytime soon.

We have tried to make the tough choices on the curly questions. Today I will explain why we made the choices we have. That broader consideration required is, first and foremost, signposted and signalled within the table of contents, if you like, for the report. I go straight to the contents. There is a sense for what the priorities and issues are. It is not just about eligibility and whether somebody should be over or under 18; there is a broad landscape and ecosystem of intersecting issues.

For that reason, our report begins with background to the inquiry and an explanation of the conduct of the inquiry which, to some extent, I have highlighted today. Then it progresses immediately to considering the intersection of VAD with existing NT healthcare, because VAD does not operate in isolation; it is another component of healthcare that has interdependencies and interactions with, most notably, palliative care, aged care, primary healthcare, interpreters and telehealth. There is a range of interdependencies. To think about VAD simply in isolation does a disservice to the whole agenda.

We have tried, within a confined space, to consider challenges to healthcare delivery in the Northern Territory to situate the VAD conversation. We have considered remoteness and cross-cultural challenges, noting that 30% of the Northern Territory is Indigenous and we are the most culturally and linguistically diverse population in the country. We are ethically, religiously and racially more diverse per capita than anywhere else. We simply cannot ignore those factors when thinking about healthcare or burden of disease. Burden of disease plays into understanding of VAD.

As many have heard me speak about in this Chamber, in relation to other matters, we discussed at some length health workforce shortages. The fact is we have a shortage of healthcare workers, whether doctors, nurses, allied healthcare practitioners, patient care assistants, translators, liaison officers or Aboriginal healthcare workers. We have a strained system with a finite number of staff. We do not have standalone service delivery in a range of areas or a specialist standalone paediatric or cardiology setup.

It is important to recognise that this is a new component to the healthcare system and if we want to introduce it, it has to work alongside what we have and not come at the cost of it. Therefore, we consider the interface with existing health services: aged-care services; mental healthcare services; disability services; and Aboriginal medicine, belief and practices, noting our unique demography.

That is a lot of content to cover in 20 pages in one chapter, but it is indicative of the scale of what we were tasked with. Again, our report, in the main, is geared towards providing practical instruction for how to move a legislative agenda for VAD forward. To do so in isolation would be negligent and, in the committee's considered opinion, deleterious.

We move on from thinking about intersection of VAD with the existing healthcare system to the phrase that we landed on that resonated most profoundly for Territorians across the width and breadth of the Territory, 'finishing-up well'. We found time and again that there was resistance and baggage associated with the word 'euthanasia', which is a dated word for some people—beloved by some, but hated by others.

We found all manner of resistance to words, the nomenclature, VAD or voluntary assisted dying. Some people simply did not like the terminology and felt that it detracted from the compassionate and decent side of what providing a good death was all about. When we talked to people, particularly in our remote consultations across the Northern Territory, about providing people with help and choice to finish up well, people nodded their heads in profound agreement.

The fact is we are, for all of our differences, human, and no-one anywhere wants to die a bad, painful, lonely or isolated death embedded in suffering. To that extent we considered what it means to finish up well and what medical treatment and pain relief provides in this space, including palliative care, palliation and palliative sedation. We considered a natural death and the testimony we have received from many places about people who stoically want to die unaided by assistance, even with great suffering. Pertinently for this inquiry we considered finishing-up on country, which was of profound importance to huge numbers of Indigenous people wanting to connect to place and have the opportunity, provision and support not to die in a hospital bed in an urban centre, miles from the place you are connected to culturally, spiritually and practically. Finishing-up on country, as a result, had to be mentioned with care and detail in our report.

End-of-life choices vary, and we had to explore, to some extent, palliative care and the idea of withdrawal from treatment because the brutal reality of it is that not every community in the Northern Territory is New York City. There are profound capacity deficits, service deficits and workforce shortages across the Northern Territory, and it is simply not possible to provide the full suite of services and opportunities in many places. I return to the fact that, by and large, people do not want to die a painful death; for the most part, they would prefer to be surrounded by loved ones in a place where they feel that they would wish to pass on.

It is an unreasonable expectation for most to be asked to withdraw from treatment and finish up on country, unaided with assistance and any of the tools of modern medicine to help you with pain relief and to pass on in a peaceful manner. We had to wrestle with these challenging questions and sensitive matters. The committee members represented all sides of the political spectrum, and we all have personal beliefs. We all carry, to some extent, political baggage and had to work together for the greater good. It has been challenging but a testament to the entire group that we found consensus positions in the main.

Nowhere is that truer than in relation to our fourth chapter: service delivery models. In some ways the signature piece of the 2024 independent expert advisory panel report was recommendation 2, which suggested that the Northern Territory should have a fully centralised VAD service delivery model. In practice, we are talking about, in the interests of providing clarity about where the lines of healthcare end and VAD starts—in the interests of prioritising cultural safety and not confusing people interacting with the healthcare system—a fully standalone separate VAD service.

When you dig into the nuts and bolts of what that involves, we are not talking about one doctor and one nurse on standby. There is an architecture surrounding the provision of VAD—the VAD navigator service, centralised pharmacy services, reviews board and governance and so forth, all of which I will come to in due course. A key deviation for this committee was to, on balance, decide that the best way forward for the Northern Territory in terms of providing equitable but also realistic and fast or at least timely access to VAD was to instead lean on what is broadly considered a community-based model—what is in fact utilised everywhere else in the country to a large extent.

I will provide just a small amount of definition to that before I speak about it at length later. The Northern Territory has some 1,400 doctors, give or take. We have, per capita, more doctors than anywhere else in the country, something like a metric of 5.2 versus 4-point-something for the rest of the states and territories. But we know because of our unique demography, geography and burden of disease that is still not enough doctors to manage our specific healthcare challenges.

The idea that introducing a couple more to stand separately from all that would manage this process for a finite number of people who might avail themselves of the service, at a considerable cost, is unrealistic and not a pragmatic outcome in our view. On the basis of that, we have advocated to deviate from the 2024 report in suggesting that we should be utilising the full network and tapestry of our service providers, including private healthcare practitioners who provide primary healthcare, some two-thirds of the time.

In essence, we want to basically make use of our existing structures and existing network of healthcare providers to allow people embedded within the healthcare system already, who choose to participate with voluntary assisted dying, the opportunity to do so.

We subsequently moved on in our report to purposes and principles which are often glossed over and not articulated clearly. What is the purpose of this report and the underlying legislation? What are the principles that underpin why we are doing this? I will come to that in detail shortly.

From that point onwards, the report becomes technical, substantive and gets into the guts of some of the things that we turn our minds to usually when we think about VAD straight off the bat—eligibility requirements broken down into voluntariness, medical conditions, residency, age and capacity; the request and assessment process that is followed for VAD—the flow diagram, if you like, of what happens, what happens next and what happens after that, then how many days you have to do this and where you get the drugs from—all of that business.

We will go through the assessment process in regard to formal requests and the use of interpreters and telehealth. The administration of the VAD substance is not an insignificant issue, which is the focus of our eighth chapter. Let me be clear: this is the kind of thing that will not be in the report, but that issue almost single-handedly derailed the Victorian effort to enact VAD legislation.

At the eleventh hour there were questions about safe storage and supply—where it will be, who will have the lock and key and how it will operate? These are the nuts-and-bolts questions when considering legislation

for, implementation of and realistic and timely access for Territorians to VAD. There is then, of course, the question of what happens after a person dies. There are questions to be resolved, including the notification of death, interactions with the Coroner and so on and so forth.

We consider health practitioners' qualifications and training and, for the most part, land in the same place as the 2024 report and standards around the rest of Australia, noting however that we simply do not have a ton of doctors nor nurses and so relying on structures that are important and leaned upon heavily in other parts of the country—for example, like nurse practitioners—is less of a priority for us than it is for other places. Put simply, our position was to land on doctors making decisions and then to extend that to doctors and nurses having the opportunity to help with the administration of VAD if and when required, particularly on location.

There is also the issue of self-administration, which has a number of curly questions attached to it which we will go through shortly. A critical deviation for this committee regarding past work is in relation to non-participation by healthcare workers and entities. Our committee has broadly been of the view that choice is paramount in discussions about VAD—the choice to access VAD as a patient and the choice to conscientiously object if you do not want to be involved in the process as a healthcare worker. That is not to say that we want to frustrate the process, but in the contest of completing rights we should be prioritising choice at all times—the choice of an individual not to be involved with the process on whatever grounds they see fit and the choice for institutions to determine that VAD, if legislated for, is not something that people will be forced or compelled to deal with. We are trying to provide help and choice for people to finish up well and for people to participate in assisting people with voluntary assisted dying if they so choose, but also the protections in laws to withdraw from the process if they choose not to participate.

Accountability offences and protections are the kind of thing that you do not think about on the front end, but creating VAD legislation necessarily means that you have to think about all manner of other legal structures and intersections with the legal system. The review board is again a point of departure from many other states and Territories. We have landed on a consensus position where we have suggested that we should make use of our existing resources, tools, structures and mechanisms. Across the country the number of people who have availed themselves of voluntary assisted dying is not in the thousands; it is in the hundreds, and that is in states and territories with populations of millions. If you reasonably extrapolate to the best of your ability from that dataset, all our evidence suggests that we would expect reasonably no more than 10 to 20 people a year to avail themselves of VAD in the Northern Territory.

Ten to 20 people does not in our minds—in the first instance as a matter of expediency, time and equity—justify setting up huge and expensive separate structures, and that is part of the reason why we have suggested that our review board, unlike any other review board, should be chaired ex officio by default by the Chief Health Officer of the Northern Territory, embedded within the Northern Territory Department of Health, not a totally standalone separate statutory entity that will require time and significant resources to be set up and be supported in perpetuity. We recognise that means there is complete and perfect separation from the health system or from direction from the government of the day or the minister, but on the balance of all available possibilities we think that it is a constructive way forward.

I note also—to foreshadow that I will come back to it—that these are matters we interrogated extensively with the Department of Health in our discussions with them in public hearings on 5 August and 5 September. I thank witnesses from the Department of Health who spoke to us at length and were extremely honest and clear cut with us about the practical, pragmatic reality of VAD, what it would take in relation to implementation, what the true cost would be and what would be required to not set up the health system to fail on poor delivery of voluntary assisted dying.

I can remember them off the top of my head. I am grateful for Chris Hosking, the CEO of the department; Dr Paul Burgess, the Chief Health Officer; Dr Kane Vellar, a clinical subject matter expert in palliative care; Dr Jeremy Chin, the Chief Medical Officer; as well as Dr John Zorbas, the head of the Australian Medical Association. Those five individuals took considerable time to report to us in person and in writing to help us understand what was possible in practice. As a matter of equity, they all felt that people should have access to voluntary assisted dying in some form. That is essentially the position that this committee has landed on as well. However, as a matter of practice, we had to dig into what it would cost, how we would do it, what the best way forward is and how we can make best use of what we have.

Returning to chapter 12—Accountability, offences and protections—we had to consider the composition of the review board carefully. I will go through that shortly.

There must be appeal in law—rights, procedures and options for people to take VAD outside of the medical process and the healthcare system. The natural fit for that in our jurisdiction is NTCAT, the NT Civil and

Administrative Tribunal. We know how overstretched the NTCAT is. We understand adding a workload to it on complex matters that may not be entirely within its subject matter expertise adds an extra layer of challenge. However, we deem it to be the appropriate forum to make the subjective determinations when there are appeals processes. What if somebody does not quite meet eligibility or residency requirements? What if there are problems in the formal assessment process or reviewing documents, testimony or witnesses? None of which preclude the fact that all rights under law should still exist in terms of appeals with the Supreme Court.

Creating this kind of legislation also necessarily requires us to create new offences and contravention provisions because if the processes of VAD are misused or abused, it is necessary for there to be measures in law for remediation and justice, as it were.

Finally, there are a number of miscellaneous provisions which we had to address, including one that would not necessarily turn to mind, which is the public education component of all of this. Little is known or understood about voluntary assisted dying in practice by a great number of protagonists. It is important that, whatever happens with his matter moving forward, the government of the day continues to maintain clarity of communication with all Territorians. Many of our witness transcripts will validate that we had iterative discussions with Territorians about VAD, much more so than just saying, 'What do you think about X?' To some extent the question would then come, 'I do not know anything about X; I have not heard much about it. Tell me about it.' It will be extremely important for us to take into consideration public education, implementation and the package of materials that will be required to progress VAD meaningfully.

I turn my attention to the fundamental goal of this report, which has always been to progress the issue for Territorians, not to be determinative in any specifically prescribed way in one direction or another. The focus has always been largely on the drafting instructions—the blueprint and the recipe for how to bake the cake. Drafting instructions are a distillation of the inquiry; they do not represent the totality of the inquiry or the report. On the contrary, the report has a significant number of separate and specific recommendations detailed.

I turn my mind to the report recommendations with a view to elucidate the broader issues. Embedded within the report are 80-odd recommendations. My remarks will not focus on those that are self-explanatory. A number of recommendations are self-explanatory and do not require contextualisation; however, a great number of them require more clarity. It is not my intention to read out the report, submissions and data—as much as I would like to do so—but rather to provide context and establish the underlying logic and highlight the interdependencies between a number of these recommendations which are the next level up from the drafting instructions in terms of explaining the 'what' but not necessarily the 'why' of how we proceeded,

With respect, I say to the Assembly that Territorians have been waiting many decades to talk about this issue, for progress and to be heard. Without belabouring points, I will take my time to explain to Territorians how we think we should move VAD forward.

The report has many recommendations, some of which marry up closely with the drafting instructions but some that are separate to the drafting instructions, are a level above the drafting instructions and are important to making sure that VAD in practice will work in the Northern Territory.

Recommendation 1 seems harmless enough: we recommend that the government drafts legislation as per our drafting instructions to progress the agenda on VAD. We are saying to all of you that we have comprehensively looked at these issues as a committee of five, across parties. We have delivered a report for the first time in living memory for some that has no dissenting report. We have a unified position on what we think will work, challenging as it was to figure it out.

The report is comprehensive, as are the drafting instructions. More importantly they are context specific; they are not cookie cutter, taking a Bill from another jurisdiction, mucking around with it a bit and seeing if it will work. We are talking about creating bespoke legislation that is consistent with VAD legislation across the rest of the country and the Australian VAD model but that is unique to the Territory, recognising our unique burden of disease, demography, geography, limitations, capacity deficits, workforce shortages, fiscal position—all of the above.

Our starting gambit is to say that this committee determined that there should be draft legislation to move this agenda forward. Why do we make that determination in the first instance? Because we believe that there is more than 51% and less than 100% support for VAD. We cannot measure that, nor were we tasked with doing that. It was not the job of this committee to run a referendum on VAD to say 'X% of people are for; X% of people are against.' That will now become the job of all parties involved with VAD going forward to

determine within individual communities and constituencies the extent to which there is support for voluntary assisted dying of a specific type and model, pertaining to a specific Bill.

I encourage—I believe I speak on behalf of the committee—all parliamentarians to be canvassing opinion on voluntary assisted dying, not just in principle but with some reference to practice. In the absence of a better framework to articulate that practice, an excellent starting proposition would be Appendix 3, the drafting instructions for model voluntary assisted dying legislation in the Northern Territory. Seek opinion not just on whether people are a 'yay' or a 'nay' but if they are on board with what is embedded here.

The second recommendation of the report at face value might look glib or like a bit of a nonsense throwaway but it is not; it is a carefully considered thing that we have said, which is that we recommend that the government names any forthcoming legislation the 'rights of the terminally ill'. We have said that not just to pay homage to Marshall Perron or people who have come before us on this issue but because we think that the history and legacy of this issue should be recognised and embedded in our thinking for voluntary assisted dying moving forward.

The fact is that in other places the nomenclature 'voluntary assisted dying' rather than 'euthanasia' or 'terminally ill' has taken over to provide for the possible expansion or development of voluntary assisted deaths. But in Australia, there is real clarity regarding the fact that voluntary assisted dying should be available not to people with dementia, who lack decision-making capacity or who are exclusively suffering from mental illness, but to people who are—for want of a better word—terminally ill.

There is specific nomenclature for that, which is in the legal term 'having an advanced and progressive condition'. We will come to that shortly. We think it is significant and important to take back to the public that we are looking not to resuscitate the 1995 Act but to pay respect to it and recognise that, in the Northern Territory, Territorians should have access to finishing-up well through their implied and expressed right as a terminally-ill person to avail themselves of a good death. I encourage whoever goes forward with this process to consider the importance of maintaining the focus on terminally ill persons and their implied to right to a good death.

Our third recommendation is an extremely significant and substantive one which is not mirrored in the drafting instructions at all because it does not, in truth, necessarily have a place in any forthcoming legislation. It is a recommendation that government reviews current palliative care services and develops a palliative care strategy that is broader than what it has now, recognising the mountain of evidence we have that shows that there is an increased need for palliative care services following the introduction of VAD.

If you look carefully at the testimony from 5 August and 5 September with the Health department, you will see the clearest expression of that from our healthcare practitioners saying, 'We know we already have significant limitations in palliative care'. We are stretched on all those fronts, and there are many places that cannot avail themselves of palliative care properly. To introduce this, we know, will place additional strain, so you will find robust questioning from me of those parties to work out just how much more we need, how much more it will cost and what the real workforce impost is of introducing voluntary assisted dying.

Again, I thank the witnesses for their clear and honest testimony. The fact is, estimates range between 10% and 30% of additional impost. That level of extra effort in the healthcare system in palliative care is not something that will happen readily or easily at a time when we are constrained fiscally, but it is a necessary thing to turn your mind to. To give it some context, we know full well that in other states that have implemented VAD legislation, one of the common refrains of mistakes we made and the things we should have thought of beforehand when we were going through the VAD process was the extent to which they should have had both discussions concurrently about VAD and palliative care.

Victoria probably has the best evidence of just how slammed they have been in palliative care since the introduction of voluntary assisted dying legislation. The same could be said of every jurisdiction across the country, so it is extremely important that as we develop this we also turn our minds to equitable access to palliative care and appropriate resourcing of those services in a place that has significant capacity deficits and healthcare challenges.

Recommendation 4 is the recommendation we have made explicitly and clearly that VAD in the Northern Territory should be provided via a decentralised service delivery model, consistent with the VAD Australian model. This is about not letting the perfect be the enemy of the good. If we were flush with cash, population and a healthcare workforce, I would be the first one to say in the interests of maintaining complete confidence in the healthcare system for everybody and separation from aged care, palliative care and primary healthcare

that we should have completely standalone division of VAD, build a building for it, put the standalone workforce in it and make that the place where all these discussions can be had, but that is just not realistic.

To be clear, that is not specifically, entirely or necessarily what the 2024 report has suggested; they simply made a clear statement that a centralised model would be ideal—and their preference—without necessarily specifying what components should be centralised and decentralised. Our thinking, as expressed in the report to some extent but more obvious through the hours of testimony, witness hearings and lines of questioning we pursued, is that certain core components of VAD must be centralised, like the pharmacy service and the VAD navigator service. Certain parts must be funded to succeed and maintain suitable separation even with Chinese walls—as the expression goes within a law firm—in regard to the review board.

There are other components of the voluntary assisted dying process that should be decentralised. We should be making use of our network of primary healthcare providers not just in the public system but in the private system. That means, for practical purposes, the many private GPs we have across the Northern Territory can opt in and become accredited providers of VAD services if they so choose.

We are not suggesting that there should not be, in the interest of equity, a state-based service provision of VAD. Where that is, how that happens and exactly how that is most equitably achieved it is too much straight out of the gate to put that entire burden on the Health department. It is important that you can at some point access VAD services through the state-based health system, but we believe it is equally important and does not compromise unduly the integrity of the VAD system to utilise our existing mechanisms and focus on a decentralised service delivery model.

Essentially, we made decisions not as bean counters, not because we do not care about equity and not because we think that people who are Indigenous, out bush or on a cattle station should not be able to access VAD; we absolutely do. We know statistically speaking that the majority of our, let us call them 200-odd cases a year, can probably avail themselves of systems and services in urban centres, initially, and as we have seen elsewhere these things develop iteratively over time. There has been some change in VAD legislation, although I add to that point that individual states have found it hard once they do something to them re-open the can of worms and then prosecute a better VAD system. What has tended to happen is that one state has gotten this in place and then the next state has had a better think about it, learned a few lessons, improved upon a few things and tweaked things and so on and so forth, but it is all still within a tolerance of sameness of the Australian model for VAD at this point. Decentralised service delivery is a part of that.

Recommendation 5 is about the purposes of VAD, and they are quite often not articulated expressly. It is important that they are, because the purpose of VAD legislation is in the first instance to provide a lawful, authorised and safeguarded process for voluntary euthanasia and for good deaths. Our recommendation is about making sure people have a legally authorised option to hasten their death, that we establish a lawful process, that we provide legal protections for healthcare practitioners who are in the system, that we ensure that there are safeguards and that we ensure there is a review board to oversee the process.

I seek leave to table a paper titled, ‘A right to die? Euthanasia and the law in Australia’ by Bartels and Otlowski.

Leave granted.

Dr RAHMAN: I, as many of you know, am partial to quoting the data, science, literature and evidence. There is a mountain of things that I would like to bring to the table but that I will not introduce to the debate at this stage. This one piece of literature, I think, is extremely useful for everyone in the House to flick through, and it is because it is not recent; it is from 2010, and as far back as 2010 it provides a clear expression of the fact that people have been trying to get voluntary assisted dying legislation up and failing. This pre-dates any of the Australian setups providing voluntary assisted dying legislation. It also documents the Territory’s journey and the Commonwealth’s intervention to nix that journey to provide voluntary euthanasia.

One of the key points that it makes, which often people who are outside of healthcare practice are shocked by, is the following, which I will read directly from the article, under the heading, ‘Ineffectiveness of the criminal law prohibition and risk that the law is brought into disrepute’. This is under the section in this paper regarding the euthanasia debate and arguments for providing a legislative framework for VAD. I will read two sentences:

> *Another key argument in support of legislation is that the criminal prohibition is ineffective in practice in preventing the occurrence of euthanasia. Over the years there has been incontrovertible survey evidence that active voluntary euthanasia is being performed in Australia, with approximately one-third of the respondent doctors reporting that they had at some stage provided such assistance.*

Then there is a footnote with reference to another 10 pieces of literature, just in the Australian context, including 'Doctors' practices and attitudes regarding voluntary euthanasia' from 1998; 'Voluntary euthanasia and the logical slippery slope argument' from 2002; 'Euthanasia: attitudes and practices of medical practitioners' from 1994; 'A third of surgeons in New South Wales admit to euthanasia' from 2001; 'End-of-life decisions in medical practice: a survey of doctors in Victoria' from 2007; as well as the book from Magnusson, *Angels of Death*, exploring the euthanasia underground by Melbourne University Press in 2002.

I table this document for the benefit of everyone in the House so that we can apprise ourselves of the fact that our legislation, if it is to exist, must exist for a purpose. That primary purpose is to provide a legally authorised framework for euthanasia or voluntary assisted dying—a lawful process with legal protections and safeguards, without which these practices occur and are known to have occurred. There is empirical evidence to suggest so across all cultures, peoples and countries of the world.

Recommendation 6 of the report is about the principles that underpin voluntary assisted dying. The purpose is one thing; the principles are another. The principles that are embedded will not be to everyone's liking and reflect the nomenclature of human rights Acts, to a large extent. As all of you in this House will know, the Northern Territory does not have a human rights Act. However, the principles as reflected here are done so because they are the same principles mirrored in other Australian VAD legislation.

I argued that I believe harmonisation and consistency with legislative frameworks around the country is always our best possible position to maintain, wherever possible. This recommendation takes that idea and puts it in practice by saying that every human life is of fundamental importance; people's autonomy is extremely important; end-of-life choices should be respected; people should be provided high-quality care and treatment; registered health practitioners should be able to conscientiously object and be shown respect for their culture, beliefs, values and personal characteristics; and within the Northern Territory context especially, people have the right to cultural safety in relation to VAD. It is a recommendation that I believe belongs in our legislation in some form—recognition thereof—irrespective of whether we have other protocols governing human rights.

Recommendation 7 is about destigmatisation for some people, which essentially says that when people die via a VAD process, taking that substance does not mean they died by suicide but by the disease, illness or medical condition that allowed them to be eligible for VAD in the first instance. That is important not just because of destigmatisation but because of practical considerations and effects that interact with things like insurance, liability and death certificates. It is important that we provide the protections required for people who interact with the system. This is another one of those.

Recommendation 8 is about voluntariness and acting without coercion. Voluntariness in this whole process is paramount to our committee. There are two parts to the recommendation, which in some way seems contradictory but is not because we understand where the balance of where our rights and responsibilities are. We essentially say that people must be acting voluntarily and without coercion but, likewise, in our context, a person may voluntarily request family members or other culturally important decision-makers to be involved in making VAD decisions in accordance with culturally accepted practices of decision-making.

Those two things are not in conflict; they are in tension, and that tension is resolved in our drafting instructions at 3.13 where we make it clear that in the formal request processes for voluntary assisted dying that it is the decision of the individual person who is accessing voluntary assisted dying. That is paramount. It is that person who must make a choice voluntarily and without coercion, albeit we recognise that they may do so within an ecosystem of friends, family, community, church and culture. All manner of other agents may influence the decision, but the decision remains with the individual in law as prescribed in this report.

Recommendation 9 will have attracted attention because it is the determination that we have made on the vexed issue of prognosis. In Victoria when this first got up it was a real challenge and a close-fought thing to get voluntary assisted dying legislation passed at all. In many ways, whilst Victoria was first, it is the hardest and most cumbersome jurisdiction to access voluntary assisted dying in. You can google 'VAD reform', 'suicides', 'not working', 'reform required' or any combination of those words and will find a lot of press, as recently as a couple of weeks ago, suggesting that the Victorian system requires reform to catch up to other jurisdictions so that people can access VAD without being frustrated from the processes.

There are a couple of critical things that hold things back. The first one is the issue of prognosis and timeline to death. Every Australian state has some combination of saying, in simple terms, that you must be dying in 12 months or less. In some places it is six months for certain classes of conditions, but there is a timeline at prognosis to death. The ACT, which is the most recent jurisdiction to pass voluntary assisted dying legislation, dispensed with that requirement. After much deliberation, our committee agreed that we should concur with

the ACT position. We did so for a number of reasons. The first, most important, is that we spent four months looking at this in an extremely congested, manic, high-pressure inquiry. The ACT had a much longer time horizon and did an exhaustive amount of work on the issue of prognosis, and their conclusion was ultimately that 12 and six months were arbitrary and difficult to determine metrics to use in eligibility.

We have not done anything vanguard. We are not ahead of the rest of the country; we are simply keeping pace with the iterative development of voluntary assisted dying legislation across the country. We decided, as a group, that people must have an advanced and progressive condition which is expected to cause death but that there is no requirement to specify whether that death will take place within six or 12 months irrespective of the condition. It is not a single standalone provision, though; the medical condition must be causing intolerable and enduring suffering that cannot be relieved in a manner that the person feels is acceptable.

We have allowed for the inclusion of anticipatory suffering, which is one of the curly question issues of development in VAD legislation. We have recommended that suffering can also be caused by anticipation or expectation based on medical advice of future treatment or the progression of the medical condition.

I will not speak about slippery slope arguments and the range of other weak arguments that oppose VAD; there are some good arguments in opposition to VAD. I simply do not believe, and I do not think anyone on our committees believes, the slippery slope arguments of, 'This is the thin end of the wedge. If we do this everything will fall apart; the healthcare system integrity will fall apart and people will be knocking each other off left, right and centre.' There are rigorous controls in the Australian model for VAD. Is it more cumbersome than the Rights of the Terminally Ill Act was? Absolutely. But there are better checks and balances to ensure that only people who are eligible can access the mechanisms.

The thin-end-of-the-wedge arguments do not carry water with us, and that is why we think anticipatory suffering is a fair thing to include within advanced and progressive condition and intolerable and enduring suffering. The issue in lay terms for us was, 'What is the price of entry into the club versus what is the price of drinks once you are inside?' We have set this up so that Territorians should not be prohibited, if they are suffering and terminally ill, from accessing the beginnings of the VAD process.

From that process onwards, we maintain a high watermark for ensuring that the people who make determinations on eligibility, legal rigour, witnesses and document—those standards are maintained at a high level, and we have made no compromises in respect of any of that. In simple terms, there is no cover charge to come in, but drinks are expensive, as opposed to other systems where there is a small cover charge but drinks are cheaper. This is distinct from some versions of this overseas where basically you get in for free, and drinks are on the house. We think we have the right balance to make this pragmatic and equitable.

Recommendation 10 is the first of the recommendations in regard to eligibility on residency. Again, I am here to allay concerns about any histrionics regarding VAD tourism. Nobody will come here first. It will take a while to get this set up. There are other places where this is already working and where people can avail themselves of these things sooner. That is why we have maintained the standard of two years' residency in Australia and, ordinarily, 12 months residency in the Northern Territory.

What does that mean for somebody who is ill now and wants to use VAD services in the foreseeable future? I will not be dishonest about it; the probability is you could not access a VAD service in practice for at a minimum 18 months and closer to, at best—I would say, as a non-betting man—a couple of years. Why is that? It is because even once we have a Bill and it passes, which may take months, there is a standardised 18-month implementation window that has been adopted across Australia so that health departments, service providers and the public can wrap their heads around what needs to be done and how to do it properly.

I have nothing but sympathy for people who are suffering in the Territory and are in an advanced stage with a progressive condition that will cause them death. The reality is that it has taken time to get to this point, and it is worth us getting it right to make sure that if and when VAD legislation comes to the House, it is the right legislation, it is suitable for Territorians and people can meaningfully, practically and consistently access these services without compromise to the greater community and polity.

It is important to note that recommendation 10 has a built-in exception, which we recognised as extremely important, to make sure people who have a strong family connection, cultural connection or support linkages through the Territory—such as people who might have been here once upon a time and left—might be able to avail VAD services in this place. Without wanting to be cheeky about it, the straw man that we use for this argument on all occasions was Marshall Perron. What if Marshall Perron, who was the Chief Minister and the architect of the initial legislation and who has a long and deep-seated connection to the Northern Territory

but has resided interstate for some years now, wanted to come back to use voluntary assisted dying services in the Northern Territory? Would we account for or allow for that?

We are allowing for the process for people to apply to the review board at least for exceptions and exemptions. We think that allows sufficient flexibility to make sure people do not forum shop in our forum, but also so that somebody who is connected to a cattle station, lived here once upon a time or wants to be back at their ancestral place or place of significance can be here for a voluntary assisted death.

Recommendation 11 is completely uncontroversial. I say that because it in unbelievable how many questions I have had from people such as, 'What will the age limit be on VAD?' In our exhaustive 30 meetings and deliberations traipsing across the Territory we spent no more than 30 seconds on because it is a no-brainer for us that only people aged 18 or over can access this. That is not to diminish the argument that there are young people under 18 who suffer and fall into the category of people who may have an advanced or progressive condition, may be intolerably suffering and may have the reasonable expectation of anticipatory suffering. The Australian standard at the moment, which we have sought to keep pace with without getting ahead of, does not provision for minors to access voluntary assisted dying in any form. We maintain consistency with that position.

Recommendation 12 is about decision-making capacity. It goes to the complex question that arises time and again about people who have dementia. Our same line in the sand exists with the issue of people who suffer from dementia as it does with minors. At the moment, no Australian jurisdiction provisions for people who do not have full decision-making capacity to avail themselves of VAD services.

We recognise that a person's capacity may fluctuate from time to time, but that is a person with capacity to make decisions in the first instance who, perhaps because of illness, is now fading in and out of full capacity as they progress through the stages of the VAD process. We have made clear that all persons must have full decision-making capacity in relation to VAD at all stages of the VAD process. We will discuss the stages of the VAD process shortly.

Australia is simply not yet there with allowing people who have dementia alone to be decided for by other people. That may change in time. I have no personal position about it beyond the fact that, as a lover of the law, I believe in the harmonisation and consistency of our legislative frameworks. This is consistency with the legislative position across the remainder of the country.

Recommendation 13 again makes clear the situation with regard to mental illness. Mental illness is commonplace, ubiquitous and almost inevitably interacts with people who are dying. However, it is not, in and of itself, enough to be the sole basis by which to access VAD. A person can have a mental illness and an incurable condition and be eligible for VAD but cannot, on the basis of mental illness and malaise alone, access voluntary assisted dying.

This is one of those differentiating lines between the Australian VAD model and notably some situations in parts of Europe where people who are suffering have been deemed to be eligible for voluntary assisted dying services even when they do not have a terminal illness. We maintain the position that people must have an advanced and progressive condition, and mental illness and disability cannot be the sole basis for a decision regarding voluntary assisted dying.

Recommendation 14 is where we begin to consider the initiation of conversations by medical practitioners. This is an extremely important topic where other jurisdictions have essentially tangled themselves in knots by being overly restrictive in not allowing people to have conversations. As far as our committee is concerned, we believe people should be able to access information unrestricted but that choice should always be protected. In practice we are talking about allowing medical practitioners to initiate conversations about VAD, provided that they also canvass all other treatment options and the nature, scope and availability of palliative care services. Likewise, with the next class of people down, the healthcare workers may initiate the conversations where they have in fact been prohibited expressly from doing so in a number of other states.

We found evidence of the same in our own inquiries, with ex-Victorian nurses who were now embedded within our healthcare system who asked the question, 'Will I be able to talk to people in my facility or under my care about this? I was around when they introduced this in Victoria, and it was a nightmare when we were expressly prohibited from having the conversations, referring someone or having the conversation on a specific premises.' We have tried to work through those issues to ensure that there should be no restriction on healthcare workers being able to provide information on a topic. To that point, we have also clearly defined who constitutes a healthcare worker as well as people who provide health services or personal care services,

meaning registered health practitioners as well as another person who provides health or personal care services.

The next segment of recommendations pertains to the process of VAD. The process of VAD will be seen by many who are not familiar with the Australian model to be cumbersome, much too complicated and frustrating, but it is the Australian standard. It is essentially a four-stage process of a first request, a second request, written formal request for the process and then administration. It is broken down into much more fine grain detail and steps than that, and I encourage everyone to become familiar with the flow diagrams that are embedded within the drafting instructions to understand it better—I am struggling to find the page now, but in any case, people can find the diagrams for themselves in relation to the process followed.

Recommendation 15 is the first place where we consider that the individual is still paramount, that a first request must be an explicit request for assistance to die and that requests can be made only to a medical practitioner. They can make that by themselves and not by somebody on their behalf, and it must be clear and unambiguous.

Recommendation 16 is about the medical practitioner being able to choose to accept or refuse that request. Again, this is where we have embedded that people can conscientiously object because they either conscientiously object to be involved or they are otherwise unwilling, but even when they do we have made sure that those medical practitioners are still compelled to provide patients with referral information and access to the approved information, package and materials that would say, 'I cannot help you with this, but here are the materials, the number for the VAD navigator service and the people who can help you'. You cannot restrict people from accessing these services even if you as a medical practitioner choose not to participate in the process.

We also make first mention of our standard timely timeframes for keeping the process moving. Recommendation 16(b) mentions two business days, which is to say that the medical practitioner has to notify the person whether they accept or refuse that first request for VAD within two business days. That is the kind of standard we have tried to maintain throughout the entirety of the suite of recommendations.

Recommendation 17 is about the first doctor involved in the assessment process …

Madam SPEAKER: Member for Fong Lim, it has just hit midday. Would you like to conclude your comments, or would you like to continue?

Dr RAHMAN: No, I would like to continue my comments.

Madam SPEAKER: Member for Fong Lim, I have been in this Chamber for 15 years, and I do not remember anyone speaking for as long as you have spoken this morning: one hour and 45 minutes. It is extraordinary. I am not gagging your debate, but I think it is extraordinary for me and probably people sitting in this place that you even intend to continue further.

The skill of a parliamentarian is usually to be succinct, concise and able to deliver a speech within a restricted timeframe. A tabling statement is unlimited, but I do not think you should be taking that literally. It is an important topic. A lot of people in this Chamber intend to talk on this topic, and I ask you to be mindful of trying to be a little more concise about the remaining content of your speech. Although your timeframe is unlimited, it is not to be abused. I do not want to gag debate. You can continue talking for hours if you like, but I do not think that is in the best interest of the intent of this Assembly, the standing orders and what people expect. On that note …

Dr RAHMAN: Madam Speaker, may I …

Madam SPEAKER: No, you cannot. I suspend the Assembly for lunch.

Debate suspended.

The Assembly suspended.

NOTICES

J DAVIS (Johnston): Mr Deputy Speaker, I give notice that on the next General Business day I shall present an amended General Business notice number 1 standing in my name:

I move that this Assembly calls on the Commonwealth Government to urgently establish a national, independent body with the resources and power to enforce minimum standards and to investigate, report monitor and enforce change in relation to all Aboriginal and Torres Strait Islander deaths in police and prison custody in Australia.

J DAVIS (Johnston): Mr Deputy Speaker, I give notice that on the next General Business day I shall move that this Assembly, noting the government's stated commitment to reducing crime in the Northern Territory, calls on the government to:

- recognise that effective and lasting crime reduction requires a public health approach addressing the root causes of offending including poverty, housing insecurity, alcohol and drug harm, family violence and childhood trauma

- note the proven success of this approach in jurisdictions such as Glasgow and Birmingham where adopting a public health model has led to dramatic and sustained reductions in violent crime

- act consistently with the findings of the Royal Commission into the Protection and Detention of Children in the Northern Territory which recommended a public health and therapeutic approach to youth justice and child protection

- commit to developing and resourcing a Territory-wide public health crime reduction strategy in partnership with Aboriginal organisations, community services, health providers and local government

- report back to this Assembly within 12 months on progress towards developing and implementing this strategy.

PETITION
Petition No 16 – Anti Voluntary Assisted Dying

Mrs LAMBLEY (Araluen): Mr Deputy Speaker, I present a petition from 857 petitioners praying that Members of the Legislative Assembly vote against any legislation or motion enabling or advocating for assisted suicide and advocate for better palliative care and aged-care services in the Northern Territory.

The petition bears the Clerk's certificate that it conforms with the requirements of standing orders. I move that the petition be read.

Motion agreed to; petition read:

> *The petitioners humbly pray that Members of the Legislative Assembly vote against any legislation or motion enabling or advocating for assisted suicide and advocate for better palliative care and aged-care services in the NT.*

QUESTION TIME

Voluntary Assisted Dying Bill

Ms UIBO to CHIEF MINISTER

Earlier this year you said that voluntary assisted dying legislation was not a priority for you and your government. You attempted delaying VAD laws with a round of expensive, unnecessary and duplicated consultation despite already knowing that a large majority of Territorians support the choice.

You have now bowed to community pressure and agreed to start drafting legislation but have given no date for introduction to the Northern Territory parliament.

Yesterday I provided you and the Attorney-General a comprehensive and tailored draft VAD Bill for the Northern Territory. Given most of the work has been done for you, subject to consultation with the community on the draft Bill, will you now use this draft Bill to progress VAD laws before the end of the year and finally give Territorians the same rights and choice as other Australians, or do you intend to keep stalling on laws that so many Territorians desperately want?

ANSWER

Madam Speaker, it is an interesting question from the Opposition Leader, who believes that Territorians want a back-of-the-beer-coaster VAD Bill. This is extraordinary, given the gravity and sensitivity of what we are talking about.

I will take the Opposition Leader down memory lane. She has been a member of parliament for two good terms now and a minister for three-quarters of that. In all of that time Labor was in government, it failed to get anywhere on VAD.

Instead, in the dying days of Labor's desperate and dilapidated government, it pulled a committee together to consult. There were good people on that committee, but they did not reach the width and breadth of the Territory, which was needed to prepare a proper report. Labor did nothing with it. It was all too hard prior to the election, and it did nothing. This is a person who, for the better part of a decade, could have implemented these laws if she wanted to.

We came into government in August last year and said to Territorians that we had three clear focuses; we were elected because people wanted us to reduce crime, rebuild the economy and restore our lifestyle. We make no apologies for making sure that is our priority. They are why Territorians put us here.

VAD was never part of any election commitment or part of our plan. I clearly, transparently and openly said to Territorians, 'This is not a priority for us', because it was not.

More than one year in, we passed unprecedented laws to empower police and keep our communities safe and recreated a pathway for our economy through the Territory Coordinator, removal of third-party merits review—you name it. We have done a power of work.

Now we can do a proper process that gives dignity to this debate. I am mindful that in this Chamber there is representation from across the Territory of a diverse range of views. This is a sensitive and important topic that should be dealt with respect and above politics. We had a bipartisan committee of the parliament do extensive work with 86 recommendations, and we are learning more about the rationale behind them today. We have a comprehensive plan, and drafting of the Bill has already started based on those 86 recommendations.

Instead, the Opposition Leader thinks it is a great political stunt for her to do a back-of-the-beer-coaster VAD Bill, plop it out one day before parliament, point it at me and say, 'Hey, why not use the one I have?' No. This is ridiculous politicking at its worst. It is one of the worst stunt displays I have seen. We will not be using your version, Opposition Leader. We will follow the proper process as we told Territorians we would.

Alice Springs Joint Emergency Services Communication Centre

Mr MACKAY to CHIEF MINISTER

It was great to be with you in Alice Springs last week and to see the launch of the Joint Emergency Services Communication Centre—a key election commitment. With a six-month trial underway, can you update the Assembly on how this centre will improve emergency response and enhance community safety, particularly as we head into the busy summer period? What broader measures are being put in place to ensure Alice Springs residents and visitors alike can enjoy a safer summer period as we continue to reduce the crime and antisocial behaviour that previously plagued this town under Labor?

ANSWER

Madam Speaker, the Member for Goyder's community cares deeply about law and order and about the work we have done. The member is an integral part of our team in delivering on our commitment to reduce crime. Unlike Labor, the Member for Goyder knows that we want to reduce crime across the Territory. The people in Alice Springs deserve a voice and to have their issues dealt with. That is exactly what we have done and is why we are delivering our election commitments, as we are in the electorate of Goyder. We continue to roll them out across the Territory.

To open the 000 centre in Alice Springs with Minister Burgoyne was fantastic. It is a great facility. We will do a comprehensive six-month trial, evaluate it and see how we can improve it and what the next steps look like.

In the meantime, we have dedicated call takers there with language speakers. When I visited there was one of our Aboriginal liaison officers, Loretta, who speaks five different Aboriginal languages. It is an incredible opportunity. There was an auxiliary call taker listening to a call, and Loretta was sitting there tapped into calls, able to hear and provide advice and important context to the auxiliary. When there is language translation, you do not want anything to get lost. I watched it with my own eyes. Her expertise is fundamentally delivering better outcomes for people in the region.

We also have all the CCTVs set up there so that people can view it and respond in real time in Alice Springs under that umbrella coordination from Darwin. It will be fantastic. It also means we can have the duty superintendent positions in Alice Springs because they have the ability to control what is happening across the Territory when the need arises.

On Saturday morning I saw that a lady was in there, outside of the trial hours, answering calls on behalf of Darwin, because someone might have called in sick. We now have Alice Springs-placed jobs able to backfill JESCC instead of calling on Darwin. It is incredible capability. We are proud to deliver this for people in Alice Springs, and I cannot wait to see how it goes over the next six months.

We also have a strong plan for seasonal increases that usually come about during summer. We have built on Operation Ludlow 1, which was last year, to Operation Ludlow 2, so there is cross-agency concerted focus on that town. The preparedness is there. We have also had great results with G4S going to the courts in Alice Springs. Under Labor, seven to 11 police officers per shift were standing in the Alice Springs court babysitting prisoners. That is not where people in Alice Springs want their cops; they are now back on the beat.

Police – Recruitment Process

Ms UIBO to CHIEF MINISTER

The appointment of Commissioner Dole to lead NT Police forward is welcomed by the Territory Labor opposition; however, concerns raised by the NT Police Association regarding Justice Blow's recent review found serious shortcomings in senior police recruitment, with officers raising concern about favouritism by conflicts of interest in the process. Justice Blow confirmed he was given no powers to properly investigate these issues, and the NT Police Association has described the inquiry as 'largely ineffective' and 'a missed opportunity to restore confidence in the NT Police Force'.

How can police members have faith in your government's commitment to reform when the CLP has designed a review that deliberately avoided transparency, accountability and real scrutiny?

ANSWER

Madam Speaker, we have seen the finalisation of the Blow inquiry, and it went a lot longer than I or anyone anticipated. We now have a line in sand. We have an inquiry by an eminent judge—a former Supreme Court of Tasmania judge—qualified across these integrity issues, looking into it. Submissions were sought, and we responded to the NTPA's concerns by calling this inquiry in the first place, only for the NTPA not to participate in the inquiry. I will leave others to fill in the gaps.

At the end of the day six important recommendations came from this, and we have moved quickly to implement them. I asked Commissioner Dole to move swiftly, and we will have more to say about that this week and next week because I want it drawn to a conclusion and put to bed.

It also presents an exciting opportunity in the appointment of Commissioner Martin Dole APM, the 15th Police Commissioner of the Northern Territory. The seven-month inquiry has given Commissioner Dole an opportunity to act in the role of commissioner. In just seven months he designed and delivered the OC spray rollout, which is going well. He has also designed and is implementing the police public safety officer model—one of the most significant reforms to antisocial behaviour policing the NT Police Force have seen in its over 150 years.

Commissioner Dole has also delivered the best-paid deal for our police in 20 years. He gets things done. He puts the best interest of our men and women in blue and the safety of our community first. Do you know what else about Commissioner Dole? You will appreciate this, Madam Speaker; he will be the first Alice Springs-based Police Commissioner in the Northern Territory. I am proud of that because the town deserves it.

Ms UIBO: A point of order, Madam Speaker! Standing Order 110; relevance. We welcome Commissioner Dole's appointment, but the question to the Chief Minister was: how can police members have faith in your government's reform when the designed review was deliberately avoiding transparency, accountability and scrutiny?

Madam SPEAKER: The Chief Minister has time.

Mrs FINOCCHIARO: I do not accept what you are saying, Opposition Leader. It is fine if you want to continue to talk down our police and create problems where there are not, but it is not a shared view. It is not the reality. If you think a Supreme Court judge gets engaged in some sort of contrived inquiry you are dreaming. It is just not how the world works.

We have an eminently qualified person doing an important job. The review has come up with six recommendations, which we are swiftly implementing in full. One of the best bits about it was the important commentary about merit for the rank and the position. I can tell you now that Commissioner Dole has both in spades.

Sentenced to a Skill Program

Mr PATEL to MINISTER for CORRECTIONS

The Northern Territory faces unique challenges in youth justice, particularly in ensuring that young people who come into contact with the system are given meaningful opportunities to change their direction. One initiative that received strong community support is the Sentenced to a Skill program, which offers structured skill-building pathways for young offenders.

Can you outline how this program is helping young people take responsibility for their actions, re-engage with education or employment and contribute positively to their communities? How does this initiative fit within the broader strategy to reduce youth offending, strengthen rehabilitation outcomes and build safer communities across the Territory?

ANSWER

Madam Speaker, the Member for Casuarina is interested in youth justice and breaking the cycle of reoffending. We need a strong program in place to break the cycle of offending, unlike those opposite, who had no plan or idea. That is why crime rate went through the roof. That is why Territorians felt unsafe and why people did not come to the Territory—the place where I was born that I love. It cut me to the core; that is why this government is doing what it takes to re-educate and give these young offenders an opportunity to make better decisions.

The Sentenced to a Skill program is a vital part of our rehabilitation program. This initiative provides young people aged between 10 and 17 who have been sentenced by the court to a structured community-based pathway a focus on skill and personal development to make them better young people. Rather than placing our offenders in detention, our Sentenced to a Skill program connects them with tailored support.

Let us just go down memory lane. Those opposite had a program called Back on Track, and 35 people finished it. It cost $985,714.28—almost $1m—per person. If you tell me that is not a waste of money I will sit down.

In our program the participants will be supervised by community justice and receive a plan aligned to their age and needs. The younger participants will focus on re-engaging in school, building life skills and strengthening family connections. We know some of these young offenders do not go to school; our Education minister talks about it all the time. It is so important to get these young offenders to school.

The older youths in our program will have vocational training, certificates and pathways into further employment and education. They might receive a white card, a certificate in hospitality or food handling or a range of qualifications. These are the programs designed to break that cycle and allow these young people to have a better life with real-world skills that they can use when they go back to the community to make better decisions for themselves.

It will build their confidence. Some of these young people lack confidence, and these skills will help them have real-life experiences, build confidence and have a sense of belonging and purpose in the community.

Sentenced to a Skill is not a soft option; it is about making sure they are accountable and actually involve themselves in these programs to make the community a better place and to focus on their redevelopment.

Private Maternity Services

Mr YOUNG to MINISTER for HEALTH

You were made aware in September 2024 that Healthscope would end private maternity services, yet you waited eight months before writing to your federal counterpart seeking additional funding or support. On 7 October 2025, only a week ago, Territorians heard on ABC Radio Darwin that the federal government is still waiting for the fully costed plan your office promised. Territory families and healthcare workers have been working together and offering up their own solutions to this crisis, yet you are still sitting on your hands.

Why has your office failed to provide a detailed, fully costed plan to the federal government? When will you get around to providing that plan to the federal government? Can you tell Territorians what is taking you so long?

ANSWER

Madam Speaker, it might have been during the last sittings when I had to re-explain this to the Member for Daly. I do not think he likes the answers.

As we know, Healthscope's decision to close Darwin Private Hospital maternity services was made late last year. Those services ceased in Darwin on 6 June this year. Leading to that time the government has been involved in a number of measures to address the issue to ensure that the level of private health service remains available in Darwin. As part of that we have been working hard at the operational level to ensure that the transition to Royal Darwin Hospital has been managed with the highest level of care.

It is important to look at the statistics because roughly eight years ago about 2,000 babies were born at Royal Darwin Hospital. Leading up to the closure by Healthscope, the number of births at Darwin Private Hospital was down to about 250 per year.

Health officials have had many high-level discussions. I have not only spoken to Minister Butler but also written to him about these issues. The federal government has a fully costed proposal, and those conversations with Minister Butler are ongoing.

We have not seen any support from the Member for Solomon or the Labor opposition. Not one bit of support has been offered by Labor to lobby the federal minister to access money to improve maternity services in the Northern Territory. We have heard whingeing and complaining, but not once has Labor or the Member for Solomon been on the front foot lobbying the federal minister for better access to maternity services.

The Member for Solomon wants to bring Aldi to the Northern Territory. Have you heard him talk about maternity services? No. Have you heard him talk about aged care? No. The Member for Solomon promised on 11 April this year $60m to build 120 aged-care places in the Northern Territory, but there has been nothing from Labor.

Aboriginal and Torres Strait Islander Art Gallery

Mr HOWE to MINISTER for LOGISTICS and INFRASTRUCTURE

Territorians are sadly all too familiar with the Labor legacy this government has inherited of projects spiralling over budget, timelines blowing out and a staggering $1.4bn black hole in unfunded liabilities. It is a debt that is hard for everyday Territorians to even comprehend, but it is felt in my electorate of Drysdale. The Alice Springs ATSIAGA project is one example of this economic mismanagement, which affects every Territorian. Can you update the Assembly on the status of this project?

ANSWER

Madam Speaker, the Member for Drysdale understands how finances work. He advocates all the time to make sure that the people of his electorate get what they deserve.

The ATSIAGA project was promised by the Gunner government in the early days; more than nine years on, we are still living the ATSIAGA saga. Let us take a moment to consider how we got here. In 2017 Labor

signed a deal to deliver the ATSIAGA in Alice Springs. The federal government chipped in $80m, and the Territory committed to deliver what was supposed to be $149m to this project, including $20m for a cultural centre, which the Labor government rolled into the ATSIAGA.

Fast-forward to when the CLP came to government. It did not take long for us to realise that this project was cooked. The design was a grand wish list and not an actual realistic plan. The price tag had blown out beyond $300m, more than double what was allocated and promised to the project. The Albanese Labor government made it clear that there would be no extra money from the Commonwealth for this project. That was all it would put up.

Where was the Territory supposed to find another $150m, especially when Labor left us with that $1.4bn black hole? Our budget cannot stretch that far, and Territorians should not be expected to foot the bill for Labor's mismanagement. We got to work immediately to find a responsible solution, a scaled and sensible design that would still deliver a meaningful project for the people of Alice Springs. We asked the Commonwealth to endorse that approach, but instead the Member for Lingiari ambushed the project at the last minute. Now, Alice Springs is left with nothing.

We have had years of talk, millions wasted and a Labor government ready to point fingers instead of taking responsibility. In typical Labor fashion, it has kept changing the goal posts. That is why we have been waiting nine years for this project. Territory Labor kept shifting the goal posts. It divided the community of Alice Springs. Now, since we came to government and found the deficiencies in this project, federal Labor is shifting the goal posts. Go back and do some more consultation. Change the location.

We had a plan to deliver that project starting at the end of this year, but the rug has been pulled out from underneath us by federal Labor. It was not serious about delivering this project to the people of Alice Springs.

Private Maternity Services

Mr YOUNG to MINISTER for HEALTH

For more than a year, you have failed expectant Territory mothers and their families, ignoring their pleas for safer, better maternity services across the Northern Territory. You have spoken out on radio, in the media and at community forums like Our Birth, Our Voice, yet you have done nothing and continue to blame everyone else for your failings. While your Chief Minister and Deputy Chief Minister tell Territorians to leave if they do not back the CLP and dismiss or criticise health professionals, you have stood by in silence.

Territory families and healthcare workers have been clear that a lack of continuity of care is putting babies' and mothers' lives at risk. When will you stop defending failure, apologise to Territory families and finally take action on the crisis in NT maternity care?

ANSWER

Madam Speaker, I do not think the Member for Daly listened last time, so I will repeat once more. I put on the record the work being done across the Northern Territory, because I know that our maternity staff and frontline workers—getting out and visiting the Alice Springs Hospital on the weekend, I saw that our frontline workers are doing an incredible job delivering babies in the Northern Territory.

Healthscope shut down maternity services in Darwin. We stepped in to take over and provide a service that many mothers would have completely missed out on. I have spoken many times about the different packages we introduced, and as of 8 October 53 families have used the private maternity service packages—21 families used the hotel retreat package and 32 used the 'return home sooner' package.

As of last week all 61 of the privately insured mothers affected by Healthscope's decision to close maternity services have given birth at Royal Darwin Hospital. It is reassuring but in the same way disappointing to hear the Member for Daly criticising frontline staff for the work that they are doing to deliver birthing services in the Northern Territory. We are getting on with the job of delivering birthing services. Our frontline staff are providing incredible services at Royal Darwin Hospital.

The Member for Daly previously spoke about approaching the federal government for $35m to upgrade the maternity suite. This is not about capacity; it is about improving the layout of the maternity ward for mothers. We have also asked the federal government to assist with aged-care services. On any given day there are between 60 and 80 aged-care patients in our hospitals. Where is Labor, Luke Gosling and the Member for Daly? Why are they not advocating to improve aged-care services for families in the Northern Territory? It is

costing us $40m per year to deliver that service on behalf of the federal government. How about getting out there and supporting us, rather than carrying on?

Police – Support

Mr O'GALLAGHER to CHIEF MINISTER

We unashamedly promised Territorians, including the good people of Karama and Malak, that we would maintain a clear focus on reducing crime, rebuilding the economy and restoring our unique lifestyle. I congratulate our police for their increased presence and four-day proactive policing initiatives in Karama and Malak in recent months. I understand that another one is scheduled for the end of this month, which will be welcomed.

In our year of action, certainty and security, what action have you taken to ensure our hardworking men and women of the NT Police Force have the certainty and security to do their jobs on our community's behalf?

ANSWER

Madam Speaker, I know how well the Member for Karama works with the local police in his area to get better outcomes for his community. People in Karama and Malak are fed up with crime. They were fed up with being served cold Labor's excuses. Labor turned its back on the Member for Karama's community for far too long. Labor took those people for granted, and the Member for Karama does not. He stands with his community, and I see that every time I am out with him at the shops, on the street or in the park. I see the way that people look at the member and realise that they have an ally, a fighter and someone who is delivering for them.

We continue to make sure that community safety is our number one priority for the people of Karama and Malak and every Territorian, no matter where they live. Our police deserve to be supported, and now they are.

I spend a lot of time on the ground with our cops making sure that I am listening to them to understand what they need from us to deliver a safer Territory and better policing. As a result of that fundamental shift that our government has brought to the Territory, we have the lowest attrition rate we have seen in five years. That means fewer police are leaving the force and we have more police on the streets. That is on top of the recruitment work we have done, which has been huge.

This allows us to do the proactive policing that is working well in Karama and Malak. I have been to many Coffee with a Cop events with the member in his electorate.

We are doing a lot of things to give security and certainty, not just in the laws and the powers police need but also in the development of the police public safety officers, which will have a huge impact on antisocial behaviour; public-facing policing; and the development and implementation of the OC spray rollout, which people in the Member for Karama's electorate are pleased about.

There were big reductions in Territory-wide property crime for seven months starting in January: house break-ins are down by 25%; and commercial break-ins are down by 21%.

There is plenty more work to do. We are not taking our foot off the pedal, Member for Karama, but the signs in one year are starting to go in the right direction. When the economy arrow is up and the crime arrow is down we know we are doing our jobs, and it encourages us to go even harder.

The best-paid deal in 20 years was delivered by our brand-new Commissioner Dole APM, and there was a 4.7% reduction in victims of crime. That helps our front line. That is fewer victims who have to deal with that awful feeling of having their home broken into.

There is plenty more work to do. I thank the Member for Karama on behalf of all people of the Northern Territory for his tireless advocacy for the people of Karama and Malak.

Hospital Wait Times

Mr BROWN to MINISTER for HEALTH

The federal government boosted Territory hospital funding by 30% this year to cut waiting lists and reduce waiting times in emergency rooms. Territorians are still waiting for hours in emergency for treatment while you stay silent. Meanwhile, you scrapped critical infrastructure upgrades in remote communities like Gunbalanya, which puts continued pressure on our urban hospital systems.
Once and for all, can you tell Territorians—both those needing care and those delivering care—if you have a plan for reducing wait times and relieving the pressure in our hospitals?

ANSWER

Madam Speaker, I commend frontline staff delivering health services in the Northern Territory. After visiting the Alice Springs Hospital with the Members for Karama and Blain on the weekend and talking to staff on the front line, it is clear to me that the work they do under significant pressure every day of the week is extraordinary. We see that from the front line across the health service.

The Member for Arafura touched on some of the remote services as well. It is important to recognise the remoteness of many health clinics in the Northern Territory and the work the staff are doing in those areas.

We heard from staff in Alice Springs that they are under significant pressure regarding wait times in the EDs, and this not only in Darwin but across the Northern Territory. The question is: why are they under significant pressure across the Northern Territory?

It was interesting to hear the Member for Arafura talk about funding because we received a hospital reform agreement offer that does not even get us to the national average in five years. In fact, the offer on the table at the moment has us going backwards when it comes to federal funding to run the health service in the Northern Territory.

I have already spoken about aged care. Between 60 and 80 aged-care patients in our hospitals across the Northern Territory every day of the week is costing us $40m. That is a federal responsibility. The hospital agreement on offer over five years will take us backwards. We are already the lowest funded across Australia.

What has Labor done for the last eight years besides drag us into the position we find ourselves in today with the lowest funding, no new aged-care facilities, not one new …

Ms UIBO: A point of order, Madam Speaker! Standing Order 110; the question was clearly about the CLP's plan to reduce wait times and pressures.

Madam SPEAKER: Please continue, minister.

Mr EDGINGTON: I am addressing that, Madam Speaker.

We need aged-care facilities in the Northern Territory. Federal Labor promised it on 11 April this year and failed to deliver. There are 60 to 80 patients in our hospitals. That will take some of the pressure off frontline staff because it is all about bed access and aged-care patients being in aged-care facilities.

Cyber Invest Business Program

Mr KERLE to MINISTER for CORPORATE and DIGITAL DEVELOPMENT

Small and medium businesses make up the majority of Territory-based companies, but they are the ones most affected when a cyber attack occurs. Our government should be supporting those businesses to be prepared for cyber attacks. This month you announced the Cyber Invest Business Program to encourage Territory businesses to advance their cybersecurity. Can you explain to the Assembly how the Cyber Invest Business Program will support businesses across the Territory and help protect and grow our economy?

ANSWER

Madam Speaker, the Member for Blain is a bit of an ICT whiz and understands the importance of protecting our small businesses from cyber threats.

The Finocchiaro CLP government is committed to growing and protecting the Northern Territory's economy. We are a place of opportunity. This government understands that for us to prosper, we need businesses to grow.

Digital technology and connectivity are used by Territorians every day, and with that comes cyber risks. Reporting has shown the average cost for a small business affected by a cyber attack is $50,000. With 99% of locally owned companies being small to medium businesses, cyber attacks can have a devastating impact.

That is why this government has committed to helping Territorian small and medium businesses with the Cyber Invest Business Program, which opens on the 31st of this month. This $1m program will help businesses to invest in cybersecurity protections. We are a government of action, and I am proud to announce that we are matching dollar for dollar up to $10,000 so that Territorians can better protect their businesses from a potential cyber attack. The grant can be used to strengthen cybersecurity controls, transition to a managed ICT service or develop and test an incident response plan.

This program does not just support those applying for the grants. The Cyber Invest Business Program requires locally based cybersecurity providers to apply to become an approved provider of the services that grant recipients need. No Pink Batts here; we are ensuring that the people who are delivering this program are fit for purpose.

This incentive goes beyond preparing businesses to be cyber ready. The Cyber Invest Business Program will deliver more jobs in the ICT and cybersecurity industry as these services are made more accessible with the funding.

Business owners can find out more about this generous grant by visiting cyber.nt.gov.au. Now more than ever businesses need to ensure they are cyber aware and can protect themselves to the best of their abilities.

October is Cyber Security Awareness Month and a timely reminder for all Territorians to keep themselves safe in the digital world. With our government's Cyber Invest Business Program, we are providing the tools required to ensure just that.

Racing and Wagering Commission

K McNAMARA to MINISTER for RACING

A recent *Four Corners* investigation has exposed the Northern Territory Racing and Wagering Commission as a national embarrassment. The regulator overseeing Australia's $50bn online gambling industry meets once a month, has no full-time staff and has not published an annual report since 1993. This is a failure of both major parties, but you are in charge now.

The Chair of the NTRWC, Alastair Shields, admitted accepting hospitality from the bookmakers he regulates, and he owns racehorses. Six of the past 10 commissioners have owned racehorses while sitting on the commission.

Earlier this year your government voted down my motion to ban gifts from the gambling industry to politicians and statutory decision-makers. Will you now admit that vote was wrong, or does your government remain content with being the lapdog of an industry causing immeasurable harm to Territorians? Further, will you replace the conflicted board members? Will you ensure the commission releases its annual report this year, as required by law under the *Racing and Wagering Act*?

ANSWER

Madam Speaker, the Greens do not like gambling at all. Most sittings the Member for Nightcliff has a crack at Territorians for enjoying their gambling. After having a hard week at work, Territorians deserve to go to the racetrack or the pub and spend on the TAB or whatever they like. Territorians like to do those kinds of activities; I know that the member does not. We know the Greens do not mind in general, even though its members are hypocrites, because even their donors in elections are gambling companies. It is a disgrace. What a hypocrite!

Members interjecting.

K McNAMARA: A point of order, Madam Speaker! Standing Order 110; to correct the record, the Greens did not accept gambling—that is incorrect information.

Madam SPEAKER: There is no point of order, please take your seat. Attorney-General, answer the question.

K McNamara: She can just go on with the misinformation then.

Madam SPEAKER: Stop your interjections, Member for Nightcliff.

Ms BOOTHBY: They just do not like the truth. The fact of the matter is that the Greens' biggest donor was a gambling company, so they are hypocrites.

I want to address the Racing and Wagering Commission because I am, quite frankly, sick to death of the Greens demonising our public servants.

K McNamara: That is untrue. You are a liar!

Mr O'GALLAGHER: A point of order, Madam Speaker! Standing Order 31; the Member for Nightcliff just used the phrase 'liar'. I ask her to withdraw.

Madam SPEAKER: Member for Nightcliff, please withdraw that comment. This is what I spoke about first thing this morning.

K McNAMARA: Yes, and it slipped out of my mouth because I could not believe the blatant misinformation we are hearing.

Madam SPEAKER: Withdraw now, or you can leave the Chamber.

K McNAMARA: I will withdraw it, but may I ask for guidance under standing orders in terms of people putting out blatant misinformation?

Madam SPEAKER: No, if you do not withdraw unequivocally, you can leave.

K McNAMARA: I just said that I withdraw the 'liar' statement.

Madam SPEAKER: Okay, sit down.

K McNamara: But it is not true. There are no gambling companies …

Madam SPEAKER: Sit down. Attorney-General, please continue.

Ms BOOTHBY: I place on the record that it is a mistruth that there has not been an annual statement since whatever year she pulled out of her you know what, because the Racing and Wagering Commission was only established last year under Labor, and the CLP supported it. Of course there has not been an annual report. There is one being tabled this sittings, which is the first annual report.

If the Greens member wanted to do her research and find out a bit more instead of just listening to *Four Corners*—which has never been a friend of the Territory, might I add. Every time *Four Corners* comes here, Territorians get you-know-whatted; it is unparliamentary for me to say what I want to say about *Four Corners*, and I will not apologise for that.

I will not apologise for our gambling industry. These businesses employ hundreds of Territorians across the Territory, even in Alice Springs. One of the businesses has expanded there and has more people in its call centre.

K McNAMARA: A point of order, Madam Speaker! Standing Order 110; I do not want to hear how much the Attorney-General falls over herself to appease the gambling industry. My questions were: will you replace the conflicted board members who have obvious conflicts of interest; and when will the annual report be released?

Madam SPEAKER: Attorney-General, you have not answered the question. You have less than a minute.

Ms BOOTHBY: Thank you for reminding me, Member for Nightcliff, because you interrupted me when I started answering about the public servants on the commission. I am sick of people on the other side demonising public servants; that is disgraceful. If there is a complaint against anything, anyone or any

politician, then use the correct channels to make that complaint. It is no point going to media and getting them to do an investigation; go through the correct channels.

If you have something to say or a complaint, Member for Nightcliff, use the channels. They are all there. It is available to you and every Territorian. I expect that if something is wrong in any of the bodies that come under my portfolio, it will be investigated by the body that investigates, and it will be dealt with. I am not sure why you continue to put down public servants who are just trying to do their job.

Racing and Wagering Commission – Supplementary Question

K McNAMARA to ATTORNEY GENERAL

Recently your department spoke about a review into some conflict of interest but gave no details. Could you provide us the details, if there is a review into these conflicts of interest and when that will be available to the public?

ANSWER

Madam Speaker, our government is transparent and open, and we are constantly looking for ways to improve processes within government. It is a normal part of what we do in government. The Labor opposition did not believe in any of that. It proved itself time and again, and Territorians lost that trust, which is one of the reasons it is now in opposition.

There are always reviews happening in government; that is fine. I am not sure exactly what you want to hear from the government, but the racing commission is working well within its Act. It does an important body of work. It is independent of government, and it does that job well. It supports the industry in terms of regulations.

K McNAMARA: A point of order, Madam Speaker! Standing Order 110; relevance. Is there a review, and when will the information be public? It is pretty simple.

Ms BOOTHBY: I am answering the question, but the Member for Nightcliff is clearly not listening. In government it is business as usual that we look at things. We look under hoods and we ask, 'What happened last time?' There is a problem to fix, and we fix it. It is like anything that happens. I think I have answered the question.

School Attendance

Mrs ZIO to MINISTER for EDUCATION and TRAINING

For many years I worked directly on school attendance and engagement programs across the Northern Territory under the former Labor government's direction. Millions were spent on these programs, and all we saw was attendance levels decline under its weak strategy. I understand how critical school attendance is to students' success. I deeply understand the reasons for non-attendance and the complexities of a changing environment in relation to school attendance. In my electorate of Fannie Bay and across the Territory schools, we continue to work hard to lift attendance and keep students engaged in learning, but we know there are families who refuse to engage and understand the importance of education and attending school every day.

Can you update the Assembly on the actions our government is taking to lift school attendance, support families and hold parents accountable for ensuring their kids go to school?

ANSWER

Madam Speaker, the Member for Fannie Bay, like me, is passionate about education.

Every child in the Northern Territory deserves the right to a quality education, and every parent has a clear responsibility to ensure that their child attends school. I do not think anyone in this Chamber or probably across the Territory would dispute that.

We came to government saying that we would boost literacy and numeracy, bring back school attendance officers and work on getting kids back to school. The previous Labor government had a secret list, and 328 of those children have been taken off the intensive support roll and are back in the classroom. That is a direct result of the school attendance officers working across the Territory. I have spoken many times about those

attendance officers and the great work that they do. Under the previous government, the attendance rate plummeted and literacy and numeracy dropped.

Children who miss school regularly are far more likely to disengage, become involved in antisocial behaviour and potentially end up committing crime. That is why we have taken strong measures to hold families accountable. We said that right from the start. No-one would be surprised at us holding parents to account. We said it during the election.

Last week I announced we would be holding accountable the parents of children who are totally disengaged and missing school. Those parents will be referred to income management. The kids on the intensive support roll are the ones most at risk. We have been working with the federal government to put in place steps to refer parents to income management. We have been working on this for a long time.

It is one of the suite of measures we brought in over the last year; it is just one of the measures to support attendance officers. We announced last week that we have ALOs (Aboriginal liaison officers) working in schools. We have brought back school counsellors. There are a lot of things that we are doing as a government to hold parents to account and to get children back into the classroom. If they do not get into the classroom and get educated, they will not have a meaningful pathway to employment.

Aboriginal Areas Protection Authority Board Membership

J DAVIS to MINISTER for LANDS, PLANNING and ENVIRONMENT

I was glad to hear the Attorney-General say that the CLP government is committed to transparency. You have appointed Mr Mark Coffey as both Chair of the NT Planning Commission and the board of AAPA. Given that AAPA grants certificates to protect sacred sites while the Planning Commission advises on development projects, often for the same sites, and given that Mr Coffey runs two private consultancy firms that help clients navigate government and in his words ‘overcome regulatory blockages’, how will these obvious conflicts of interest be managed? Will Mr Coffey required to cease his private consultancy work?

ANSWER

Madam Speaker, Mr Mark Coffey PSM was appointed to the Northern Territory Planning Commission, bringing with him extensive leadership experience and a strong understanding of how policy translates into tangible outcomes for Territorians. Mr Mark Coffey has worked as a managing director of a government consultancy firm. He was so well liked by the previous Labor government—he obviously did well under it—he has continued to work in that space. He has also held leadership roles with the NT Police Force, the Office of Northern Australia and the Alice Springs Town Council. He is a well-respected person in the Northern Territory. Mr Coffey possesses a deep knowledge of government operations and a clear insight into how policy decisions can be effectively implemented on the ground.

I have full confidence in Mr Mark Coffey’s leadership at the Northern Territory Planning Commission. He will be able to carry out his roles. If any conflict issue arises, like anyone in any public role, they will excuse themselves from those actions.

Also spoken about a lot is the fact that Mr Mark Coffey, an upstanding Territorian, has also been appointed to the AAPA sacred sites board. Let us be clear about this because I have heard commentary from those opposite. Previously under Labor, one of the government-appointed members on the AAPA board was the CEO of a development corporation. If people want to come in here or in the public arena and preach hypocrisy, let us be clear. Whether it be in regard to the Planning Commission or the AAPA board, any conflict of interest needs to be put forward, addressed and dealt with at the time. We deal with this in our interactions on a daily basis.

This government has full confidence in Mr Mark Coffey to carry out both roles. I look forward to working with him into the future.

J DAVIS: A point of order, Madam Speaker! Standing Order 110; relevance.

Madam SPEAKER: You have missed your opportunity. He has finished his contribution.

J DAVIS: I started before he sat down.

Madam SPEAKER: You are too late, Member for Johnston.

Homelessness – Support

Dr RAHMAN to MINISTER for CHILDREN and FAMILIES

The Northern Territory's homelessness rate is sadly more than 12 times the national average, with many people living in overcrowded, unsafe and temporary housing. Domestic and family violence and alcohol and other drug abuse are key drivers for Territorians at risk of and/or experiencing homelessness. Can you update the Assembly on the work being done to ensure that Territorians have better access to services focused on tackling the root causes and breaking the cycle of homelessness in the Northern Territory?

ANSWER

Madam Speaker, the Member for Fong Lim works incredibly hard in his electorate on this important issue, and I have been grateful to have him join me in visiting some of the communities where this is challenging. We have been to One Mile together, and he regularly helps at Sunset Soup Kitchen. I thank him for the work he does in this space because that work drives the change that we need.

As the Member for Fong Lim already noted, people find themselves homeless for many different reasons, so it is critical that this issue is tackled with compassion and a coordinated response that deals with the reasons behind homelessness. To do this, interagency and cross-sectoral collaboration is needed.

That is why we were pleased in June this year to launch our Homelessness Strategy 2025–2030, which was developed with extensive consultation across non-government, government and interagency sectors and, most importantly, with people with lived experience of homelessness to be sure that we got it right and knew where the money should be spent. After the consultation we were able to look at the drivers of homelessness.

We then utilised the information that we put into the strategy to determine how best to allocate funding within our government, especially the funding we received under the national partnership agreement from the federal government of $231m over four years, and it is critical that we get that right. I am pleased to say that this funding is now supporting 20 organisations to deliver 75 programs, including crisis and transitional accommodation, tenancy support, day centres and outreach services. All of them are designed to deal with people's issues, what has put them into the position they are in and how we can fix that. They work with them to get their lives back on track and get long-term, secure accommodation.

Each program at its core has an understanding and capacity to influence all the factors that lead to homelessness. House 49, which many people know about in the Darwin CBD, delivers a range of incredible programs, helping the people who come to them for interim accommodation to find out why they find themselves in the position they do, help them reskill, help them with literacy and help them navigate what can be an incredibly challenging space. We will keep funding those programs and working with the homelessness sector to get it right.

Wadeye Pool – Local Authority

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

The Wadeye pool is a vital community asset supporting better health and wellbeing outcomes for residents. West Daly Regional Council has been working closely with the Wadeye Local Authority to ensure the pool is well maintained and operational. The Wadeye Local Authority is seeking to contribute to the running costs of the pool by nominating it as a local authority project.

The Wadeye Local Authority is incredibly proud to support the pool; however, your CLP government has told them they cannot use these funds for this purpose. You talk about empowering local councils and authorities, so why is the Wadeye Local Authority being blocked from deciding on or directing funding towards priority projects on behalf of its own community?

ANSWER

Madam Speaker, we have a substantial number of local authorities across the Northern Territory. We have a group of people forming these local authorities who are committed to delivering local projects for their community. As the minister for Local Government, our department funds councils to provide money to their local authorities as a project fund where local authorities have the ability to make decisions—I should not say make decisions, but determine what their priorities are at the local …

Mr Young: They are being blocked.

Mr EDGINGTON: Can I answer the question?

Madam SPEAKER: Cease interjecting.

Mr EDGINGTON: Each local authority receives money from their council which is provided from the Northern Territory Government, and each authority can determine what the priorities are for their community. Each local authority makes recommendations to their council on where that money should be spent.

When it comes to decision-making about where local authority money should be spent, those recommendations are made to the council of the day, not to the department of Local Government. The local authorities determine the priorities and make recommendations to their council on where the money should be spent.

The Member for Daly is saying—or he is alleging, I should say, because nothing has been presented to my office suggesting that there is a problem. If the Member for Daly has a problem, he should come to me as the minister …

Mr Young: Respond to their emails.

Ms Uibo: He is asking the question now.

Mr EDGINGTON: … and talk about the issues, because coming to parliament and putting this on the table with no evidence to back it up other than a question to me—nothing has been presented to my office that I am aware of …

Mr Young: I have the evidence, mate.

Madam SPEAKER: Okay, stop the interjections.

Mr EDGINGTON: … but I would be happy to speak to the Member for Daly further about this. Each local authority makes recommendations to their council about where that money should be spent. If you have any further evidence to …

Mr YOUNG: A point of order, Madam Speaker! Standing Order 110; relevance. The question is: will you support the Wadeye Local Authority to ensure that their funding can be spent on the Wadeye swimming pool? They have come to me and said that your government told them that they cannot.

Madam SPEAKER: You have made your point, Member for Daly. Minister, you have the call. I think you were already answering it.

Mr EDGINGTON: I will make this clearer because the Member for Daly is struggling to understand what I am telling him. That is not unusual for the Member for Daly because he does not seem to get the basics. I will say once more that local authorities receive their funding from their council. They make recommendations to their council on what the priorities are and where that money should be spent. If the council has issues with those priorities, they should tell the local authority. If the member has any further queries he can see me about it. I will be happy to talk to him.

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

PAPER TABLED
Legal and Constitutional Affairs Committee Report on the Inquiry into Voluntary Assisted Dying in the Northern Territory

Continued from earlier this day.

Dr RAHMAN (Chair of Legal and Constitutional Affairs Committee): Madam Speaker, continuing from where I finished before lunch, recommendation 17 of the report sets the standard for a doctor who will make an assessment on voluntary assisted dying. The nomenclature becomes increasing important to recognise in this House as we move forward to explain to the public how VAD will work in practice.

It is a two-stage process. The first stage is to have what we regard in the Australian VAD model as the coordinating practitioner.

Recommendation 17 specifies that the coordinating practitioner must assess whether the person is eligible and meets all of the eligibility criteria.

Recommendation 18 is about the second doctor. This is the clear point about the fact that the VAD process in the Australian model is rigorous. It requires multiple checks and balances in order to make sure that VAD is not used in the wrong way or abused.

Recommendation 18 is about the consulting practitioner—again, a medical practitioner. The key thing with the consulting practitioner—it is confusing, I appreciate—is that they are not a 'consultant' practitioner. There is a difference in nomenclature. Two people who are accredited medical practitioners of equal standing—it does not require that the second one is a higher authority, a specialist or a consultant, as it were—must sign off on that process as well to determine whether somebody is eligible to be a candidate for VAD.

Recommendation 19 is about making sure that the assessment process involves the discussion of a plan for administrating the VAD substance further down the track.

Recommendation 20 is about the referrals process and the duties. It is the case that things happen and change, and doctors who sign into the process may be subbed out of the process. If and when they are it becomes necessary to make sure that we do not frustrate the intentions of people who are terminally ill and suffering and are unable to otherwise complete their VAD service. There is a mechanism within this for referrals, such that a coordinating or consulting practitioner can refer their role to another person if so required.

These are the kind of nooks and crannies of the law that are required that are not fully countenanced by the public when we are talking about, 'Do you support VAD, yea or nay?'

It is true that once upon a time the Rights of the Terminally Ill Act essentially set up a standard whereby two separate medical practitioners could make a determination about whether somebody would be a fit candidate for voluntary euthanasia. At that time in that Bill, the system was more cumbersome in the sense that there was a requirement in the Rights of the Terminally Ill Act for a psychiatrist to sign off on whether a terminally ill person should be a viable candidate for VAD. Even the proponents of the original Rights of the Terminally Ill Act would now argue that it was an unnecessary step that we did not need to take.

It is a clear example of where the world, the law and the Australian position has moved on, such that it is now necessary for us to work within the modern paradigm and make sure we have the checks and balances that are required within the system to provide equitable access to voluntary assisted dying should we so choose to legislate for it, but also safe and practical access.

Recommendation 21 is about eligible witnesses for the formal request process. Once two doctors have signed off on somebody as being an eligible candidate, there is still a process to seek formal request. That must be approved in an approved form and signed by the patient in the presence of two eligible witnesses. The person must certify that they are making that request voluntarily and understand the process they are agreeing to.

Recommendation 22 makes it clear that if someone cannot sign those documents, they can do so with someone else's assistance. That person cannot be the coordinating or consulting practitioner or one of the two witnesses. Again, these are the standardised checks and balances now embedded into the system. We have to provision for a mechanism that will allow people to access VAD but that we know cannot reasonably be expected to be abused. That is exactly the situation we would face if we were to adopt a more lenient strategy.

Recommendation 23 prescribes the eligibility requirements to act as a witness. This includes, again, that someone must be 18 years old, only one of the two witnesses can be a beneficiary under the person's will and that, likewise, the coordinating and consulting practitioners and whoever else should not be permitted to witness the formal request. These are clear checks and balances to provide for a safe system for people to part of or opt out of.

Recommendation 24 provides something novel that is not provided in the rest of Australia. Again, this is a key departure from the standard in the rest of Australia. We are now providing protocols to do things via video because we recognise that there are segments of our population with lower literacy and capacity to provide

written consent. Not only that—we recognise that people who are terminally ill in places that are far flung and away from urban centres may require assistance to provide robust consent. Video protocols are now embedded for the first time, which is not provisioned for anywhere else in the country.

It may be the case that video consent is a more preferable option to written consent in a number of instances, when you think about the Northern Territory context. Notwithstanding, we have provided in the recommendations for the formalities that we believe should be satisfied, including that any video includes but is not limited to the coordinating practitioner being present to witness it; the person clearly identifying themselves, and who they are; and the person clearly making declarations to the effect that they are providing their consent.

Providing consent is difficult enough when you are sick, ill and remote, let alone if English is also not your first language. We know that in the Northern Territory a huge number of people do not speak English as a first language. Some of them are from culturally and linguistically diverse communities, and other people in Indigenous communities may speak English as a second, third, fourth or fifth language. Recommendation 25 is where we begin to discuss interpreters that are required to certify materials and that the interpreter must also be a qualified translator when required.

In recommendation 26 we have not adopted an arbitrary timeline, but we have adopted the standardised timeline between phases of requests. There is essentially nine days of what you could otherwise call a cooling-off period between making the first request and then making a formal request. Things cannot just happen like that on a whim or by accident. That is an important cooling-off period.

Brought up regularly and consistently to the committee in community was, ‘Once I make a decision to start this process, can I back out?’—absolutely; at any stage up until administration you can back out. You can make a first request, have two doctors sign off on it, arrange for administration, have practitioners come to visit you and you can change your mind on the day. There is nothing to say that people should not have choice in this system; that has been the guiding principle for our committee on this whole process. We want to provide for access to VAD, but we want to make sure that anybody, whether they are an institution or an individual, has the option to withdraw from the process without fear or favour. That is an important unique principle that we are moving further on than the rest of the country, including with respect to the notion of cultural safety, which I shall come to later.

Recommendation 27 again provides accreditation requirements for interpreters, because it became exceedingly clear while we were out and about that, just like everything else, we have a shortage of interpreters. In many places it is extremely difficult to find interpreters who are conversant with local languages and who are not also family members or connected to people. It is difficult to find the right interpreters who are sufficiently and suitably accredited.

That is why, under recommendation 27(d), we have provided for the review board being authorised to overrule the requirements for meeting the minimum requirements when no other suitable interpreter is available. That is a practical reality. There will be instances when language, translation or interpreter services cannot be provided unless you use people who have some sort of interest in the sick party. Recognising the pragmatic reality of the paucity of interpreters in the Northern Territory is extremely important.

As a tangential matter, it has not made it into our report, but we note that standards on accreditation for interpreters and translators have changed in recent years. In an effort to raise the bar, we have limited the pool in some ways of people available to help out, particularly in the bush, on these issues.

Recommendation 28 is about transfers at the request of the patient. The coordinating practitioner’s role must also be provisioned to be able to be transferred.

Recommendation 29 relates to telehealth, which has become a casual thought without detailed consideration necessarily. If you take the time to go through many hours of witness testimony, you will find that everywhere we went, we asked ‘Tell us about how telehealth works in your particular place? Is it working? Is it not?’

The reality is that we found that there are significant deficits in the use of telehealth. In some places the connectivity is just not good enough. In some places the hardware infrastructure is not good enough. In some places there are no suitable translators or interpreters even if you have working infrastructure. But that is not everywhere. There are a number of places where we learned that telehealth works exceedingly well.

The medical profession has by and large, through the Health department and the AMA, made it clear to us that it would like for telehealth to be provisioned for and to be used in VAD. In other states and territories,

increasingly, there are calls to allow telehealth to be used as part of the VAD process. However, at the moment, telehealth is not authorised under the Commonwealth *Criminal Code Act 1995* in relation to incitement by a carriage service.

In the same way you cannot use technology to incite someone to suicide through other means, you cannot use telehealth in this space. It is a grey zone. The reality is that some components of the VAD process are being subtly used in a grey zone in some jurisdictions. Our thinking at this stage is that we have provision for, if and when telehealth is more widely used, we could use it too. But in the first instance, VAD should be an in-person experience and process as a default position.

Recommendation 30 regarding administration makes clear that people must make unambiguous decisions regarding administration.

Recommendation 31 recognises that people struggle in relation to whether administration must be supervised or not. The fact is that is a difficult question that we spent a lot of time thinking about. In the Northern Territory context, we came to the consensus position that we want not to frustrate people who may be in remote areas, a cattle station or somewhere far flung or who may choose self-administration in an urban setting and do not necessarily want a doctor present for the process.

There are additional complexities when somebody is self-administering. You have to think about how they will access the substance, how they will take it and what will happen after the fact. That is why there are clear delineated rules for self-administration versus practitioner administration. We want to support people to make choices again.

A person who makes self-administration decisions may still request to have a healthcare worker present, and that healthcare worker is permitted to assist in the process but not administer in the process. That is a clear thing because we are trying to offer people the option to have support when they want it in their final stages. Not everybody has the benefit of being surrounded by friends, family and loved ones. Some people will elect to have a healthcare worker present based on testimony from other parts of the country.

Recommendation 32 is about the self-administration situation and notes that you require a contact person. It is fact that somebody has to accept legal obligations to provide information to the review board about the patient and what has happened. Somebody will have to, in the ordinary course of events, potentially collect a substance, return the residual of the substance and notify the relevant authorities. So we provided a standardised prompt two working days for the contact person to provide that information to try to keep the wheels moving.

Recommendation 33 makes clear that the contact person is legally permitted to receive, possess, handle, prepare and supply the VAD substance but that they also have explicit obligations to return unused substances, to report the person's death and to provide information to the review board as requested. These are the realities and nooks and crannies of VAD that people need to understand.

Recommendation 34 is about the two business days, again, of notifying the review board.

In recommendation 35 we consider in detail what a prescription must consider because pharmacy has been a critical part of this which was almost overlooked in the early stages and became a curly question. Without wanting to derail all of what we are saying, there have been challenging situations in recent times when pharmacy protocols have not been followed perfectly, and it has led to people having to remediate.

For the most part we have a clear situation where VAD has been used safely and effectively across the country utilising the Australian standard, but there are exceptions. Those exceptions are worth knowing about so that we enter this process advisedly and do not make mistakes that other places have made. What does that mean for the Northern Territory? In practice, we have two great hospital pharmacy setups in Darwin and Alice Springs that have sufficient robust controls to house, safely store and dispose of pharmacological substances, and perhaps we do not want dangerous substances in locked boxes in other places that may not be as secure. We have tried as best as possible to think through these possibilities.

Recommendation 36 prescribes that we should consider definitions in the context of that space: who should be an authorised supplier; who should be an authorised disposer; and written information that should be provided to people to guide them on how to self-administer, to authenticate prescriptions and to return VAD substances, along with guidance in that space.

Recommendation 37 is about timely reporting to the review board, which is an extremely important part of this process for us.

Recommendation 38 is about practitioner administration decisions, and this is the critical decision. Some people will elect to self-administer; a good number also choose to allow a practitioner to do that. For that process to happen you require eligible witnesses to practitioner administration, people who need to witness and certify on the approved form that the person was acting voluntarily, without coercion, and that the administering practitioner administered the VAD substance in the presence of that witness. Certification needs to be provided to the review board within a couple of days for those processes.

Recommendation 39 again notes that, as with the two doctors making the assessment, the administrating practitioner can transfer their role to another practitioner. We do not want people to be frustrated in the process. We have a paucity of options available for people who may engage in the service, but we need to provision for the most practical application of VAD.

Recommendation 40 notes that the coordinating and administrating practitioner must notify the review board within two business days of the death of the person and that they died as a consequence of the VAD process.

Recommendation 41 is self-explanatory in relation to the cause of death certificate.

Recommendation 42 specifies, consistent with earlier recommendation on destigmatisation, that the underlying eligible terminal illness, disease or medical condition should be nominated as the cause of death.

Recommendation 43, so as not to unduly burden our Coroner, as was the case in some other jurisdictions because of ill-conceived legislation, that a VAD death is not necessarily a reportable death for the purposes of the *Coroners Act.* There is always the provision for things to be referred to the Coroner as and when required, but it is not an ex-officio default position.

Recommendation 44 is about the level of experience required by the people involved in this process. Nowhere in Australia have trainee medical graduates been involved in the VAD process, but there are other places that have varying degrees of expertise assigned to medical practitioners. We settled on the most common position that is also supported by the 2024 inquiry report, which is that medical practitioners must have at least five years of general registration or one year of specialist registration, in which case they essentially have the five years of general registration as well.

Essentially, we are saying that people who are standalone doctors and able to practise without training wheels are allowed to make decisions about VAD. That means we can tap into our public and private system by making sure that we have a decentralised model of VAD service delivery.

Recommendation 45 is about mandatory training. Even if you are a standalone doctor, you still must have completed the authorised prescribed training that the Department of Health CEO will have developed. There will be mandatory training for people to have completed to make sure that VAD is delivered uniformly, equitably and safely.

Recommendation 46 notes that the coordinating and consulting practitioners cannot be family members of the person requesting VAD or a beneficiary of the will of the person accessing VAD. Again, these are critical distinctions that need to be made on the front end.

Recommendation 47 is about providing flexibility in administration because once the difficult decisions have been made by doctors about whether somebody is an eligible person we recognise that it is not necessary for a doctor to be the person who administers a VAD substance; rather, an administrating practitioner could be a qualified medical practitioner, a nurse practitioner or a registered nurse who has practised in the nursing profession for more than five years. We say this because we know that it is nurses, particularly out bush and in communities, who have close contact with people in their end-of-life care and potentially in relation to a VAD service.

Recommendation 48 again makes clear that, like with doctors, administrating practitioners must have completed the standard mandatory training to be determined. We have advised, and we note in our testimony, that we could create economies of scale by working with other jurisdictions to find out their processes in relation to training. We do not need to reinvent the wheel on everything to do with VAD. If we want anyone to be able to practically access it any time within the foreseeable future, we will need to be agile in relation to working with other jurisdictions to benefit from their wisdom, experience and potentially training collateral.

Recommendation 49 notes that administrating practitioners again cannot be related to and cannot be beneficiaries under the will of the person.

Recommendation 50 notes that the relevant persons involved in providing or supporting the provision of healthcare services who conscientiously object can do so.

Recommendation 51 is a key NT-based consideration where you think about the people who can conscientiously object from the process. People who conscientiously object from the process are not just limited to a couple of doctors and nurses. In the Northern Territory we have a huge ecosystem of Indigenous healthcare and people who are essentially Aboriginal health workers and liaison officers by a range of different names, and under any standard legislation across the country those people are afforded no specific protections or indemnities.

We note that relevant persons involved in providing or supporting the provision of health or care services—which is a much broader category—should have the right to refuse to do any of the following: to provide information about VAD; to participate in the processes; to participate in administration; to prescribe or administer substances; and to be present at the time of the administration of a substance. If you are somebody who is uncomfortable, as a person who works in the Aboriginal health ecosystem, with participating in this, you can step away from it and will be entitled to do so under the provisions that we have championed within this document.

Recommendation 52 is about the duty to refer and/or inform for conscientious objectors. As we have made clear, you do not have to participate but you cannot actively block somebody who is otherwise terminally ill and requires access to information from getting to that information. At a minimum we say that the person must be given information about a healthcare practitioner or service that is likely to assist them, as well as the contact details of the official government state-sanctioned VAD navigator service.

Recommendation 54 is about health or care entities, noting that covers not just public and private hospitals and hospices but also residential aged-care facilities, nursing homes and other facilities. In the Northern Territory that is important because places outside of Darwin and Alice Springs have a limited number of providers of aged care, palliative care, disability care and even primary healthcare on occasions. Some of those organisations are auspiced by entities that do not necessarily want to be involved in VAD, so we have to specify who is who in this carefully.

Recommendation 55 is unique in Australia in that we have suggested that the Northern Territory should extend the opportunity for institutional objection and allow it to be permissible. The committee recommends that health or care entities that object to VAD may refuse to participate in VAD. For argument's sake, there is an aged-care facility that is auspiced by a church somewhere out bush. If that entity is uncomfortable with VAD being something it does within its premises, then it is allowed to make that choice. We are not compelling anyone to do anything they do not want to do.

However, we make it clear in that process under recommendation 56 that organisation or facility should make clear to the people residing in that facility that this is not a VAD facility. It is not a place that participates in VAD-related services. That is an acceptable compromise in the context of rights for the people on the Legal and Constitutional Affairs Committee. It must advertise its position publicly and notify persons in the health or care entity, including residents and patients who wish to access VAD, of its position, which we think is a reasonable compromise.

Recommendation 57 is about not blocking people at the door. You would not believe the stories that have come out in other jurisdictions of these things not being thought through. A sick person in the facility who does not want the VAD service then has proponents, practitioners or advocates knocking and trying to come through the front door and essentially being blocked. That causes a scene and upset for everyone. It is extremely important that we make it clear what everyone's rights and responsibilities are in this regard.

In essence, we said that the health or care entity must provide the person with contact details of the navigator service which then can help them. They must allow reasonable access to the person at the health or care entity by a member or employee of the official navigator service and, in general, not hinder the person's access to information. Information should be accessible to all Territorians.

Recommendation 58 is about not prohibiting or preventing an employee or healthcare worker onsite from initiating conversations. Again, we had testimony throughout our witness transcripts of people who made clear that previously patients wanted this information and simply could not receive it. However, under recommendation 59 it is clear that the relevant steps in the VAD process—the making of a first or formal

request for VAD, the undergoing of a first or second assessment, the making of an administration decision and the administration of a substance—are things that an entity can object to participating in.

Recommendation 60 is the requirement to reasonably assist when somebody who is extremely sick or cannot move around is in a facility where they want access to VAD but the facility does not provide it. All we have asked for in that instance is for the health or care entity to take reasonable steps to facilitate the transfer of the person to—and, if required, from—a place where the relevant steps in the VAD process can be carried out. We want to prioritise choice and voluntariness.

Recommendation 61 is where we move to establishing the VAD review board in the Northern Territory. In recommendation 62 we make clear that the completed cases must be notified to the VAD board.

Recommendation 63 is where the powers of the VAD board are specified. They are broad and important powers, but they must be clearly specified powers at the outset to monitor the operation; review completed cases; refer instances of non-compliance to the Police Commissioner, the Coroner, Aboriginal health services and any number of parties that are relevant; collect, record, use and keep data so that we can learn from this process and maintain best practice; report to the minister or the CEO of the Department of Health in relation to the operation of the legislation, the board's functions or improvement of the processes; promote compliance; set standards; and maintain continuous improvement.

Recommendation 64 notes that there must be information provided at regular intervals to the Coroner, including the number of completed cases. We do not want to bury the Coroner in each bit of paperwork surrounding VAD processes, but Coroners must be informed of the number of complete cases.

Recommendation 65 is about requesting information and the board's power to request information for the purpose of exercising its function from the CEO of the department, treating practitioners and contract persons to maintain integrity in the process.

Recommendation 66 maintains that the board must act independently and in the public interest. It is, by default, not subject to direction from anyone, including the minister, about how it performs its functions.

There is a logical tautology—an inconsistency in that—a circular piece of logic in the sense that if you have this embedded within the Health department, of course there are lines of reporting that blend and become circular. If you refer to the testimony from 5 September, you will find that the Health department, when presented with the option, suggested it is possible. It would be unusual and has not been done elsewhere, but it is possible for us to use existing health structures and statutory powers under the Office of the Chief Health Officer to administrate a review board with integrity and separation from the minister and government.

Recommendation 67 is that the board is to be provided with the resources reasonably necessary to do its job. Set the board up to fail, and you can be sure that governance will fail on VAD as it has been tested in other places on occasion.

Recommendation 68 is about, on the recommendation of the Chief Health Officer, the membership of the board being assigned by the minister, which includes people with sufficient experience to do the job but also sufficient geographic and regional characteristics and spread to reflect the NT community and its diversity.

To that effect, in recommendation 69 we have specified a minimum composition for the board: the Chief Health Officer or another delegated person by the Chief Health Officer; one member who has clinical expertise, including medical or nursing; one member who has legal expertise; importantly, one member who is an Aboriginal person in a position to provide and seek advice from First Nations peoples in relation to cultural matters; and one member who is also employed or representative of an Aboriginal community-controlled health organisation (ACCHO).

The service provision and model for care in the Northern Territory is shifting from entirely state-based provision, so ACCHOs are important to have representation in that space. That is not the total composition; that is the minimum composition. Those things may be prescribed and added to in the future by regulations and by the department.

Recommendation 70 is a clear expression of the fact that the Chief Health Officer should be the chairperson of the board. The reason we made that decision was specific; the Chief Health Officer position already has statutory powers and uses existing structures, and it is not a huge ask for us to build adjunct work under the auspices of the Chief Health Officer to manage VAD and the review board. We think that is a pragmatic, cost-

effective and reasonable way forward in terms of safeguards. Recommendation 71 provides for a deputy chairperson.

Recommendation 72 provides that cultural safety must be a consideration in these discussions. The committee had a diversity of opinion on a range of issues including this, but this is our consolidated position. This is our compromised position on everything. This is the first report in living memory that has not had a flood of dissenting reports surrounding it. That is because across the political spectrum the five committee members, ably assisted by the committee secretariat, did their best to find common denominator positions to progress the VAD agenda for Territorians.

Recommendation 73 is about the nuts and bolts of what happens on the board—the board administration. It is inane stuff, but if you do not specify from the outset the terms and appointment of the board, vacations of office, conditions of appointments and proceedings, they are not specified elsewhere. We recommend those things should be specified in the legislation.

Recommendation 74 is about annual reporting to the minister and the frequency of doing so.

Recommendation 75 is about how regularly the minister must table a copy of the annual report to the Legislative Assembly. That should happen in a timely and prompt manner so that this Assembly is always aware of what is happening in the VAD space.

Recommendation 76 makes definitions in relation to the reviewable decisions and eligible persons.

Recommendation 77 specifies that an eligible person can apply to NTCAT to seek review of a reviewable decision. That is an extremely important mechanism. We need bodies to have oversight of appeals processes on eligibility and, quite frankly, if and when things go wrong. NTCAT is the appropriate forum, notwithstanding that nothing in the NT legislation would affect the inherent jurisdiction of the Supreme Court to hear matters pertaining to VAD.

Recommendation 78 prescribes that the legislation should be reviewed three years after its day of commencement and every five years thereafter after the first review. That is consistent with the Australian position. Some people would like there to be a continuous process of review, but we did not think that was necessary. We think we have enough information to set this up sensibly on the front end, for it to be operational within a couple of years and then for there to be reviews thereafter.

The review must consider the principles set out in the legislation, the eligibility criteria and whether the legislation is operating as intended. We say that because we know that things are likely to change in the VAD space around the country. Other jurisdictions are starting to look at reviewing their legislation and adapting things. It may be the case that by the time we reach the review stage we are thinking more broadly about principles, eligibility and operation, and we may want to refine our processes. Embedding it on the front end is important to say, ‘These are the things you should be looking at’ when we first do a stocktake. A number of reviews are happening around the country in relation to VAD processes; we have learned a lot from them, and submissions have been made by some of the review boards to us.

Recommendation 79 is about the creation of new offences—again, not things that you turn your mind to when thinking, ‘Do you support VAD? Yay or nay?’ The fact is that when you create a VAD ecosystem you create opportunities for new offences to be committed. Some offences could be extremely serious; some could be more minor. Serious offences would include things like the unauthorised administration of a VAD substance, inducing a person to request VAD and inducing a person to self-administer; those are the horror scenarios that none of us want to happen, but we must create serious offences in the legislation to account for those things from the get-go. Likewise, to knowingly provide false or misleading information, statements or documents to the review board is an offence which must be created. We also need to create offences for non-compliance relating to procedural requirements by health practitioners or contact persons, for example, failing to return a substance within a timely period.

Recommendation 80 is about liability and exemptions for participation in VAD. We provide for the fact that a person will not be criminally, civilly or professionally, as relevant, liable for assisting somebody with the VAD process, being present or acting in accordance with the legislation.

Recommendation 81 is the same thing but for health practitioners’ indemnity, which is slightly different. Health practitioners will not be criminally, civilly or professionally, as relevant, liable for referring a patient who requests VAD services.

Recommendation 82 is about refraining from administering life-sustaining treatment. Under VAD circumstances, if people who are normally professionally obliged to provide life-sustaining treatment believe on reasonable grounds that a person was dying after receiving a VAD substance and that the person does not request lifesaving treatment, they would not be liable for not providing that. Think about paramedics in that context.

Recommendation 83 is about the fact that, notwithstanding all those indemnities for criminal, civil and professional liability, complaints are still possible. You can still make a complaint to the relevant oversight body, whether it is the review board, NTCAT or the Supreme Court.

There is a range of miscellaneous provisions under recommendation 84, recognising, for example, that technical errors on a form should not invalidate processes as they have frustrated them elsewhere on occasion and, likewise, that the CEO of the Department of Health should be empowered to establish an official VAD navigator service and work out who supplies and disposes of substances, what VAD substances will be in this jurisdiction, approved information, training and forms.

A huge body of work needs to be done to provide the structure and framework to be able to provision for VAD. Our position is that it would be prudent to work with other jurisdictions to try to license some of their collateral, if possible, but that will be determined over 18 months of implementation, which is the focus of recommendation 85.

It is standard across Australian parliaments that there be an 18-month implementation period after legislation has been enacted. That is why people ask us, for example, about the ACT and why its numbers are still zero. It is because the ACT has not started implementing VAD in practice for patients yet. That will start at the end of this calendar year at the conclusion of the 18-month implementation timeframe.

Recommendation 86 recommends that the government implements a culturally safe and accessible public information campaign during and after the implementation phase. One of the most consistent things in our witness data is people saying, 'I do not know much about this; can you tell me more?' A lot of our witness testimony is about having an iterative discussion to explain to people what we are talking about and them saying that they would like more information as this develops and changes. It will be an important job of the Department of Health to maintain communications if it is to oversee a VAD process after the introduction of legislation which the government has at this stage committed to.

The drafting instructions, Appendix 3 of the document, are the distillation of those 86 recommendations and a clear-cut blueprint. You can get a digested form of many of these things by simply reading this, but you will fail to see the context or the support for the position. Instead, for the most part, all of us are working with imperfect data regarding this agenda. 'How many people support VAD? Do they support it in my community? What type of VAD are we talking about?'—we will fast approach the situation where it will be incumbent on everyone in this House to seek answers to those questions to make sure you can say with conviction that you made a decision on behalf of your constituents or that is representative of them or some combination thereof.

There are limits to how much you can test people's opinions, so running referendums on the drafting instructions is not the suggestion; we suggest that when there is a Bill perhaps that should be the thing the people are tested on in relation to their yes or no answer, or before there is a Bill perhaps we may test some of the key propositions, like whether people are generally supportive of a requirement on prognosis being dispensed with, in line with the ACT.

One of the things that I wanted to see in the report, which is not included in any form, is mention of the limitations of the inquiry and the research design. The great irony is that the fundamental limitation of the research design and the inquiry was time. The absence of time is also why we did not talk about limitations and the things that could have been done better. It is good practice, in my opinion, in academic research and works like this to acknowledge that we did not do everything perfectly.

We simply could not do everything perfectly. The task put before us was significant. The commitment collectively by the group was to advance the task as best as possible within the time allocated. On 1 September the committee, across party lines, uniformly asked for extra time to present our final report a few months later, but the government asked us to provide it by the end of September as it initially intended, and we achieved that.

That is a positive development, and the right decision has potentially been made in that regard, but it has come at a cost. The cost was that we have had to compromise on every part of the process being perfectly

executed. The only way that this VAD inquiry would ever be done and delivered was for us to multitask, so we had to wait until we had a consultation report before we could start thinking about where we would go. We went out and about as best we could, but at the same time we were collecting written submissions which we could not read before figuring out where to go. Hansard can only work so fast to process crazy numbers of transcripts from hearings out bush, so we were waiting on those transcripts to figure out what was happening before we could move forward again.

Time was the fundamental limitation of the inquiry and the research design. It meant that not all processes were conducted with the rigour that I would have liked. Nevertheless, the important point to make is that in spite of all the limitations, a short timeframe, the pressures of the subject matter and having to do things in a compressed and pressurised environment, we produced a substantive representative dataset from across the Northern Territory that adds huge value.

I do not seek to politicise the issue, but I acknowledge the Chief Minister's remarks from earlier that we have added knowledge to existing knowledge by recognising that there was never full, complete and comprehensive data collection and consultation in remote Indigenous communities.

Would we have liked to do more? Absolutely. Would we like to do more in the future? Potentially. All of this is true but, notwithstanding those limitations, we still got to many places, spoke to many people and received many written submissions.

I brought along all 400 submissions with a view to talking about some of them but, in the interests of being sporting, I will not. I note that the written submissions make for fine reading. The important thing to recognise in the written submissions is that some are hundreds of pages long and some are two lines long, but every one mattered to me and my colleagues on this committee. People should look at them because they explain reasonable and unreasonable objections and opinions. Some people simply want to say, point blank, 'I do not want it. That is all I have to say.' That is fine. There are other people saying, 'This is great. You should have already done it.' That may not be super helpful, but it adds to our body of knowledge.

All those people deserve to be heard, but we have not been able to—again, because of time limitations—provide, for example, qualitative and quantitative metrics pointing out how many of these things we somehow squished into the final report and how many people were fully heard.

The written submissions are worth reading and not as daunting as they look. There are complex, large and dense submissions. For example, submission 6 from Professor White, before we appointed him as an expert advisor, includes a long list of extremely potent academic literature regarding this. There are hundreds of pages of that submission.

Meanwhile, other things are one-liners—yes or no answers. It all matters, and I assure Territorians that if they do not see their name in a footnote in the report, it does not mean we ignored their submission or that we do not think it is valuable. We read all of it. Everybody worked extremely hard to process it all as fast as we could to produce the best work we could within a limited time.

To progress the issue, members of the Assembly will now essentially need survey data of their own. Everybody will have to go out and test in some defensible, empirically justifiable and quantifiable way what support for VAD is in their community. I assure you that if people come out saying that they are for or against this proposition on the basis of whose door they last knocked on and not much else, somebody else will skewer you and be unhappy.

This is an issue of life and death. It is worth everybody making an effort to do the best they can to survey their electorate. That may be through a newsletter, a phone canvass or a digital survey online. It could be any number of things, but I encourage you all to start that process now because existing sets of information that we have are extremely imperfect. None of them clearly spell out that 99% of people support VAD. All we have is a set of polarised opinions, but we do not have good, robust date to indicate the level of support for VAD across the Northern Territory.

One of the fundamental things I take objection to is the idea that all Indigenous people are the same, think the same and believe the same things. It is simply not true. Presented with the opportunity to express themselves, Indigenous people from across the Northern Territory—as best as we could cover it—expressed a vast diversity of opinions.

Many people are opposed to VAD and, culturally, do not want to participate in it. There are others—the majority, I would say, in our dataset—for whom there is a laissez-faire attitude of, 'It is not for me, but I do

not mind if other people have it'. There is other testimony from Indigenous people from out bush in remote communities who are not only for it but have even had interactions with voluntary euthanasia in the past. That is extremely important testimony, findings and data that has not seen the light of day before and helps us understand that we are all fundamentally human and nobody wants to die a painful death; everyone wants to have a good finishing up—whatever that might look like.

We produced a substantive, representative dataset that adds considerable value to our understanding of euthanasia or voluntary assisted dying. Everyone should engage with, to some extent, the rich and nuanced data from witnesses to understand exactly what we found out bush.

I will not be forensic about it, but I will point out some broad, overarching highlights of what we learned in the places we have been to. This is the rich, qualitative data that is new and teaches us what might be suitable for the Northern Territory.

Broadly speaking, the committee endeavoured to be essentially on the road for a month. That is a significant commitment. All the other committee members have families and obligations; I just have a garden I am killing. I have the least obligations, but everybody else gave up precious time with their children, partners and families to be out and about and engage all over the Territory—occasionally at risk of life and limb; I will not tell the tale, but at least one our light aircraft had to make an emergency landing in Tindal.

We were able to cover some, but not all, of the Territory but enough for this to be a representative dataset. In essence, whilst we definitely got off the beaten track, we still focused our efforts on four primary locations. The first was Darwin; here we conducted testimony and hearings with public officials under perfect conditions, which is why we could get perfectly timed *Hansard*, ask more deep and meaningful questions and have everything in the public domain as quickly as possible.

To the many people who have reached out behind the scenes, wanting the information, that information was out first for practical reasons, not for any nefarious purpose to hide any other information.

Thereafter, consultations we did in Darwin involved Aboriginal communities coming to us. We started our process on day one by reaching out to the Chairs of the former independent expert inquiry, the heads of all the land councils and the head of AMSANT because we knew that going out bush and consulting with people in remote regional areas meant having the cooperation of people there. We extended the olive branch.

For the most part people did not immediately leap at the opportunity to cooperate with our inquiry, but with time as word got around that we were giving this a fair go across party lines to try to gather real information—with a Greens member, a member of the Labor Party and three members of the CLP—we had people coming to us. Representatives from Tarntipi Homelands Aboriginal Corporation, Wurrumiyanga and the Tiwi mob made time to talk to us en masse from the Tiwis. Maningrida sent an entire delegation of people to us in parliament. We could not make it to them, and they decided this was sufficiently important for them to make it to us.

I reject any suggestion that these consultations were not credible. These consultations were imperfect, and bush consultations involved trying to use technical equipment in odd circumstances and places, sometimes with things not going exactly as they would if we were collecting testimony in the parliamentary committee rooms upstairs in Parliament House. However, they were credible consultations, geographically dispersed across the Territory and representative of the views of Territorians generally, not just Indigenous Territorians.

Then there was a second sweep of consultations where we learned a tonne of things, which I consider the community hearing consultations, in Ngukurr, Borroloola, Barunga, Gunbalanya, Papunya and Numbulwar. Each of those places was a separate consultation involving day-long processes and multiple stakeholders. We are indebted to the people in and around the Roper Gulf region and for the cooperation we received from the Leader of the Opposition in helping us to facilitate that. We are grateful for the bipartisan work we have done in this in this space and for the fact that we could produce a report without any dissenting reports; there is a reason for that. It is because we tried hard under challenging circumstances to come up with a common denominator position—not a lowest common denominator position, but a common denominator position.

A third important sweep of consultations was based around Alice Springs. Alice Springs is not Darwin; the Centre is not the north, and all of what happens in the Centre cannot be collapsed into the same basket. We knew that from the outset, which is why we spent considerable time talking to people in Aboriginal engagement, at the hospital and in palliative care as well as to key protagonists like the Australian Christian Lobby. We did not shy away from having conversations. From the Old Timers centre and the Baptist Church we gained valuable data.

The final sweep of consultations was focused in the Barkly, which I am sure the Member for Barkly will be delighted to hear. Tennant Creek, Barkly, Pulkapulkka Kari, disability services, Tennant Creek Mob Aboriginal Corporation, the Northern Territory Cattlemen's Association and Tennant Creek Hospital. I sadly could not participate in the last day of consultations because I ended up in Tennant Creek Hospital at short notice after getting food poisoning, but I can vouch for the fact that it is a fine facility. We collected data in every conceivable way, including in person.

What did we learn there? I would love to quote aspects and forensically point things out. You could write an entire PhD thesis on the data we collected supplementary to the report that is being presented to explain the rich and nuanced findings of the bush in relation to voluntary assisted dying, but I will just provide some signposts for other people who may wish to explore further in the future.

On 5 August we held an initial public hearing with the AMA NT, AMSANT and NT Health, which set up the foundations for our inquiry. What were our health providers' plans for VAD? Did they have a plan? Could they implement this? What would it take? We quickly discovered not that they had no idea but that we were in a chicken-and-egg situation with them saying, 'You tell us what the law is, and we will tell you whether we can do it', and us saying, 'You tell us what you can, and we will try to make a law that works with that'. It has been an iterative process for us to establish the right set of recommendations and tools to potentially provide a framework for VAD in the Northern Territory. The testimony from that day is important, as are the written submissions from the same providers that follow it.

Equally important for us on that first day and deliberately chosen was public testimony from private citizens. One private citizen we spoke to was Judy Dent. As most people involved with voluntary assisted dying in the Northern Territory will know, Judy Dent's husband was the first person to avail himself of an assisted death as a terminally ill person under the Rights of the Terminally Ill Act in 1995. It was important, humbling and necessary for us to hear from Ms Dent to remind ourselves that this is not just a technocratic puzzle—much as I might be making it seem so through my remarks to some extent; this is about human beings, people, a good life, a good death, humanity, compassion, the greater good and understanding that people have different perspectives and are entitled to have those perspectives.

In terms of establishing our set-up, 5 August was an important day. In Darwin we had two other insightful sessions. One of which was with the Tarntipi Homelands Aboriginal Corporation, with a number of significant and senior people on a call from the Tiwis speaking to us in detail about dying on country. If you want to know what people have to say about dying on country, there is a tonne to be learned from that consultation.

The Maningrida delegation who flew in to meet with us gave some of the best testimony we had about the positives of telehealth. We heard in a number of places that telehealth, frankly, did not work well, could not be used effectively in criminal justice proceedings and should not be used in medical proceedings, but we learned that in Maningrida—albeit a large and well-resourced community—telehealth works well in many regards. That gave us hope for the fact that telehealth could be part of this equation and that we should not write it off completely. We learned about the positives of telehealth and service provision through the Maningrida process.

At the end on 5 September 2025 we wrapped up our consultations in Darwin by asking the AMA and the Department of Health to speak to us again on short notice about how to meaningfully deliver VAD. I cannot thank the witnesses enough for their generosity and honesty in being frank with us about the nuts and bolts of VAD and what it would take to make it work.

I do not want to quote extensively from this, but it is a question that comes up all the time. From page 20 of that testimony, I am quoting from my own words:

> ***Mr CHAIR:*** *I need to, for the sake of the record, just get this there.*
>
> *Notwithstanding that service models will evolve, as you indicate in your written submission as we have discussed today, what we are looking at if we have a core centralised service in terms of practical impost in terms of time and resources is something in the order of: an increase of palliative care that the AMA today suggested would be 30%, palliative care potential cost impost extra that we require; plus potentially extra help in aged care, which we have not discussed in great detail, noting that we have seen deficits in aged-care facilities elsewhere; plus the potential for buildings, physical location, to be able to provide VAD services standalone, albeit not building a new hospital; plus at least some FTE being a number between—conversations we have had now—four and let us call it 10 people, but less than 10. Is it fair to say that those are the costs and resource imposts we are looking at to introduce a VAD service in the Northern Territory in the future, notwithstanding that service models may vary?*

Dr BURGESS: *I think that is not unreasonable. I think the missing component we have not really touched on in that list is the review board …*

Mr CHAIR: *Yes, sorry; I forgot that one on that list too. It is on my list.*

Dr BURGESS: *… and the pharmacy service which might be part of your FTE. The pharmacy service would be logically centralised within our hospital network.*

The point is that the Health department has been clear that it would like to help provide VAD but cannot do it without additional resources or by simply manipulating existing budgets. If we are to provide a VAD service, we cannot provide a Rolls-Royce for 20 people a year; it is not realistic or reasonable. We all know in this place that we have competing considerations when it comes to healthcare. We on the committee believe in equitable access to VAD and are proposing that there should be VAD legislation. That is why it is so important that this is done right, as the Chief Minister pointed out.

We are past the point when we can introduce any sort of VAD legislation and say, 'We will just use this one and figure out the rest later'. It is the honest truth that will not work or end well for anyone. Now, with the benefit of a report that has multi-party support, I am hopeful that my colleagues will concur with me that we should work together but that we should work from the starting position of utilising this report, this set of drafting instructions and this set of recommendations so that we get the right results for Territorians as soon as meaningfully possible.

Moving on to the body of stuff we learned in those bush consultations—Ngukurr was the first place we went. The truth is it was a little scrappy. We were refining our technique and consultative process and trying to conduct a town hall meeting with a church full of people; microphones were going everywhere, and we were hearing personalised stories. We learned so much that day; it was an excellent place for us to start our process.

The Borroloola Local Authority, on 7 August 2025, is where we first started getting clear expressions of how angry a lot of older Territorians are about the fact that the Rights of the Terminally Ill Act was taken away. We heard loud and clear, 'It should never have gone. Why can't you bring it back? Do something about it.'

The Borroloola Local Authority was generous in squeezing us into its timetable and timeline for consultations and meetings within its council chambers that day.

In Barunga we heard multiple stories across multiple consultations—local stories from traditional owners and senior elders about clinics and service provision. The Barunga consultations were some of the best ones for us talking to everyday people, not through the filter of other voices or representatives of someone but talking to people on the ground who live in the community, have an opinion and wanted to express it when provided the opportunity.

Gunbalanya provided an important dataset that people should look at. We met on the school premises and discussed in detail with the principal and staff some of the curly questions about VAD. It is where we had some of the most clear-cut evidence of lived experience of Indigenous people with interaction with end-of-life care and euthanasia—not in a salacious or criminally prosecutable way, but in a way that acknowledged our shared humanity and the fact that nobody wants to die a painful death and everybody recognises that at the end of life we are all fragile creatures in need of help.

Our consultations in Papunya were the largest facilitated discussions we had. They were facilitated by none other than Alison Anderson, a former member of this Assembly, who was extremely gracious in running a mass community consultation which started off with, for want of a better word, outright hostility and ended with us learning a lot from one another. It was a great example of two-way learning and of us having a conversation, translating to people and learning about the importance of a VAD communication strategy going forward. People did not have a clear idea of what we are doing, and once they did they had a different perspective.

To be clear, there was overarching opposition to the idea of people in that Papunya community being involved with voluntary assisted dying in its ordinary form, but there was not blanket objection. There were important discussions about palliation, palliative sedation and people's interaction with healthcare through somebody who is as fierce and knowledgeable an advocate as Alison Anderson. At Papunya we learned a tonne.

Numbulwar is one of the few places that I am not in a position to provide personal testimony because I was absent that day. I am extremely grateful to the Member for Casuarina, Khoda Patel, who, on 13 minutes' notice, availed himself to get on a light aircraft to ensure the committee had a quorum to take testimony.

That was another situation where we had to be agile and had an imperfect set of circumstances, but under the auspices and careful management of the Deputy Chair and the Member for Wanguri, we collected valuable testimony in yet another setting that day.

Alice Springs, as I mentioned previously, was one of the most important places where we collected data on a number of fronts. We met with the Aboriginal Engagement and Strategy Unit of the Alice Springs Hospital and learned about the necessity to provision for conscientious objection, not just for doctors and nurses but for what you might call healthcare adjunct workers. We heard testimony from people who were interpreters, liaison officers and people who engage with Indigenous healthcare through the hospital who made it clear to us, 'I do not want to translate information on VAD as part of my job. I do not want to have these conversations and present this information. If this becomes a necessary job requirement for me, that will put me in an impossible position.' We understood that first, best and most clearly in the Alice Springs Hospital when talking to the Aboriginal Engagement and Strategy Unit.

We then spoke to the palliative care team. The Alice Springs Hospital, with involvement of Dr Christine Sanderson, who is a specialist doctor in palliative care there, had already provided us a detailed submission which was important to look at. We discussed that further in person, which gave it more light.

One of the key things we took away was the importance of where VAD happens. The Alice Springs Hospital palliative care team made clear how hard they worked to make sure that there is trust in that hospital and that people in the wider Alice Springs catchment area treat it as a place of healing, not a place to die. We want to make sure that is maintained.

For purveyors of healthcare in Alice Springs, including the palliative care team, it was important for them that if and when there are VAD services they do not have to take place only within a hospital setting. We wrestled with the idea of whether to suggest that they should never take place within a hospital setting. The wisdom of the Health department, through the testimony provided in public hearings, was, 'Do not stop us from being able to do that, but it is important that we have other spaces'.

In a perfect world, people could have VAD services in the comfort of their home or perhaps back in their communities surrounded by their family and loved ones, back on country. There will be instances when people are too sick to leave hospital, and it will need to be done in a hospital. There will be instances when we need safe third-party places. We cannot build entire new VAD facilities, but we must provide for neutral spaces for people to access that level of service.

It is a shame and deficiency of our inquiry that we were unable to get to Nhulunbuy and Gove, where we know there is a good set-up of palliative care existing next to a hospital with access for family and community to be proximate. The Health department and government may want to look at that in terms of a best-practice model for providing palliative and aged care in remote and Indigenous settings.

Returning to the Alice Springs Hospital care team, we learned not only about the 'where' but also about the importance of cultural safety and about group decision-making and practice from the perspective of the practitioners, not just the perspective of people in community. We learned about palliative care in practice, what people can and cannot do and what the limitations are.

Another critical thing we learned in relation to workforce is that patient care assistants are much maligned in our system. A lot of the time people think they are not quite proper nurses and that they just get tea and biscuits, but they are a lot more than that. In relation to end-of-life care, palliative care and healthcare, they are super important. We explored the fact that more patient care assistants would be extremely valuable for our healthcare system. Why is that important? It is because they are easier to get, cheaper and not entirely ubiquitous, but they are not a precious commodity in the same way as a nurse practitioner is. Patient care assistants can be a part of helping us work on problems within our healthcare system; that is an important finding.

We also learned that it is one thing to have people out bush saying, 'No, I do not want any of that treatment' and another thing to have palliative care teams talk to you properly about people's pain tolerances and thresholds. Do you know what? A lot of people out bush are seriously hard as nails. They say, 'No, I do not want anything. I will die a natural death. I believe I should die.' Whether it is because of cultural reasons or

religious reasons, suffering is a part of the human condition. That is important to hear from a palliative care team.

We then went to the Alice Springs Baptist Church, and I encourage all members to look at that testimony because it was such a good example of legitimate, reasonable and measured objections to VAD on religious grounds. We had the benefit of hearing from the pastor who made it clear that life is sacrosanct, and he would not ordinarily endorse VAD. However, when we pushed him on the point and asked for him to provide specificity—I quote from page 6 of that testimony on Thursday 21 August at the Alice Springs Baptist Church—Mr Brown said:

> *As a pastor, my responsibility is to meet people where they are at, so if somebody chose that path I would not necessarily endorse it, but at the same time I would be there with them 100% of the way and help them to discover that God is present within it. I do not think the church would simply remove—or I hope not themselves from that space just because it makes them uncomfortable. The church has a responsibility to meet people where they are at, from my perspective.*

There are balanced, nuanced and reasonable objections to VAD from people on a range of grounds, and you will find them if you look at the testimony and go through the witness transcripts.

In that same vein, in Alice Springs we met with a representative of the Australian Christian Lobby. The Australian Christian Lobby is in many regards often maligned, perhaps unfairly so on occasion. I think this testimony is worth looking at in that regard because it offers not only clear-cut opposition to VAD—no doubt about that—but also a considered, reasonable set of conscientious objections on faith-based grounds. In the competing rights and priorities of the healthcare system the witness on that occasion made clear that his priority would be for us to do much more in palliative care rather than to put our efforts into VAD.

We as a committee believe that more should be done in palliative care but also that people should have equitable access to VAD. It is important to understand that we have not just put together a rubberstamp glossy report without hearing what Territorians have to say on this issue. That does not mean that we agreed with everything they had to say, but we tried to weigh all the data and make careful, considered decisions about a reasonable, practicable way forward.

Old Timers Aged Care Service in Alice Springs was a good example of two-way learning. We were asked a basic question by someone in the audience about what percentage of people support VAD, to which we were slightly flummoxed because we were like, 'We do not know the answer to that question'. We are not here to run a referendum, and it is important that we collectively start figuring out the answer to that question.

The other interesting thing was to have somebody say, 'Why do we have to call it VAD? What is VAD? I do not even know what VAD is. VAD sounds so insensitive. Why can't you properly call it voluntary assisted dying, given the seriousness of it?' That is one of those things that fed into us trying to understand why 'rights of the terminally ill' might be the right nomenclature to use in this regard.

I do not want to take away from the importance, significance, weight and gravity of this discussion, but I point out that VAD (voluntary assisted dying) is still so confusing that we genuinely have on record testimony from an elderly gentleman who turned up thinking that the consultation was about dying wool, not about dying people. He turned up and told us, 'I did not realise. I thought this session was about wool dying. I just want to live as long as possible. Thanks; see you later.'

Nomenclature—words—matter. I am being pithy with the observation but, in all seriousness, words matter. How we describe things and definitions matter. We learned two other important things from that session. That session was attended by ex-Victorian nurses who straightaway asked us all the hard questions, saying 'I was there when this happened in Victoria. I remember being gagged and all the angst surrounding whether or not I was allowed to speak or if could refer anything to anyone, or family members saying, "You are not allowed to have that conversation with my elderly father or mother".' Those questions need to be resolved from the front end.

In our report we have strongly leaned in favour of initiating the conversations. Our report is not a libertarian report, but we have fundamentally tried to prioritise transparency and openness and to allow much of the information that we have collected to see the light of day. To that point, we want for healthcare practitioners, medical practitioners and people adjunct to the healthcare process not to be inhibited from having conversations, even if that conversation says, 'This is not for me. I do not want to be involved.' The minimum expectation is, 'Here is the number of the VAD navigator service. Here is a connection to somebody you can talk to.'

Return to country programs were also discussed in that space. They are important to understand. They are already under the auspices of community health organisations—programs in place to help people who are elderly, infirm and often terminally ill or in the last stages return to country in some form, not necessarily to provision them to pass on country but to at least connect to country. There are existing mechanisms for us to work in parallel with so that we do not reinvent the wheel.

We simply do not have the money to quadruple what we do in patient travel assistance, CareFlight or whatever it might be. We have to be agile about thinking how we can provide equitable access, something like a return to country scheme already exists for us to be part of.

The final of the four major sweeps of areas we covered was the Barkly and Tennant Creek region. In those places we learned extensively about the aged care sector, the significance of moving to ACCHOs, things like self-care dialysis and the viability of it and about pharmacy control of VAD substances. It was a clear example when somebody involved in pharmacy services said, 'We do not think it is a good idea to have these substances in our community for any longer than necessary'. It is important for people to understand that even a decentralised VAD service would require centralised pharmacy services to ensure the safe supply, storage, use and disposal of pharmacological substances.

Beyond the Barkly Regional Council and meeting with the folks there, we looked at yet another aged-care facility, Pulkapulkka. That was a great opportunity to talk with a gaggle of nurses and hear their stories and concerns about indemnity from liability if they were to be involved in VAD. They discussed protection for carers, palliative care services as they are provided and visits to country. They provided us with stories of agility in helping people.

In Tennant Creek, in community consultation drop-in sessions we arranged, we learned about disability, dementia and terminal illness from people in disability advocacy. It was important to understand that because we were unable to cover every aspect, nook and cranny of respondent whom we would like to have covered, we have a good representative dataset, and it is not to be underestimated.

It is a lot to suggest that with 300 pages of reporting, an appendix and drafting instructions, one should still refer to the source materials. The fact is that the real meat and potatoes is in the source materials—the witness transcripts from out bush and the 400-plus written submissions provided by Territorians from all over.

We had further consultations in Tennant Creek with the Cattlemen's Association and individual Tennant Creek people. Some of those transcripts are still not publicly available. That is unfortunate and imperfect, but it is the result of us having done this on a compressed timeline.

I commend the people who helped us to output this work, not just the committee secretariat but parliamentary Hansard staff who worked around the clock to churn out these transcripts for us over and again. This was for us to read, process and publish safely and as expeditiously as possible to ensure that today people can discuss not just the report and finished product but the raw ingredients that inform that finished product and to learn, cite and quote from that.

Nothing is being hidden at any stage. Everything has been as transparent as we could reasonably make it, and our priority has been to progress the VAD agenda. This would not have been possible without the committee secretariat, and I thank them all for their enormous efforts in meeting our timeline.

I thank the five committee members individually—all of whom put in a significant amount of work to make this happen. I am grateful to the Deputy Leader of the Opposition for helping to provision access for us in many Indigenous spaces, for being a willing participant in the conversations and for the robust discussions we could keep within the confines of meeting spaces. In a similar vein I am grateful to the Member for Nightcliff whose world view and mine do not align in many regards, but who was diligent in trying to prosecute her case, have a contest of ideas and hold her ground but also cooperate with us as a multi-party committee to produce a unanimous report.

Above all I owe a debt of gratitude to my two government colleagues on the committee, the Members for Wanguri and Blain. I single them out not least because they were there for all of it—the hundreds of hours. Even I as the Chair of the committee must confess that I missed two of the sessions due to illness. They were there for all of it—every meeting, consultation and every hour of every minute of all the hearings. They took the time, as with the others, to get across all the materials as best they could and demonstrated, as is evident through our minutes, inquiry testimony and witness transcripts, they were prosecuting the agendas, asking the hard questions and trying to dig deep and get answers. I am enormously grateful to them for their time in that regard and separately to the Member for Blain as the Deputy Chair of the committee for deputising

for me on the occasions when I was unavailable. It is not easy to get thrown in the deep end on something like this when you are suddenly the one tasked with trying to build a bridge in a foreign place on a complicated topic that nobody actually wants to talk about. I thank the Member for Blain for his sincere effort in that regard.

I reserve my final thanks to those who have generously shared their time and stories with us from across the Territory. It is not an easy thing to talk about the death of a loved one at any time, even when it is an historical issue. It is not an easy matter to discuss the harsh realities of palliative care and end of life. People did not have to speak with us. There was a better-than-even chance that we would arrive at a lot of destinations with limited notice and suddenly find ourselves eating sandwiches, sitting on the red dirt with no-one to talk to, and that never happened. Everywhere we went people came to talk to us. The secretariat was extremely diligent in setting up people for us to get started with and then—by a culmination of luck, design, cooperation, collegiality and commitment to the cause—word got out that we were available to have a yarn with people if they were interested in having a yarn with us, and we managed to capture huge amounts of testimony in the time we had available to us.

No research process, consultation or inquiry is ever perfect, and I freely admit on behalf of the committee for the sake of the committee taking ownership of the issue that this inquiry was replete with imperfections, but for all its imperfections we have produced a report of high quality. We have a large catalogue of evidence which people can, at their time and discretion, interrogate to understand the totality of what we have learned on VAD. I believe we have satisfied the core goal that was always at the forefront of my mind, which was not to decide on VAD but to provide progress on the issue of voluntary assisted dying for Territorians.

I have, as everyone is aware, erred on the side of completeness to cover the field. I have done so advisedly, but I am grateful for the indulgence of my government colleagues and, likewise, to the opposition and members of the crossbench who have been willing to afford me as the Chair of this committee the opportunity to make a substantive tabling statement. I have done so because I believe that this is an important issue that Territorians have been waiting 30 years for real progress on. Finally, together collectively, we have the opportunity to present that we as a parliament can move forward on this issue for the benefit of all Territorians.

As Chair, I thank all the people who participated in the inquiry in any form. I am extraordinarily grateful to my committee members and, likewise, to the secretariat, Hansard and parliamentary staff, all of whom have been instrumental in making it possible for us to achieve a result.

My final plea in my capacity as the Chair of the Legal and Constitutional Affairs Committee and my duty, as I see it, is to ask the Assembly in earnest and to implore the government of the day and, for that matter, the opposition, to work collectively to ensure that the Bill we hope will come to this House in due course will reflect this final report and these drafting instructions with consideration for the report recommendations.

On that note, I move that the report be noted.

K McNAMARA (Nightcliff): Mr Deputy Speaker, I took part in the inquiry into voluntary assisted dying as a member of the Legal and Constitutional Affairs Committee.

I start by thanking every person and organisation that contributed to this inquiry through submissions and attending hearings. The submissions we received and the verbal testimony we heard, regardless of their stance on voluntary assisted dying, were heartfelt, passionate and considered.

The contributions were informed by people's personal experiences, expertise, spirituality, culture and personal philosophies. It is vital for the varied experiences and opinions of the public on weighty topics such as this to be heard by those who make policy. I hope all those who contributed feel proud to have participated in this democratic process and know that their voices have shaped the recommendations before us.

I am grateful to have heard so many of these contributions firsthand and feel humbled by the trust and generosity that so many people demonstrated in sharing their stories with us. Some shared experiences of unbearable suffering; others shared their fears about what voluntary assisted dying might mean for their communities; and others shared their deeply held spiritual and cultural beliefs about death and dying. Every contribution mattered.

I also thank all of my constituents who have spoken and written to me about this issue. To the best of my knowledge all of those I have heard from have said that they are supportive of VAD legislation.

I heard many times before this inquiry commenced and many more times during it that the NT has waited far too long to regain the rights we originally had for people to have choice about a dignified death. It has been

on the public record before this began that I am supportive of VAD legislation. Despite some of the flaws and legitimate criticism of some aspects of this inquiry, which I will address shortly, I am glad that this process has enabled the progression of this issue further towards a legislative outcome.

I commend the committee secretariat who worked unbelievably hard to support the committee and were critical not only to the logistics and organisation of carrying out an inquiry of this size but also to the quality of the final report. I thank my fellow committee members for their dedication to this inquiry. In particular, I commend the Chair for his dedication, enormous amount of work and unwavering commitment to this process, without which much of this report would not have been possible.

I first address the report, although we had a thorough recap from the Chair, which I am glad we heard. It is good; it is another angle if people do not want to read the report but can hear the reason behind all the recommendations we came to.

I will first address some aspects of the report, the evidence and testimony we heard and the recommendations, then I will speak to the broader process of the inquiry and its significant flaws, as well as some of the troubling political dynamics that shaped this process and impacted the people who contributed to it.

I am broadly supportive of the final report and the recommendations it contains. Given the extraordinarily limited timeframe we were given to complete this work, I believe it represents the best outcome we could have achieved.

The committee has recommended that the NT legislates for VAD with strong safeguards, robust oversight and, critically, with cultural safety embedded as a guiding principle in the legislation. This would make the NT the first Australian jurisdiction to enshrine cultural safety in VAD law. I believe this is appropriate, given our unique demographics and the particular responsibilities we have to Aboriginal and Torres Strait Islander peoples.

However, I will be frank about some of the areas where the report may not satisfy everyone and where I may have some ongoing concerns. One area where we diverged from the 2024 expert panel's recommendation is in relation to the service delivery model. The expert panel recommended a centralised VAD service, separate from NT Health facilities with dedicated practitioners, care navigators and pharmacy services. We have instead recommended a decentralised model where appropriately trained medical practitioners across the public and private sector can register as VAD practitioners.

We understand some of the criticism that there may be of this decision. A centralised model would, in many ways, be ideal. It would provide the strongest cultural safety protections by clearly separating VAD services from the mainstream health system. It would ensure consistent standards, strong governance and reduce the risk that hospitals or clinics become associated, in some people's minds, with administering death. These are not trivial concerns, particularly for Aboriginal communities where trust in the health system is already fragile due to intergenerational trauma of colonisation and ongoing experiences in the healthcare system.

We had to weigh these benefits against the practical realities of the NT. The evidence before us suggested that a centralised service would be extremely costly for what is projected to be a small number of users—perhaps eight to 12 per year and around 100 consultations. Given the NT's already severe health workforce shortages and funding constraints, there were serious concerns that a centralised model would create access barriers, particularly for people in regional and remote areas.

We also noted that no other Australian jurisdiction has adopted a centralised model, and all have decentralised delivery work. I do not believe the centralised model should be discounted for the future. If the funding and resources become available, our health workforce capacity improves and demand for VAD services is higher than projected, a centralised model should be reconsidered. The legislation should not prevent us from moving in that direction if circumstances change.

This brings me to a broader concern that has weighed heavily on me throughout this inquiry. I am not sure that cultural safety was addressed adequately in this report, yet I am also unsure of how it could have been achieved better whilst ensuring access remains unobstructed for people who want to access voluntary assisted dying. How does cultural safety marry up with equity of access? I do not think we came up with a perfect solution, but I do not know what else we could have done in the time available to us.

The report recommends that cultural safety be embedded as a guiding principle in the legislation. It recommends enhanced Aboriginal representation on the review board and co-design of the VAD service with

Aboriginal communities before implementation begins. It allows for video recordings of formal requests, as a culturally appropriate, alternative to written documents, and it provides flexibility on interpreter requirements, recognising the severe shortage of Aboriginal interpreters and the cultural challenges many interpreters face in discussing death.

These are important steps, but I remain concerned about the cultural safety implications of voluntary assisted dying and the potential for it to further damage Aboriginal people's perceptions of and trust in the white-dominated healthcare system. This is not a theoretical concern; we heard it clearly from Aboriginal people and Aboriginal health organisations during our consultations. The fear of 'the needle' administered by non-Aboriginal healthcare workers carries a profound historical weight.

At the same time we heard from Aboriginal people who want the choice to access voluntary assisted dying, and we heard, almost unanimously, that although many Aboriginal people do not want VAD for themselves or their communities—many were clear about that—they also have no interest in preventing others from accessing it.

This brings me to the question of conscientious objection. I am slightly less concerned about the objections of some religious institutions which, I perceive, may wish to control the choices of other people, than I am with the objections from First Nations people and communities. These objections are fundamentally different in nature and have vastly different implications.

First Nations people have experienced violence and genocide at the hands of colonial power structures. Their fears about death at the hands of healthcare workers are serious and rooted in historical and ongoing trauma. As part of their rights to make autonomous decisions for themselves and their communities, they must be able to object to any involvement in the voluntary assisted dying process. This is not about imposing their beliefs on others, and that is precisely what we heard from many Aboriginal communities. Broadly, they told us, 'This is what we believe and what we want, but we speak for only ourselves. Why would we want to speak for anyone else? That is their choice.' This is what we heard time and again.

Religious institutions that object to VAD seem to be seeking to impose their religious beliefs on others by preventing residents and patients from accessing a legal healthcare option. Whilst people have the right to make personal decisions about their health and body, informed by their own religious and spiritual beliefs, I do not believe they have the right to obstruct others' ability to access healthcare or end-of-life options.

Before and during this inquiry there was much noise made by groups like the Australian Christian Lobby seeking to, in my opinion, cynically use First Nations people's cultural beliefs regarding dying and the general distrust of colonial systems to bolster their arguments against VAD. I found this to be extremely distasteful and disappointing. They attempted to paint all Aboriginal people with the same brush and erased any nuance in First Nations people's actual opinions to make it appear as though their cultural objections aligned totally with Christian objections. Notwithstanding that, some Aboriginal people are Christian.

What I heard on the ground from First Nations people was almost the opposite of what these lobby groups claimed. Yes, most Aboriginal people we spoke to did not want VAD for themselves or their communities; they were also clear that this was their choice and belief, and they had no interest in telling other people what to do with their lives. The respect for individual autonomy—the principle that underpins VAD—was evident in how many Aboriginal people approach this issue. I will turn to the cynical representation of some of these lobby groups later in my speech.

Even though I was aware of the generally poor state of healthcare in the Northern Territory, participating in these consultations opened my eyes to the dire state of end-of-life care in remote Aboriginal communities and the urgent need for the Northern Territory Government to develop a comprehensive palliative care strategy. I am genuinely proud that we were able to include this as a recommendation in our report, but I am deeply distressed at the state of palliative care for many remote Territorians.

We heard so much about First Nations people's profound desire and spiritual need to finish up on country but also about the enormous barriers they face in doing so. People are dying alone in Katherine, Darwin and Alice Springs hospitals when they desperately want to be home with family on their traditional lands. Families are being forced to make an impossible choice: continue medical treatment in town or return to country, often without any care or pain relief. This is not a dignified death or a choice; this is a cruel dilemma created by the massive gaps in remote palliative care services. One medical witness told us that they must forgo a comfortable death just to die on country. That is a shame in a country as wealthy as ours.

Others described family members suffering in remote communities without assistance because there are simply no palliative care services available. We heard from many communities and local staff doing incredible things against the odds to provide wonderful care to those at the end of life. We also heard evidence from many communities which painted a consistent picture of people dying in pain, often away from family or without access to basic end-of-life care.

Here is what troubles me deeply: it feels morally wrong, in a way, to be pushing for one care solution so that some people can have a dignified death of their choosing, whilst knowing that there is a large cohort who would never choose that option but who also deserve to die peaceful, dignified deaths in their own right—culturally appropriate deaths on country—who are not being adequately considered or resourced.

Many Aboriginal people we spoke to wanted assistance to die how they wanted—this is where the nomenclature that the Chair spoke of was fascinating to unravel as we continued our consultations—but not 'with a needle', as they put it. They wanted pain relief that does not require them to die in a hospital hundreds of kilometres from home. They wanted mobile palliative care teams that come to them on country. They want to be able to practise their cultural ceremonies and have their families camp nearby as they are dying. Some communities—like the Malandari Aged Care Centre in Borroloola—are doing this beautifully by integrating bush medicine, allowing families to camp on the grounds and enabling cultural practices. Those examples are, unfortunately, far too rare.

The committee has recommended that the Northern Territory Government develops a Territory-wide palliative care strategy and anticipates a 20% to 30% increase in palliative care demand following the introduction of VAD, based on what has occurred in other jurisdictions. This is essential. Voluntary assisted dying and palliative care are not competing options; they are complementary. Approximately 80% of VAD users in other states also receive palliative care. We cannot introduce voluntary assisted dying at the expense of palliative care expansion. Both must be funded and accessible.

I will speak briefly on the committee's recommendation regarding prognosis. The committee has recommended that eligibility for voluntary assisted dying should not require a specific prognosis timeframe—no six-month or 12-month timeframe. This is a departure from the expert panel's recommendation and from most Australian jurisdictions so far.

I support this recommendation. The medical evidence we heard indicated that prognoses are extraordinarily difficult to determine with any accuracy, except at short timeframes when someone is already actively dying. Requiring a specific prognosis can create a genuine barrier for people who are clearly dying and suffering but whose exact trajectory is unknown. Doctors told us that they cannot predict with confidence whether someone will die in six months, 12 months or longer and that this uncertainty should not prevent someone from accessing VAD if they meet all other eligibility criteria.

As we know, this removal of prognosis is the same as the most recent ACT legislation. A benefit of being one of the last jurisdictions to legislate VAD is that we get to look at how things are moving and improving and take that on board. I am pleased to see that recommendation.

The other safeguards in the legislation are the requirement for two independent medical assessments, a waiting period, decision-making capacity at all stages and review board oversight to provide robust protection without the need for an arbitrary prognosis timeframe that may deny access to people who are genuinely suffering and dying.

I turn to the broader political landscape that surrounded this inquiry and where some of my issues lie. I make it clear that my following critiques are not aimed at the government members of this committee. I saw all my fellow committee members treat this inquiry with the care and seriousness that it deserves. I believe all committee members genuinely wanted to hear from people from all walks of life and all belief systems and treated witnesses with the utmost respect. I make it abundantly clear that the following criticisms are not reflective of the work of the Chair either, whose commitment to ensuring that we heard from as many Territorians as possible, despite the impossible timeframe, was exemplary.

I need to speak to some problems with the broader political process surrounding this inquiry. What occurred speaks to the way that this government routinely disrespects First Nations people and democratic processes. The CLP said that VAD was not a priority. This inquiry proceeded because of the sustained pressure from progressive members of the crossbench. VAD was not a priority until the Member for Johnston put forward a motion, and then we got an inquiry. I commend the Member for Johnston for pushing the agenda that constituents have been telling us time and again they want to see.

Mrs Zio: Hilarious.

J Davis: Why is that funny?

Mr DEPUTY SPEAKER: Order! Can the Member for Nightcliff be heard in silence?

K McNAMARA: I pick up on the interjection from the Member for Fannie Bay, saying that apparently this is hilarious. We had not seen it move at all until the pressure from groups and constituents who wanted to see it happen, writing to their local members. Well done, everyone.

It appeared that the government did not want to touch this issue. In my assessment, some members may have been influenced by lobby groups like the Australian Christian Lobby and were concerned about their conservative base, but when the pressure became too great to ignore, rather than embrace this issue with the seriousness it deserves, they set up this inquiry to fail.

On 14 May 2025 the Attorney-General gave us our terms of reference. We were asked to prepare a consultation paper; consult extensively with communities across the NT, particularly in remote areas; evaluate different models and safeguards; identify specific challenges for the NT; and provide drafting instructions. The deadline was the end of September 2025. This gave us four months to complete an inquiry on one of the most complex and sensitive policy issues we could possibly tackle.

Of those four months we had only one in which to consult extensively with remote communities. I was deeply concerned from the start that these 'consultations' would be woefully inadequate and, at worst, culturally dangerous. The topic of death and dying is one of the most sensitive and difficult topics that exists, and in many Aboriginal communities even speaking about death can be considered dangerous. To attempt this kind of massive consultation in such a compressed timeframe was, in my view, unethical.

Much of the feedback from people was that it was unheard of to have an inquiry in such a limited timeframe, and there was a belief that it was set up to fail. I put forward a motion to my committee that we ask the Attorney-General for a time extension, but unfortunately that was voted down by the committee.

The consequences of this timeframe were what I feared, despite the heroic efforts of Committees staff and committee members who worked tirelessly and with genuine care as best they could. For example, some of the translated materials were not ready in time for community consultations. Most communities had no time to read the consultation paper or even begin to properly consider such a weighty topic. Many interpreters did not have sufficient time to be briefed on the complex medical, legal and ethical concepts they would need to explain. Many of them were grappling with cultural taboos regarding discussing death.

This is not how genuine consultation is supposed to be carried out, and the government and the Attorney-General knew that. This is not what co-design looks like. It is not best practice. Many communities refused to participate in the process, and I do not blame them. The Aboriginal Medical Services Alliance Northern Territory said in its submission that it was deeply concerned with the timeframe and that the inquiry risked becoming nothing more than a box-ticking exercise.

The responses we received from the community were down to people's incredible generosity with their time and personal stories. People showed up and shared deeply personal, often traumatic experiences with us as strangers who had arrived in their community with barely any notice, asking intrusive questions about death and dying and about family members who had suffered.

I worry that in this process we may have perpetrated the well-worn consultation farce where colonial institutions and governments show up almost unannounced, asking incredibly intrusive and often ignorant questions of Aboriginal people who respond with far more grace than anyone deserves and then they are promised things or the continuation of the dialogue only for the outsiders to leave and never be heard from again. There were moments when I was deeply uncomfortable with my own participation in this, even as I tried to push for better process.

One of the things I am most angry about is that voluntary assisted dying is the only topic this government has bothered to genuinely consult with Aboriginal people on. Do you know why? Extremely cynically, it believed that Aboriginal people would for once agree with its own conservative opinions on VAD. In the 12 months that this government has been in power it has made numerous legislative changes that have made an enormous impact on First Nations communities, but it has not bothered to properly consult them.

In regard to youth justice the government made sweeping changes, including lowering the age of criminal responsibility, which would disproportionately affect young Aboriginal people. That was done without adequate consultation with Aboriginal communities.

Probably most shamefully, the government pushed through amendments to the *Northern Territory Aboriginal Sacred Sites Act* that Aboriginal traditional owners explicitly opposed. The Northern Land Council stated that the government ignored traditional owners throughout the process. Larrakia Nation specifically opposed changes that would allow development on sacred sites near Darwin Waterfront, stating that it never agreed to the proposal, yet the government proceeded anyway.

When it came to voluntary assisted dying, an issue on which the government hoped Aboriginal people would support it, suddenly consultation mattered. Suddenly the government cared what First Nations people thought. Suddenly it was willing to send us out to remote communities to gather views. This is not genuine respect for First Nations voices; this is a cynical political manipulation, and it is shameful. To be crystal clear, I am in support of consultation and am grateful for the First Nations voices who managed to have a say in this inquiry, but it must be done ethically and in good faith. This process was anything but.

Here is the thing: the CLP's cynical attempt did not work. As it turns out, what we heard from Aboriginal people was not what this government or the Australian Christian Lobby wanted to hear. Yes, most Aboriginal people did not want VAD for themselves or their communities, but they made it abundantly clear that they did not feel inclined to tell other people what to do with their lives.

The conservative members of this government and bad-faith actors like the Australian Christian Lobby fundamentally misrepresented First Nations voices on this topic for their own benefit. They attempted to use Aboriginal people as a shield for their ideological opposition to voluntary assisted dying. They painted First Nations communities as universally opposed to VAD being available to anyone when the reality was far more nuanced and, frankly, far more respectful of individual autonomy than the position of those lobby groups.

This inquiry has lifted the veil on that manipulation. First Nations people demonstrated more respect for personal choice and bodily autonomy than the groups who claimed to speak for them, and that matters.

Despite everything I have said and the flawed process, the impossible timeframe and the cynical political manipulation by this government, I am still glad this inquiry happened. It was difficult, but it needed to happen because the alternative was for the NT to continue to be the only jurisdiction in Australia where people do not have the choice to access voluntary assisted dying.

The report before us is imperfect. The process that created it was flawed, but the recommendations it contains will, if legislated, restore to Territorians rights that they should have had for the past 28 years—rights that every other Australian jurisdiction has which were taken from us by federal parliament.

I support the implementation of voluntary assisted dying in the Northern Territory with the safeguards, cultural safety provisions and oversight mechanisms recommended in this report. I support the parallel expansion of palliative care services so that all Territorians, regardless of whether they choose voluntary assisted dying, can access dignified end-of-life care. I believe that is one of the biggest, most important takeaways of this report.

I particularly support the focus on enabling Aboriginal people to finish up on country with appropriate medical support and pain relief, surrounded by family and able to practice their cultural traditions.

I also call on this government to do better; properly resource the co-design process with Aboriginal communities that must occur before VAD is implemented; genuinely consult with First Nations people on all legislation that affects them, not just when it suits its political purposes; stop using First Nations people as political props; and recognise that Aboriginal people, like all Territorians, deserve to have their voices heard genuinely and in good faith and their choices respected.

This report is a step forward, but there is much work to be done. I again thank all the secretariat staff. It is hard to put into words how much work this inquiry was. We pulled it off against all odds to the best of our abilities. I thank the committee members. This was difficult at times, and everyone went above and beyond to ensure that it was successful.

Mr PAECH (Gwoja): Mr Deputy Speaker, I am the Member for Gwoja representing the Northern Territory's largest and most diverse electorate. I am a proud Aboriginal person who represents the interests of my community.

Voluntary assisted dying is not an easy issue to speak on. It touches the essence of life, dignity and culture, and it challenges each of us to deeply think about compassion, choice and responsibility. On a personal level, I believe that people should have the right to choose when they leave this world.

I have seen firsthand the success of voluntary assisted dying frameworks around the country and the world. I have seen loved ones suffer through terminal illness—people in unbearable pain carrying heartache and sadness, longing for peace. I know that for them voluntary assisted dying would have offered the chance to go with dignity, with respect and on their own terms.

While I hold these personal views, I stand not as an individual but as the elected representative of the people of Gwoja. My duty in this Chamber is to speak for my constituents, represent the voices of the bush and make decisions with their wellbeing and cultural values at heart.

Over recent months I too have travelled across my electorate—the biggest and most remote electorate and one of the most culturally rich parts of the Northern Territory—to sit with my families, elders, communities and friends to talk about this deeply sensitive issue. What I have heard has been mixed, complex and deeply emotional. Many people have expressed support for the idea that individuals should have a say over their health and end-of-life choices.

Many have also told me that this concept of voluntary assisted dying is difficult to translate and hard to understand in a cultural context. For many of our mob in the bush it is not just about language; it is about a world view. This idea does not easily fit within our cultural ways of understanding life, death and the role of family and kinship. If not communicated carefully and respectfully, it risks causing distress and confusion and, in some cases, could even create cultural and community unrest.

I acknowledge the enormous effort of those who have worked tirelessly in this space over many years, including advocates, clinicians and family members who have shared their stories and advocated long and hard. I particularly acknowledge and thank the staff and volunteers in the palliative care units across the Northern Territory. Their work is sacred. They provide care and comfort for our loved ones. In our people's final days, you support our families through grief and loss, and too often the amazing palliative care staff are the only ones sitting there quietly beside our loved ones when they take their last breath. For that, I thank them sincerely.

I personally support voluntary assisted dying, but I was not elected to serve myself. I was elected to serve the people of Gwoja, and as their representative I have to make their feelings known. While there is an understanding of personal choice there remains a deep concern, anxiety and uncertainty about what voluntary assisted dying would mean in practice for remote communities.

At this stage we have no clear model for how it would operate in these regions. We cannot yet answer fundamental questions such as where it would be accessible; who would be eligible; what the safeguards and approvals are; how family, elders and kinship structures would be included; and who determines the next of kin. These are not small details; they are central to ensuring this process, if introduced, is safe, fair and culturally respectful.

I acknowledge that the committee has done the work to determine those particular components, but out bush these are questions still being asked every day as a result of committee hearings. The conversation does not stop in the bush when the committee goes back to town. The conversation continues, and in the absence of information and leadership it becomes fear, which this rips apart our families and communities. We cannot let this void be filled with fear. Communities need to know the answers to these important questions.

Until those questions are answered and there is a clear and culturally appropriate model and Bill that reflects the realities of remote communities, I cannot in good conscience vote in favour of voluntary assisted dying, because my communities demand to know the truth and the answers.

For those reasons, my position at this time will be to abstain. This is not a decision I have made lightly. It comes from a place of deep care and respect for my people, culture and for the principle that every Territorian deserves to be heard, understood and respected when decisions of this magnitude are made. I assure my constituents, the good people of Gwoja, that I will continue to engage in conversations, listen, learn and work towards a model that reflects the diversity and dignity of all Territorians.

The problem is that we have heard members speak all day in this Chamber, but when we leave tonight we are no better off than we were a week ago. There is no Bill before the parliament.

I reject the assertion that the consultation was comprehensive. There are 76 remote Aboriginal communities and 500 homelands across the Northern Territory—places of love, culture, presence and people. Effective communication and consultation means going to every remote Aboriginal community and homeland, sitting in the dirt—not on a chair—not talking at Aboriginal people but talking with them and listening to them. That is what comprehensive consultation must look like on this issue. We cannot say that we effectively consulted if we did not go to every remote Aboriginal community and homeland and gave every Territorian the opportunity to be heard.

My electorate is the most remote, and my communities wanted to know why they did not get the chance to talk about this needle. You have left an absence of communication. Community members are calling me saying that they had a big meeting in Papunya about a needle and dying. 'How come we never had that meeting? What is this meeting, Japanangka? We are scared.'

That is what happens when you do not provide enough time for effective communication and consultation. I am not on the committee, but I have spent so much of my time on the phone and on the ground in remote communities trying to reassure people that they will not die, because this government could not extend the time for consultation with remote Aboriginal Territorians. That is the reality that we live in and that I am faced with every day as the Member for Gwoja, and as a remote Aboriginal person, having to have those conversations.

This government has made it clear that it is working on drafting. I ask it to look at the comprehensive consultation undertaken with the *Burial and Cremation Act 2022* in the Northern Territory. Get out to remote communities, have meetings and extensive consultation, and have the consultation in language. This important change to the way this works in the Northern Territory must be communicated in every Aboriginal language. Radio stations and Aboriginal media outlets need to be involved in communicating the messages. Video, audio installation, broadcasts in language and people talking about people having a say will be crucial to this moving forward. It is integral that happens.

The *Burial and Cremation Act* consultation process was comprehensive and acknowledged by the Northern Territory's four land councils as the most consultative piece of work that had happened in the Northern Territory's history with Aboriginal people. Was it perfect? No; it could have been better. Let us acknowledge that there is always room for improvement in everything that we do.

If we are to have a genuine conversation about voluntary assisted dying in the Northern Territory, none of us can stand in good conscience and vote either way without a guarantee that when a Bill is brought in, it is sent to the Legislative Scrutiny Committee and there is an opportunity for every Territorian, remote community, homeland, multicultural group and aged-care facility to have a say, look at what is in the Bill and provide feedback.

I acknowledge that there are members in this Chamber whose electorates you can basically walk around the boundaries in 45 minutes—unlike mine and the Member for Mulka's, whose is on islands so remote you cannot even get there by car. We ask that we are given time, when a Bill comes to parliament, to consult effectively with our communities. This is an important issue, and a tonne of work needs to be done.

I sincerely thank the Legal and Constitutional Affairs Committee for its work. I do not envy the pressure that the secretariat staff were under with such an unrealistic timeline to work towards and the pressures of competing views. I sincerely thank the Legal and Constitutional Affairs Committee secretariat staff; thank you for your work and the long nights putting together this important report. I acknowledge that the committee members did their best with the limited scope, resources and time they had to consult with Territorians.

Thank you to my communities. It was not the work of anyone in this parliament to get people to these meetings. My own family members were the ones ringing around and dragging everyone to the meeting in Papunya because the community did not even know the meeting was on. A flyer was put up in one council office, and no-one goes to the council office.

If we are to properly consult, we need to engage Aboriginal organisations to help lead the consultation. This is an important issue for everyone, and everyone will have a differing view. There will be people who agree or oppose and people like me who, currently, would abstain from the vote.

Aboriginal people—us—are blackfellas, but we are not all the same; our kinship and cultural structures are different. My biological mother might not have the same say that my kinship structure hierarchy fathers have over my rights. That needs to be considered in any form of legislation. The Member for Mulka has been a longstanding advocate for this, particularly in how that works and intersects with the *Coroners Act*.

This is an opportunity to have a real conversation about upholding and respecting cultural kinship structures. If this legislation does not do that there will be big fights, people will be accused of doing things to family and people will get sick in our culture. This is a space that we cannot muck around with. It needs to be drafted with senior Aboriginal leadership, elders and traditional owners to make sure that their voices and kinship structures are enshrined, upheld and respected. Aboriginal people, us countrymen, are not all the same. Some people might want this, and some people might not. It is important that those structures are put in place and the conversations are had.

I have been putting out fires since that committee went to Papunya, because no-one went to Kintore, Nyirripi or Docker River. Why? Because the Attorney-General would not extend the consultation timelines. The CLP created more fear in our remote communities, because people are saying, 'How come you chose that community and not mine?' I said, 'I don't know; that was the government's decision. They should have gone to all the communities.'

When you do not get to every remote community, town camp or Aboriginal living area in the Northern Territory, you allow for fear and misinformation to creep in. Whenever there is a draft Bill, whether from the Leader of the Opposition or the CLP government—I know that people in the community are saying, 'Just get it done', but that is not my view because we only get one chance to talk about this.

Aboriginal people deserve to be effectively and comprehensively consulted on the drafting of this legislation. This issue touches the lives of every Territorian. It is something we cannot muck around with. Moving forward, it should no longer be, 'Who said what, and what is happening'; it is above politics. The Commonwealth has given us back the opportunity to make these laws.

I acknowledge the Northern Territory was the first jurisdiction to do it and that other jurisdictions have it and models are changing, but there are issues regarding telehealth. We need to do it right.

I remain committed to the people of Gwoja. Your view is the view I represent here. I am not here to serve myself; I am here to serve you. I am committed to you and making your voice heard in this place. I will continue to get out in the red dirt, on country, talking to, listening to and acting for you.

Mrs CARLSON (Wanguri): Madam Speaker, I speak on the Voluntary Assisted Dying in the Northern Territory Final Report 2025 as a member of the Legal and Constitutional Affairs Committee. This report captures one of the most deeply human consultations undertaken by this parliament—a conversation about suffering, compassion, culture and choice for those who wish to die.

Earlier today the Chair, the Member for Fong Lim, used the words 'choice to finish up' for when a person has an advanced and progressive condition which is expected to cause death and is causing intolerable and enduring suffering that is actual or anticipated.

Over four months our committee—consisting of the Members for Fong Lim, Blain, Nightcliff and Daly and I—travelled thousands of kilometres across the Territory, listened to hundreds of Territorians and reviewed thousands of pages of evidence.

We heard from voices as far as Papunya and across to Numbulwar. We also heard from Judy Dent, the widow of the first person in the world to use voluntary assisted dying, which was in the Territory—the late Bob Dent—about the struggles they had back then. We heard stories that were raw, emotional and grounded in Territory realities, both for and against.

This inquiry was referred to the Legal and Constitutional Affairs Committee by the Attorney-General. I thank her, because it allowed us to do that final consultation and check in with those who did not provide submissions in the previous 2024 report.

We were asked to prepare a consolidated consultation paper and consult extensively with communities in the timeframe we were given, particularly in remote areas. We were asked to evaluate different voluntary assisted dying models and safeguards for all Territorians, with a focus on what would be appropriate for the Northern Territory context, and identify specific challenges associated with delivering voluntary assisted dying. If the committee recommended adoption, we were asked to provide drafting instructions, which we have done. These terms of reference guided every aspect of our inquiry, from who we spoke to, to how we examined the evidence. Ultimately, we formed 86 recommendations in a bipartisan approach.

When this was referred to the Legal and Constitutional Affairs Committee, I received an influx of emails and phone calls from my own constituents. With every person I spoke to, I specified that I wore two hats—the Member for Wanguri and a member of this committee, and I separated those two hats.

We heard from doctors, nurses, Aboriginal organisations, faith leaders, lawyers and families who watched their loved ones suffer. Some pleaded for legal compassion through voluntary assisted dying; others, grounded in faith or cultural law, urged caution or opposition. Both sides spoke from love for their family, deep respect for culture and the desire for laws that show compassion while safeguarding that trust.

After examining evidence, the committee made 86 recommendations for the Territory-specific model of voluntary assisted dying. We concluded that the NT should proceed with legislation but only through a model that fits our geography, cultures and health capacity, with:

- eligibility for adults with decision-making capacity facing intolerable suffering from advanced progressive conditions expected to cause death but no fixed prognosis—clinical judgment should not guide timing nor arbitrary timeframes

- safeguards of two independent medical assessments, interpreters and cultural liaison officers, where needed, being mandatory

- cultural safety embedded as guiding principle, with community co-designed Aboriginal health organisation leadership

- conscientious objection—practitioners and institutions may decline to participate but must provide referral pathways

- an independent review board for oversight to monitor every case and report to parliament

- palliative care parity—VAD must compliment, not replace, palliative investment.

Culture and country shape how Territorians understand life and death. In Arnhem Land leaders reminded us that decisions are shared through kinship. In the Barkly and Alice Springs health staff described fear of hospitals, echoing historical trauma.

The committee found that for any assisted dying we must first rebuild trust that medical care is safe, interpreters are impartial and consent is real.

The faith leaders—Christian, Islamic, Hindu, Buddhist and others—engaged with courage and grace. Many hold a deep reverence for life and fear that voluntary assisted dying may contradict moral teachings. Yet even among opponents, there was strong support for compassion and robust palliative care. From meetings with the Australian Christian Lobby and with the Alice Springs Baptist Church, I understood that faith was their underlying reason for opposing VAD. I asked them whether they would still assist and support people in their community if they wanted to use voluntary assisted dying, and they were supportive of that.

The committee affirms that conscience must remain free. No practitioner or institution should be compelled to participate, but patients must have access through referrals. That dual respect for conscience and choice is a defining strength of our approach.

The remote hearing were amongst the most powerful moments of this inquiry. I am grateful for being on this committee and to understand the remoteness of our Territory. Having a suburban electorate, it gave me insight into how the whole Territory needs to work together.

The first remote consultation uncovered how we communicate with Indigenous community members. We redefined the words ‘voluntary’ and ‘assisted’. We asked them if they would like their free choice and how they would want to be assisted in dying. Most of them would have preferred just to withdraw from care. That gave us insight on how their community works and how they make decisions of withdrawing from treatment.

That also gave us insight on how we spoke to them so we could ask if they were okay with others in or outside the community using voluntary assisted dying and whether that would harm them. They confirmed that it would not, and they would be okay with someone else using it. We understood that they would probably never use it.

NT Health officials were quite frank. Workforce shortages were brought up, as well as our fragile palliative care infrastructure and long distances that posed serious challenges. They supported voluntary assisted dying in principle but warned that success requires careful phasing, strong governance and investment.

As the Chair reiterated, this report gives us the basis to go back to our communities to work with them and ask them how they sit with VAD. There is a document now that you can use to talk to your constituents, and if you need to ask any questions or have challenges I am sure any of the committee members could assist.

I am not for or against at this stage. I will vote according to my electorate, but it was enlightening to be a part of this committee so that I could form an understanding when I am communicating with my community.

Despite the challenges, the majority of submissions supported voluntary assisted dying as an act of compassion and self-determination. Health professionals spoke of moral distress when unable to relieve suffering. Families even said that discussing voluntary assisted dying brought peace, knowing that choice could ease fear. Aboriginal leaders expressed cautious support provided that it was safe, culturally grounded and voluntary.

Many remote community members were against voluntary assisted dying; however, they support others who wish to use it, albeit they would not. The committee asked, 'Would it harm?', and they would say, 'We would never use it ourselves, but we want others to use it'.

Many of these voices were referring to Territorians in urban centres who would most likely be users of voluntary assisted dying if it becomes available. Our committee mandate was to gather evidence, not pursue ideology. We held open consultations, published interim findings and invited expert feedback. It would be wrong to dismiss the process as partisan or biased without engaging with its substance.

While members may bring forward private member's Bills, timing and process matter. Announcing legislation before full drafting or engagement with the committee's findings risks confusion and public mistrust. This inquiry insists not to delay but to ensure the law we craft is safe, workable and culturally grounded.

Assisted dying cannot be reduced to slogans or urgency. Witnesses were warned of risk, unequal access, language barriers, fragile health infrastructure and the need for robust cultural safeguards. Faith groups asked for conscience protections. Clinicians asked for training and oversight. Families pleaded for palliative care and choice. These are not barriers; they are not the scaffolding of trust. A Bill that glosses over them would fail the people it seeks to serve.

From this journey, three truths stand out: choice requires trust; compassion must be practical; and respect is our compass. The final report sets out a clear course: draft legislation, guided by our 86 recommendations; establish a voluntary assisted dying implementation taskforce; fund training, interpreter programs and cultural liaison roles; strengthen palliative care; deliver public education in first languages; and review the law at three years and then every five years through independent oversight.

Our committee approached this work knowing that no law will satisfy every conscience, but silence and suffering are not options. This report does not seek to end life but to honour it by allowing Territorians to face death with dignity in accordance with culture, faith and will. As one submission said, 'We are not asking for an easy death; we are asking for a gentle one.' That is the standard we must meet—a law shaped by compassion, grounded for safety and built for the Territory we love.

I thank the secretariat and the team. I thank the other committee members, as it was testing with our timeframe. One of our trips was a little chaotic in the air.

For those who are waiting for this legislation, I ask you to be a little more patient as we are trying our best to get you a Bill and to consult with our electorates.

Mr YOUNG (Daly): Madam Speaker, I recognise those who have been advocating for years and who fought, wrote, spoke publicly and worked quietly behind the scenes. They are families who have shared their stories of loss and pain over decades; the doctors, nurses and carers who have seen suffering up close; and the Territorians who have had the difficult conversations about dignity, compassion and choice. Their persistence and courage have brought on this moment. It is a moment about compassion, respect, dignity and individuals having the right to choose how they pass away.

The committee's report reflects what many of us already know: Territorians deserve the same rights as people in every other part of Australia. Every state now has voluntary assisted dying laws. The Northern

Territory was the first to have that right, and it was the first to be taken away. It has been 30 years since the Commonwealth Government overturned the Territory's 1995 Rights of the Terminally Ill Act. Since then, generations of Territorians have watched loved ones suffer and be denied the right to make their end-of-life decisions.

This report makes it clear that the time has come for the Territory to move forward carefully, respectfully and guided by compassion. It is not about promoting death; it is about relieving suffering and giving people a choice when medicine can no longer heal or ease the pain.

I acknowledge, as the Chair and other members have, those who have differing views. It is not easy sometimes when we have differing views, but I appreciate those who came forward. Whether it is faith-based, cultural or personal belief, their views are just as important as those of someone who supports VAD. Their perspectives matter deeply, and this debate calls for respect of the individual and the principle that no-one should impose their personal beliefs on another's most intimate decision.

As lawmakers we were entrusted with the responsibility to act. The committee has done this important work in listening to Territorians. I strongly believe that we need to honour that work and ensure that Territorians have the dignity of choice in the way they pass away.

I thank the Chair, the Member for Fong Lim. He put a lot of work and effort into this consultation. That was reflected in his speech. From the bottom of my heart, I appreciate the speech he gave today; it was highly important to go through detail by detail. It got me to change a bit of this speech because I thought he went through all the 86 recommendations beautifully. I thank him for taking the time to put it across in the Chamber and so that it is on *Hansard* for people to see. It is a huge body of work; it can be confusing when looking from the outside trying to read that report. I thought the Member for Fong Lim dissected that well. I do not agree with all of what he said, but that is okay. I still respect he took the time to do that.

I also thank the Members for Wanguri and Blain from the CLP side. They were there for every minute throughout the consultation period. It took them away from their families and electorates, so I appreciate their time and constructive consideration to the consultation process and the sensitivities that came with that. I thank the Member for Nightcliff; I know it took the member away from their family, and I appreciate that they got out as much as possible with the restrictions they had in place.

We all came together in a bipartisan way. We were restricted with time; there was a bit of argy-bargy within the committee, but we had to get on with what the terms of reference allowed us to do. I will speak on what I did not agree with, but overall I put on the record that I support the report, hence why I did not want to do a dissenting report.

I acknowledge those who have spent years advocating for dignity, choice and compassion—the families, carers, health professionals and community members—who have pushed for respectful and humane end-of-life options. Their commitment has brought this issue back to the Territory and national conversation; it is getting a lot of airtime down south as well.

I must be clear that, personally, I do not believe that the process and the terms of reference were done in a culturally appropriate way; I thought it was quite culturally inappropriate, and I made that clear to the committee. It disrespected a lot of the final report from 2024, but that is not a reflection of the committee members; that is what we were handballed by the Attorney-General and the restrictions we had to work within to try to consult with Aboriginal communities.

I say that because we were given that in May and only allowed four months to consult with Aboriginal Territorians. By the time the committee met, it was probably three-and-a-half months to three months. We wrote to many Aboriginal organisations, all the four land councils and AMSANT, but it was hard for those organisations to come to a position because they have to meet as a board to discuss those issues and may not necessarily have the time to meet.

We still went out to communities to do the public consultation where we could. We met with some organisations; other times we had open public hearings—Barunga comes to mind—where people just rocked up and asked, 'What is this about?' We had to explain to people what we were there for. People had to dissect that process, what voluntary assisted dying was and then give a response on how they felt. It should have gone through the elected committee members of Aboriginal organisations and corporations so that the Northern Land Council and AMSANT board could represent the community. That is what they have been elected for.

I shout out to the independent expert panel commissioned in 2024. Some of its members were insulted by the government sending this to the committee. We know that the panel did just not go up and down the Stuart Highway, as the Chief Minister and the Attorney-General have continually suggested. That is not true. Was its process perfect? No, but neither was ours. Many were upset by those remarks by government ministers, and it was disrespectful to the people on the panel.

In its submission AMSANT reflected on it being culturally inappropriate:

> *AMSANT has consistently advocated for the need for well-resourced, culturally safe consultation processes, particularly when engaging Aboriginal communities on complex issues such as Voluntary Assisted Dying (VAD). While we acknowledge the Committee's intention to consult across the Northern Territory, we are concerned that the timeline and resourcing allocated may not reflect the scale or cultural complexity of the task.*
>
> *Consultation in remote Aboriginal contexts requires more than routine outreach. It demands cultural competence, establishment of trusted relationships and considerable time investment. Discussions involving life, death and care at the end of life intersect deeply with cultural and spiritual protocols. These factors must be central to any consultation approach.*

Just because people show up to consultation does not make it culturally appropriate, as AMSANT outlined. AMSANT suggested that the committee adopts a strengths-based lens in this process and included a number of points about that. I will not speak about that in detail, but it is all in AMSANT's submission.

Although I did not agree with the whole process, committee members did their best to put together a pretty good report, considering the constraints.

I thank the many people who turned up to public hearings. In many of the remote communities we visited, people turned up not even knowing what the meeting was about. When we explained that we were there to talk about voluntary assisted dying, which is a sensitive and confronting topic, people were generous enough to sit with it, process it and share their thoughts about how such a law might or might not fit within their cultural frameworks. I thank those community members for their time, honesty and generosity.

It takes enormous courage to speak about death, spirituality and cultural practice in that way, and that is why I had concerns about this process from the start. We asked people to engage in a conversation and speak of grief and then we moved on. There was no structured follow-up, wellbeing checks and clear cultural emotional support offered onwards. At the start of those consultations people were given a number to call, but a lot of the time many people in remote communities do not ring a number to get help; it just does not happen. We need to look at personal and culturally grounded supports in communities at a local level.

Palliative care came up in a lot of our consultations. I make it clear that voluntary assisted dying cannot and must not standalone. We clearly heard that from these consultations. If we move forward with this issue, it must happen in conjunction with a well-resourced health system that supports aged-care homes, community clinics, hospitals, disability services and, most importantly, palliative care services.

I highlight this because voluntary assisted dying is not simply about the choice of end of life; it is about how we care for people throughout their life and how we support them when their time comes to an end.

Throughout this inquiry one message came through repeatedly, especially in our remote and regional consultation: palliative care in the Northern Territory is stretched, under-resourced and often inaccessible.

In too many communities there are no dedicated palliative care staff. People are being flown out at the end of their lives, leaving country, family and their culture just to receive care that others would otherwise get close to their home.

I thank Palliative Care NT. I am sure many of you got the email last week reminding us of its submission. I thank people there for their tireless advocacy, their detailed submission to the committee and for writing to me last week to underline the importance of building proper foundations before moving ahead with voluntary assisted dying. The submission does not oppose choice; it calls for compassion, planning and proper resourcing. It reminds us that VAD must sit within a broader care system, not replace it.

The committee's report rightly calls for the NT Government to develop a comprehensive palliative care strategy, acknowledging that current services are stretched and under-resourced. That strategy must be ambitious, practical and grounded in Territory realities.

I want to share a few key recommendations that Palliative Care NT has put forward because they show what real compassion and proper planning looks like. The submission says:

> *Wherever you live—when you are close to the end of your life, you should be able to be cared for in the place that you choose—with dignity.*

To make that a reality they have called for a home and community end-of-life support program, including home support and last days care packages; a return to country program, with transport and carer support that does not rely solely on aeromedical evacuations; access to essential equipment for people who cannot get support for NDIS aged care or Territory equipment programs.

They called for adequate resourcing for specialist palliative care teams for safe staffing levels; inpatient palliative care services; multidisciplinary palliative care hubs in Darwin and Alice Springs with allied health, bereavement support, nurses and educators; training and support for Aboriginal health workers as palliative care leaders; community palliative care teams that can provide responsive outreach and support to primary healthcare staff; regionally based palliative care nurses in Tennant Creek, Katherine, Gove and Borroloola; and the list goes on.

A point of order, Madam Speaker! I move an extension of time to continue my remarks.

Motion agreed to.

Mr YOUNG: They have also recommended investing in palliative care champions across government and non-government sectors and establishing a yearly NT palliative care conference to share Territory-specific knowledge. That is not bureaucracy; that is building capacity, dignity and care close to home. They have also called for proper support for families because families are at the heart of the end-of-life care. That means program funding for respite options, practical care support and bereavement and counselling services.

They have urged that all of this must be culturally safe—I think everyone who has spoken agrees—recommending the development of a centre of excellence and cultural safety in end-of-life care. This will allow Aboriginal and Torres Strait Islander people to receive care that aligns with their beliefs, values and connection to country.

I have gone over the deficiencies of what has gone on, but I do not want to take away from the report. Within the timeframe we were given, we could not have done any more. We had one month on the road, and I admit I could not be at all the consultations; I have other responsibilities with 11 shadow portfolios and a huge electorate, like many bush members. It is difficult to balance that. Most urban members—no disrespect—can get home most nights after a day's work, whereas we are lucky to be home one night a week with the work we do. That is not taking away from the work urban members do, and it is a responsibility I am honoured to have.

If a Bill comes forward, I will support voluntary assisted dying. I believe we can resource palliative care properly. Although I would have preferred to have a Bill in front of me so that we could answer specific questions and address concerns, I believe that most people we spoke to in the bush were comfortable with the right for other people to have that choice. This is about choice, dignity for families and a person's right to pass away with dignity. It is also for their families and friends who have seen their family members and friends suffer for months, sometimes years.

I thank Sharon Cramp-Oliver from Bynoe in my electorate, who wrote to me this morning urging and hoping that I vote for voluntary assisted dying. I will read out her story. I acknowledge that it is sensitive and involves suicide. Sharon wrote to me about her mum, Elizabeth Anne Holmes—a story of a beautiful lady who did not have the choice to access euthanasia:

> *The Northern Territory is now the only state or territory in Australia that has not passed laws for euthanasia.*
>
> *My mum (Elizabeth Anne Holmes) broke her back when she was 53, she battled breast cancer for 12 years, and had two hip replacements (one that dislocated itself early in 2017). She had a terrific career; she worked in a bank, she raised money in the Miss Australia Quest, worked as a model, worked in retail, worked as a divisional secretary for a prominent insurance company, was a Justice of the Peace for many years and also worked as a volunteer Lifeline counsellor for 18 years.*
>
> *And most importantly, mum was a devoted and dedicated wife and mother.*

Mum kept an extremely detailed diary which explains in detail the decision she was faced with before she took her own life on September 22, 2017. Mum was 77 years old when she died. Her story and diary were tabled in the NT parliament on November 23, 2017 by Sandra Nelson MLA … My mum was a strong believer in euthanasia and would have definitely accessed it if it was available …
The day mum died, a letter was found on her dining table:

"To everyone I love, especially Wayne, Sharon and Wendy. I was so looking forward to my life after my two hip surgeries. I have not been able to walk or drive for years … for the first time after the second operation and I knew my life was ruined. My dream of training into Melbourne to visit my son and grandkids and also to Adelaide to catch the Ghan to see Shaz and Spud out of Darwin and my first trip to Wen and Daves home and my granddogs. Now I cannot even walk Katie!" (Katie was her dog).

"I thought okay, if I cannot walk, I will swim and I cannot do that as well. My grade four breast cancer has progressed and has broken through the skin and will infect people and become infected myself. I have had 24 years of pain. I am not going to burden my children and friends and have palliative care. What a farce that is! Because there is no option in New South Wales, I choose euthanasia. At least I could still drive but I am not capable of doing that. Never had an accident in 60 years. I have lost my confidence in driving; I have no independence. My licence has been cancelled. I must pay to keep my garden, house and dog plus maintenance. I watch TV, I read, I do crosswords. I have become a hermit, with a dog called Katie, my saviour. I have nothing to look forward to but pain and indignity. We all should be able to choose when we die, so with great courage and no cowardice I go to God. An act of love. Please cremate Katie so she can be with me. Love, mum."

Stories like this are why I will vote in support of voluntary assisted dying if it comes before the parliament in this term, which has been suggested by the government. We need to ensure that people like Elizabeth are given the opportunity to die with dignity and that people like Sharon, the daughter of Elizabeth, can see their mother die with dignity. Having that choice takes away the anxiety for a lot of families and the person going through that suffering.

I urge both sides to consider this deeply, because people go through intolerable suffering. That is not okay, and people should have the choice to end their life.

Mrs FINOCCHIARO (Chief Minister): Madam Speaker, I thank the committee for its significant hard work. This has been an important process to us as a government. I will not enter into the cynical, political rhetoric of those opposite, but I will say that this is a topic—I have been around a lot longer than those who choose to throw stones at me—that we have always had a consistent position on. We have always said that this needs to be highly consulted on across the Northern Territory in as many remote communities as possible. It needs to be done respectfully, comprehensively and with integrity so people trust that process. We have always said that, and this debate has come up many times during my more than a decade in this Chamber.

Upon coming to government there were loud calls from the start about whether VAD would come through. I made it clear as part of our year of action, certainty and security that we would not to raise the expectation of our community and play politics on an issue that is deeply important and also deeply hurtful and difficult to many.

We made it clear that we had priorities. This was not an election commitment, promise or anything even close to that. We proceeded with regulatory reform across a range of areas, such as crime, the economy and lifestyle; huge gains have been made, and work has been done. It allowed us to get the Legal and Constitutional Affairs Committee to move to this consultation process. We deliberately picked the LCAC as it was a bipartisan committee of the parliament with that legal mindset and framework to do the consultation, test the veracity of the report under Labor and provide clear guidelines. We asked the committee to come back with drafting instructions, which may or may not be unprecedented, but it is not common.

We did that deliberately because we wanted the Assembly and, in turn, Territorians to have confidence and engagement in the outcome. From all of the contributions I heard today, I am confident that has been achieved. That is special and remarkable. We have a diverse group of representatives in political parties coming together to reach a consensus view about a way forward, which is important for a government on an issue like this.

Some members opposite want to compare this legislation to other legislation which was taken to a general election and relates to matters that could not be further from this topic. That is ridiculous. This is different and deserves to be treated differently. We have seen that play out in parliaments around the country and on

topics in this parliament. There are other debates I can reflect on and remember with this same type of process where careful respect has been afforded.

There is now a significant body of work. Because it has been done in this extensive way, it gives us, as a government, great confidence to move forward, which is why the Attorney-General is moving to the drafting process.

I pick up on comments by others. This Bill will be brought back to the parliament this term; there is no doubt about that. The work is starting because we have a product we can work with. We have confidence in something that everyone can get behind. There would be nothing worse than to play on the emotions, heartstrings, hopes and aspirations of our community to bring some botched legislation to this parliament that does not have the consensus of Territorians or the room.

Imagine if a party or the Opposition Leader was to bring a Bill to the parliament that failed. We talk about sensitivity and the impact on people. Those are all impacts and considerations for a government. Now we have confidence that something has been pulled together by a diverse range of representatives of people of the Northern Territory.

It provides a platform to prepare the legislation to be modelled from. It gives us great confidence. The Member for Fong Lim, as Chair, extensively went through each of the considerations and decisions they reached which gives anyone the opportunity to better understand it—not just members of parliament but members of the community. Then we had the nice overlay of members of the committee adding their unique perspectives.

It is well worked through, covered and comprehensive. I have heard from each of them that this is not straightforward. For the people who want this rushed—there have been many calls in the government's direction that this needs to be done faster—I heard the exact opposite today. In fact, there is now a clear understanding amongst members of parliament and, in turn, the community that this should not be rushed. There are many and varied layers well beyond the substantive part of the rights of the terminally ill.

For example, the Member for Fong Lim went through criminal provisions. Most people would not turn their minds to it or care about it, honestly. However, that is our job and where we come in. We have to do these things. I appreciate the urgency for many, but there is a legitimate process we have to go through.

Everyone has talked affectionately about palliative care. I do not think anyone in this room has ever heard of a bad word about the palliative care team; they are amazing. Everyone has a significant understanding of the work that needs to be done to support dignity at end of life across a range of deliverables and ways to deliver palliative care.

Again, that is a nuance. We are hearing that palliative care requires a lot of work to be done to proceed with VAD; these things are not isolated. They are not straightforward mechanics; there are cultural and religious considerations with the conscientious objections, and all those things have been extensively considered well beyond what we have seen in the past. It is important work, and I commend everyone for being involved.

We also heard that implementation post Bill takes a significant amount of time, and I see consensus in the Assembly from all parties represented; that is important.

From my perspective I hope that we continue to see this level of respectful debate and public commentary on these issues because no-one gains from inflating this into a political issue. It is now in train. We now have a roadmap we can all get behind. It is about making sure that the detailed work is done and everyone is consulting with their communities.

I note it is conscience votes for Labor and CLP members, so the responsibility is upon MLAs to do that important work, and the result will be brought back to this Chamber for important analysis and obviously a vote.

I commend the committee. I thank everyone who has contributed and all Territorians who put forward their views, no matter what manner or shape that was. It was important, and all of it was read and considered. A lot of work goes into this beyond the five members of the committee. There are Committees staff and all the additional support that wraps around it.

This has been an important process at the right time for a new government, and I am not interested in the politicking on this. There is a process to go through on an issue that deserves and commands respect, and

the CLP government is affording that respect by virtue of the process that we are all in this Chamber celebrating today.

Mr GUYULA (Mulka): Mr Deputy Speaker, I thank the committee and Committees staff for their work. This is a large report that considers many important parts of the VAD story. There is also much discussion of cross-cultural issues, and many Aboriginal voices are included in the report.

I note that the committee did not come to the Mulka electorate or consult the Yolngu or balanda communities of north-east Arnhem Land as part of this consultation process. I am not sure why this decision was made. I am also not sure that the process of arriving in a community for one conversation is enough for such a complex cross-cultural topic. I note that the committee had legal experts supporting this process, but they did not have cultural experts guiding them.

The committee has recommended that VAD legislation be drafted for parliament, and the government has said that it will introduce a Bill early next year that will create a pathway for VAD. It is important that a draft Bill be made available for further consultation because it is critical that the Bill is appropriate for the cultural diversity of the Northern Territory. We must not lose sight of the unique makeup of the Northern Territory and the many cultures that live here.

The end of someone's life and the ceremonies at the time of their death and following their death is one of the last remaining areas where Yolngu *rom*, our way, still defines what happens. Even when someone passes away in hospital, the hospitals understand that our ceremonies will be part of the process. We still have strong autonomy and decision-making power in the death and burial of our people, and when someone has been diagnosed by a doctor with a life-ending disease, we may not rely on that information as certain. We have seen people live for a lot longer than they were told, and we have seen people live when they were told that they would die.

My grandson is one of these people. The family came to Darwin when his life support was turned off, and we performed ceremony, but it was not his time to go. When we perform ceremony for those who are sick and dying, it is a time when we are singing them home to their country and ancestors. I remember my grandfather dying, and songs were about an easy time for him to go or if could he be healed to stay; singing for his totem was a healing process that may heal him to stay or help to create a pathway to go in a peaceful way. There were elders singing with the hope of healing him. In this process someone may become better, or it may be their time to go. We do not know, and we do not want to be the decision-makers about that. Yolngu *rom* does not have a pathway for ending one's own life.

Although culture shifts and changes, voluntary assisted dying is not comfortable for our people. Today, with increased disease and death in our communities, death can be a time of confusion, blame and fear. We have gone from being fit and healthy warriors with strong connection to country, healthy diets, strong bodies and strong minds to people who often do not live on our ancestral country, who eat takeaway foods because we cannot hunt and who have diseases that we have not known before. We have the highest rates of avoidable deaths in the country. Diseases such as rheumatic heart disease, diabetes, cancer and strokes have been introduced in only the last few decades.

Through our cultural lens, when someone appears well and then suddenly dies it is suspicious, and we do not trust how that person has died. Western medicine may explain that it was a heart attack or a stroke, but we do not have that perspective by itself. We have two cultural perspectives running at the same time. I am not here to say that one culture is right and one is wrong, but we need to understand that there are significant differences in the way illness and death may be viewed across NT communities.

We have so many deaths in our community that there is much grief and sadness. Since the Dry Season began I have been moving from one funeral to the next. Sadly for my family, the body of one of my younger brothers was sent to Darwin today. He died unexpectedly on the weekend, and I arrived late to parliament today because I was driving throughout the night. When I leave this parliament next week, I will travel to Gapuwiyak for the funeral of another younger brother who I am close to, who I grew up with and who also died suddenly after being flown to Royal Darwin Hospital. We will hold their funerals together.

We are experiencing many deaths all the time, and people fear the clinic and travelling to Darwin to go to the hospital because we know when that happens sometimes the person comes home only for their funeral. We have blame and suspicion when someone dies suddenly and unexpectedly.

Every time this government makes a law or policy there should be checks and balances to see whether it infringes on our right to local decision-making and self-determination. In this discussion I am calling for the same thing. What is right for one community may not be right for the next.

There is a risk that the introduction of VAD in Yolngu communities will create fear, suspicion and blame. Everyone I have spoken to has said, 'We do not want this for us or for our people', and I can see that written in the report. There are strong words from Alison Anderson in Papunya. She says:

> *… if people outside of us want it, they can have it, but not for us. It is not for us, and I cannot stress that enough.*

This does not sit comfortably beside Yolngu *rom*, but I am not saying that VAD is wrong or that you cannot do it; I am saying that it does not fit easily with our culture. I do not speak for other clans, communities or cultures. If some people want this, then that is for them to make that choice.

This is where this government needs to show that it can listen to the breadth of the NT community. I can see that the committee understood that the idea of VAD will be different across all our communities and there have been many different responses.

I am pleased to see that the drafting instructions allow institutional objection to VAD, so that Aboriginal health centres do not have to provide VAD if they do not believe it is appropriate and if the community does not want it. It is good to have options available for community health centres, but the health centres are not local governance for our communities; the clan leaders and elders are the governance of our communities. Elders, leaders and representatives of all clans need to be included in the decision-making processes because this is the way we do business on our land.

The real people are our elders and leaders, not people who are handpicked. Having VAD available in our communities may create problems, and we need decision-making power about these problems.

Already in the committee report we can see some of these problems outlined. For example, it is possible that many Aboriginal interpreters and Aboriginal health workers may not want to participate in VAD discussions because it is not culturally appropriate.

There is a quote from a nurse:

> *The problem in remote is the perception that it is a white man's medication, we have come to kill people. So, they will stand up against …*

Mr BROWN: 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.

Mr GUYULA: If a doctor or nurse offers VAD to patients, they may become known as people who kill people. This theme came out through the report many times. Many of the health professionals have identified the need to have trust with remote patients so they will attend the clinic, take their medication and feel safe to do so.

There is also an issue raised by the report that highlights cross-cultural differences. Decision-making in Yolngu culture and many Aboriginal cultures is undertaken not just by an individual but by the broader family. The report talks about protections for a patient to ensure that they are not being coerced by family into a decision about VAD. This is important, but it must not come at the expense of limiting Aboriginal decision-making processes.

The drafting instructions stated that the patient can request family members to be involved in the decision-making if they voluntarily request it, but they may not know to do this and to ask and push for their cultural rights. I have come across this issue in every area. For example, often in education or child protection the workers meet with mum or dad, but they need to have much bigger meetings that include grandparents, aunties, uncles and sometimes clan leaders or a *djungai*, who is a caretaker. They must be there to make these decisions.

This requires cross-cultural capability from the worker to know how to bring all the family together and to make sure all the right people are included in the process, otherwise conflict may occur if the right people have not been included.

There needs to be trust and understanding that our systems work. Governments and their departments have failed to trust Aboriginal people and our systems, and they always think that they know what is best. When proper consultation has not happened—we see the outcomes around us now, with lots of people in jail, early deaths and poverty. Our communities have our own laws and customs when it comes to the end of life, and we must be the decision-makers when it comes to such significant laws.

I also note the comments on palliative care that is described as 'woefully insufficient'. The report outlines discussion of an expected increase in people accessing palliative care, which means that funding must increase by 30%. This is important for all our communities where people may not want VAD but still want to die at home with dignity. This Bill should not be introduced without that funding commitment to palliative care and dying peacefully on country.

It is important that the diversity of the NT is understood. We are not the same as any other jurisdiction in Australia, and laws designed for the NT must reflect this. These drafting instructions do not go far enough in the protection of First Nations people's rights to self-determination. This is a change I want to see in any draft Bill. Although a VAD law may bring welcome relief to some people, we need to make sure that it does not cause damage to others.

Members from each party need to stop arguing about who is correct. We want parties to work together to bring in good laws for everyone. It is not about playing games; it is about saving our lives.

Mr BROWN (Arafura): Madam Speaker, I thank the Legal and Constitutional Affairs Committee and its Chair, the Member for Fong Lim, for their hard work in travelling country and bringing this taboo subject to communities.

I admit that this topic is difficult for me, being Indigenous, from the Tiwi Islands and coming from a Catholic community. We have a strong Catholic presence on the Tiwi Islands. I travel for ceremonial purposes and joined the Member for Mulka in his electorate.

I have personal experience with VAD, with my father's best friend passing earlier this year. I went on that journey with my dad because his best friend chose to end his life with VAD. The decision, the journey and the discussion took about four months. I was there in January, and I attended his funeral in April. There was no talk about it in January. My dad took him under his wing at his place for three months from February to the end of April. It all came about when they found cancer in the bone a year before.

Dad took him in. The legalities, procedures and discussions with family was a long process—three months from when he made up his mind to when he chose to take the medication on the day. He had prostate cancer that moved to the spine. He was living with my dad, and he could not go to the toilet by himself anymore. He was a man with dignity who worked all his life and supported his community and family. My dad sat through the process which lasted from 10 am to 5 pm from taking the first vial—there were three steps; I do not know how it will work here.

I support this, but the key word is 'voluntary'. I face issues because of my cultural obligation and representation. When we pass to the dreamtime, our story as Indigenous people does not end. Death is a part of life for us, so the responsibility of our journey goes to our *djungai* and family. I spoke about it being a personal decision for the individual; this is where it is complex in Indigenous culture, because everyone belongs to clan groups and songlines. People are responsible for you, which comes with the dreamtime journey. It is a complex issue from my Christian perspective as well.

We need to do all the engagement and education we can. It is a scary topic, and people in Arnhem Land have no idea about this option or what is happening interstate. That is why I commend the committee for starting that discussion. I cannot image how you mob would have started this conversation when people sat down at the table for these meetings; it must have been hard. Nobody likes talking about it.

From the Western perspective, it is an option that needs to be undertaken or looked at. 'Torn' is not the word, but we need this as an option for people who are really ill, as long as there are proper procedures, strict rules and guidelines. It definitely does not match up to the cultural aspect of our communities, especially in West Arnhem and the Tiwi Islands where other family members have responsibility for you, your songlines, children and dreaming. It is all about carrying you back to your country.

Everyone deserves to die with dignity, but they need to be provided with clear and strong engagement, reassurances and facilities in our communities. It needs to happen, and I will support this.

J DAVIS (Johnston): Madam Speaker, here we are after 30 years.

I start by sharing what a person—who I will refer to as 'A'—said to me this morning. They rang and asked me to say in this Chamber, 'It feels like we are finally getting closer, but I have run out of time for all this talk. Come on, everyone in this room. You people who have control over this intimate, personal thing in my life, which does not affect any of you—come on. Let me make a choice which will not harm any of you.' Gavin, Belinda, Stevo and many others suffering from terminal illnesses said to me, 'Tell those people to come and talk to me before they make a decision. Please, I beg you, tell them to hurry up.'

To A, Gavin, Belinda, Stevo and many others who are watching online—some of whom wanted to come in to hear what people were talking about but could not because they are too unwell—I have passed on your messages.

From the moment I became the Independent Member for Johnston, community members raised voluntary assisted dying with me. In my second week in the electorate office, Maureen walked in and said, 'Do not bother coming back here if you do not do something about voluntary assisted dying'. That was the beginning, and since then the calls, emails and conversations have not stopped.

At the beginning of this term of parliament we heard from the Chief Minister in the media and in this Chamber that VAD was not a priority for the CLP, even though it was clearly a priority for so many people in the Northern Territory. In response to this, I moved a motion in May to implement the recommendations of the independent expert advisory panel's report, and I am proud to say that in response to my motion advocating for VAD in the Northern Territory, the CLP government chose to move forward and take action by referring this issue to the LCAC, reflecting the overwhelming will of the people of the Northern Territory. That is why we are here today.

This shows what can be achieved when independent community-elected representatives like me listen to the community and bring the community's issues to the floor of our parliament so that even when political parties will not listen to what matters to people, as with VAD, community voices can be brought into the lawmaking process and parliament can work together in the best interests of the community. I am proud that I raised this important issue in the Chamber. I am grateful to the government and to the opposition for committing to this vital matter that will make a real difference to the lives of so many.

I often speak about parliament working together to create good laws for the Northern Territory, and this is exactly what I mean. I echo the Member for Fong Lim in saying that the hope is now that we will all work together. Let us not waste the work that has been done over and again.

I was also encouraged at the beginning of this process that the government seemed to take on board the concerns raised throughout its term regarding the lack of consultation in the drafting of Bills that have been brought to this parliament. We heard about the sometimes herculean efforts of the committee and staff to conduct this consultation and the significant ethical concerns of conducting consultation on such a complex issue in such a truncated timeframe.

We heard about the harm that inadequate consultation on such complex issues can cause. Everyone in this Chamber has heard about the problems that arise when we do not do consultation properly or ethically, and we must make sure as we develop this law and other laws that we have real and not rubberstamped, gammon consultation.

This consultation was deeply imperfect, but it demonstrated a commitment to listening to Aboriginal people. This should be the standard for all legislation in this parliament, and it has been absent from every other Bill this government has passed that directly impacts Aboriginal people, their sacred sites, water rights, youth justice and environment. I look forward to seeing that same commitment reflected in other policy areas and other Bills.

There is a lot of theory in this debate, but it is not just a theoretical debate or just about politics; it is about real people, families and suffering. It is about terminally ill Territorians pleading with us to give them back the basic right to die with dignity on their own terms.

This report represents more than policy recommendations or legal frameworks. I know, because I have heard from many people, that it represents hope for Territorians who have been waiting far too long for this right to be restored.

I will share the voices of three Territorians who asked me to speak on their behalf. The first is Belinda, who I do not know but who came up to me outside Woolworths one day to tell me her story. Belinda is living with stage 4 breast cancer. She said:

'I want the same equity of access that people in other states have to voluntarily exercise that right if I choose. I was here when the Northern Territory passed the euthanasia Bill in the 1990s and was so proud that we were leading the world. That it was repealed by people who did not live here is a travesty that needs to be corrected. We need to allow terminally ill people and their loved ones to be spared the experience of an agonising death or witnessing someone's agonising death. I fervently hope we can take our place amongst the more humane jurisdictions that already have this legislation.'

Belinda simply said, 'I want to know that VAD is there if I need it'.

Then there is Gavin, who some of you have met. I talked about Gavin in this parliament in May, and he came to see me at the markets this weekend. He is a wonderful man who has lived in the Northern Territory for more than 50 years. He is facing a terminal cancer diagnosis and has been told that he will have a painful death. He wants to die on his own terms in this place to which he has contributed so much.

When I asked Gavin if there was anything he wanted to share with us, he said, 'It is simple. It is kindness and compassion.' Gavin is not asking for complex legal arguments or political debates, just basic human kindness and compassion at the end of his life.

Then there is Stevo, who I also had the privilege of meeting recently. Stevo is facing a terminal illness, and he spoke to me with remarkable clarity about what voluntary assisted dying means to him. He said, 'I do not want to die, but I am ready to die. I want you to tell people that I have a lethal dose of medication left over from when I was at home. I could choose to take those pills any time, but that would be suicide and I am against that.'

These words cut to the heart of why we are here. Stevo does not want to die by suicide. He does not want to die alone in fear or in a way that brings shame or trauma to his family. He wants to die with dignity and with his loved ones around him under proper medical care and on his own terms. That is not suicide; that is compassion. The committee's report explicitly states that VAD is not suicide and that this will be clearly reflected in the legislation.

Stevo spoke to me about religion and mercy. He said, 'Mercy, which is at the heart of so many religions, is about doing unto others as you would have them do unto you. There is no need to fear death if you can make the choice, have the opportunity to say goodbye properly and so the people who love and care for you can say, "He was a great man who died with dignity under his own steam". There is great inner peace you can find from having your own choice.'

He asked me to think about a soldier in the field on his last legs, all shot up with injuries he cannot recover from. You know you will die, and you ask your mate to please leave you with a gun and a bullet. In that moment, Stevo said, we would understand mercy, choice and dignity. He asked, 'Why can we not extend that same understanding to Territorians dying at home?'

Stevo described his illness as a monster growing inside him. He said, 'The only way to defeat it is to die; that is how I win. I am living like a prisoner with a glass of water just out of reach. The fear is not in the pain but in hanging on too long. Having this in my body is something I can only defeat by dying, then I win the battle and defeat the monster.'

Stevo is not giving up; he is not depressed. He is facing his reality with courage and asking us for one thing—the right to choose when enough is enough, to defeat the monster on his own terms and to win his final battle with dignity.

Then there is A, who this morning reminded me that the people who have control over this intimate personal thing in his life, the people it does not affect, are making him wait. He is asking for a choice that will not harm any of us. As he said, he has run out of time for all this talk.

Belinda, Gavin, A and Stevo are not alone. The committee heard from people across the Northern Territory. It consulted in remote and regional communities. It heard from families who watched loved ones suffer, from health professionals and from people who also had concerns about the Bill. The committee developed a framework that addresses those concerns with strong safeguards while ensuring access for those who need it.

That brings me to the Legal and Constitutional Affairs Committee's report on voluntary assisted dying. We still have a way to go. The law needs to be drafted to be consulted on, debated and voted on. We are moving forward, and we need to do it as clearly and carefully as we can.

I express my great thanks to the committee members and the incredibly hardworking Committees staff for their thorough and careful work in consulting with Territorians across our vast Territory on this critical issue. The 254-page report—320 pages including the drafting instructions—aims to be comprehensive, thoughtful and respectful of the unique nature of the Northern Territory. We have heard about the 86 recommendations and how they have been developed in conjunction with legal advice. It represents months of consultation, listening and careful consideration of how to implement VAD safely and equitably in the Northern Territory's conditions.

I thank the Chair for going through the report in such detail this morning and this afternoon and the other committee members for adding to that explanation, providing more context for the report and highlighting the issues they wrestled with and their conclusions and recommendations.

The report charts a clear path forward that is uniquely suited to our Territory while drawing on the experience of every other Australian jurisdiction that has successfully implemented VAD. It charts a path which attempts to balance people's right to die with dignity, the provision of cultural safety, resource implications and access to other appropriate care.

We need to be clear about what comes next. In this Chamber we need to see the proposed legislation before we debate and vote on it because detail is fundamentally important in a Bill like this. We must ensure that drafting of the law truly reflects the spirit and substance of these recommendations.

We need to make sure that Aboriginal voices are deeply and properly listened to, not just consulted with but genuinely responded to. The committee has recommended co-design with Aboriginal people. This must be meaningful and ongoing, not in the deeply problematic way that this committee worked, despite its best efforts, which we heard was inadequate and caused harm. We need to listen to and work with leaders, including the leaders in this Chamber, when they speak on behalf of their communities who bring in valuable perspectives as to how this law will impact their people.

We need to make sure that this law truly addresses the specifics of the Northern Territory—our remoteness, health challenges and cultural complexities. We heard that this cannot just be a copy-and-paste job from another jurisdiction. The committee has gladly recognised this, but we must hold the government to account to ensure that the final legislation reflects these unique circumstances.

Every other state and territory has implemented safe and compassionate voluntary assisted dying laws, and this report shows how we can do the same in a way that is uniquely suited to us. I greatly look forward to seeing the legislation when it is drafted.

As Belinda reminded us, we were once world leaders in this space. We led with courage and compassion in the 1990s under a CLP government. That right was taken away by people who did not live here or represent us. Now we have the opportunity to restore it and to once again take our place amongst the other humane jurisdictions in Australia and give Territorians the same rights as every other Australian.

This committee has worked hard, listened, consulted to the best of its ability, developed a comprehensive framework and provided a clear pathway forward, but we must walk it carefully, thoughtfully and together.

For Belinda who remembers when we led the world, for Gavin who asked simply for kindness and compassion, for Stevo who wants to defeat the monster on his on terms, for A who has run out of time for talk and for all the Territorians watching who cannot be here because they are too unwell, this is for you. In the end, as Gavin said, this is about kindness and compassion.

This committee has done hard work with care and consultation. I agree with the Member for Mulka when he says that this Bill will bring welcome relief to some, but we need to also make sure that it does not cause damage. We need to work together to make good laws for everyone. We must carry that same spirit of the

work of the committee and the spirit of working together for all Territorians into the drafting of the legislation. People are waiting and suffering. We must get this right without delay.

Mr KERLE (Blain): Madam Speaker, it is a lot to cover. I begin by summarising the phrase that captured the inquiry for the LCAC members: help and choice to finish up well. As we went to communities, consulted and talked to Territorians, that phrase kept coming back.

When we said 'VAD', people thought it sounded like 'bad'. They asked us, 'Are you talking about something bad?' We had to explain that it meant voluntary assisted dying and then they would say, 'That is like help to finish up, and you have choice'. We ended up landing on 'help and choice to finish up well'. I would have liked that to be the report's subtitle.

I thank the committee members. I thank the Chair for his power of work, late nights and weekends reading everything. He is probably the committee member who read the most submissions. The Member for Wanguri pretty much made her way through all submissions. I did my best; I got through as many as I could, but not all of them, I am sorry to say. There were more than 400 submissions, and some of them were lengthy. I thank the Members for Nightcliff and Daly. It was interesting being on a bipartisan committee investigating such a weighty topic. We all pulled together and delivered.

I thank the secretariat. We gave them an impossible task, and they did it. I hope that in years to come they will look back on this inquiry and be proud that they were a part of this report that will hopefully lead to the last jurisdiction in Australia legislating VAD.

I thank all the people who made submissions, gave us their time, invited us to their communities and shared stories with us. It was incredibly heartwarming in the communities we went to where people were willing to talk to us and share personal stories and things about themselves. We appreciate that.

I also thank the bush members—the Members for Arnhem, Barkly and Gwoja—who facilitated us going to their electorates; without them we would have faced a bit more difficulty getting out bush. I thank them for helping and connecting us with people who wanted to share their stories.

Themes of the report included voluntariness, choice and holding opposing views in tension. VAD would not work if it was not voluntary. If there was any compulsion to it, it would be an anathema, but the people who want to use it will voluntarily choose it and everyone else who does not want to does not have to. It does not bother anyone except for the people directly affected, who are suffering.

Another tension held in the report was regarding the timeline. We were constantly caught in the tension between needing more time to do justice to the topic—we all would have loved more time to write a more fulsome report and consult more broadly—but at the same time we were bombarded with people who were saying, 'Just get it done'. The evidence was that there would be a significant implementation period once the legislation was passed.

I heard the contributions of the other members. The committee had robust discussions about the timeline, but the longer we took, the more people suffer and cannot access VAD. We did the best report we could in the time we had. From my experience I do not think any of the recommendations would have changed. We probably would have gone to more places, talked to more people and had more transcripts. The testimony that we received was broadly consistent everywhere we went.

Another point held in contention was people who opposed VAD on moral grounds versus the people who were suffering who wanted it. The people it directly impacted wanted VAD, and some people were opposed to it for all; we needed to weigh up the options.

Conscientious objection—one of the topics that we wrestled with on the committee was the right of people not to participate in VAD to prevent them from offending their conscience and to make sure there were strong protections for people not to participate in VAD if they did not want to.

We stood in the shadow of the 2024 report. In my opinion it was appropriate for this committee to re-examine its recommendations, given that report was commissioned by a previous Assembly and this Assembly will be legislating VAD. It was appropriate to re-examine the report and give that work to a committee to examine, inquire and report back. We substantiated and departed from some of their findings. On balance, the end result will be much better for the work of this committee.

We recommended that the NT legislates VAD in a way that respects our unique context, demographics and geography. What would VAD look like in the NT if the report was legislated as it stands? There would be a centralised navigator service; they are the people who can connect you with health practitioners and guide you through the process. Importantly, they are not medical practitioners and cannot sign off on anything; they are navigators. They can go into conscientiously objecting organisations while health practitioners cannot.

We would have a centralised accreditation service. Any health practitioner who wanted to participate in VAD would need to be accredited by NT Health, according to policies drawn up by the CEO. That accreditation would be centralised. There would also be a centralised pharmacy because substances involved are extremely dangerous if misused, so they need to be carefully controlled.

It would be decentralised service delivery by the doctors who are already treating people. If a person is suffering from a terminal illness has their local GP and a specialist who is coordinating their chemo and treatment, they could potentially be the doctors who sign off on their VAD consultations, which we thought was appropriate because they would be the doctors people are dealing with the most. We did not want a fly-in, fly-out service where a full-time VAD doctor the patient did not know would fly in and have to go through the person's illness and treatment again. It would retraumatise someone who is already suffering. We did not think that was appropriate.

We also did not want to take doctors away from treating people and saving lives to have them delivering a VAD service full time that would result in the ending of life. We are not so well off in the Territory that we can afford to take doctors away from saving lives for that. We strongly landed on a decentralised service of delivery in terms of the health practitioners who will sign off.

VAD in the Territory would be justiciable. There are a bunch of things regarding eligibility and the process. If there is a problem in that process people would have the right to appeal to the tribunal and to appeal a decision of that tribunal to the Supreme Court. There would be appropriate oversight by the courts of the process.

There would be a review board to monitor each application of VAD, report on the process and advise the Coroner if need be. The review board is a fairly standard practice around the rest of the country. It is notably a feature that was absent from the Rights of the Terminally Ill Act. It could potentially be one of the features that was so objectionable the federal government chose to override our rights.

If it was legislated according to the report, who would be eligible to use VAD? People would need to be at least 18 years old. Children would be excluded. People would need to be of sound mind to give informed consent. That has other consequences. They would be suffering and dying of a disease that is progressive, incurable and terminal. There are a lot of arguments against VAD that go into the slippery slope argument of, 'There are places overseas where this and that happens'.

A red line we drew in the report was that people had to have a terminal illness. At the same time, we did not discriminate against disability. People will be able to access VAD if they have a disability, which could be mental, physical or neurological, but it cannot be a terminal diagnosis. The disability must not be so extreme as to remove their ability to give informed consent. A number of submissions spoke about that. The key principle we stuck to was that a person had to give informed consent and, if they could, disability should not be a reason for them not to access VAD.

Similarly, we received some testimony regarding mental illness. Unfortunately, it will probably be redacted in the final version. We received a submission that mental illness should be considered, but the committee could not accept that because it is not a terminal prognosis by itself as it undermines informed consent.

We received a number of submissions about neurological diseases like dementia and Alzheimer's; similarly, the committee drew a red line across those for the same reason as they undermine informed consent. We decided that neurological diseases cannot be the prognosis, as by the time there is a diagnosis of a terminal nature the patient would likely no longer of a sound mind.

If someone wanted to access VAD, they would likely have a discussion with their doctor or with the VAD navigator service, make a formal written request, have two doctors sign off and then there would be a cooling-off period. Once that process is done, our preferred model would be that the administration would be at home. That is quite popular in other states. If someone is accessing VAD, they would not do it at a health facility; they would do it at another location—likely their home—surrounded by their loved ones, where they could say everything that needs to be said, celebrate in a way that is appropriate to them and then administer the substance and pass away in peace. The alternative was administration by a doctor, which is medically

preferred because you have better control over the substance, but that brings in complications regarding the location.

Cultural safety was important during our consultation. We recommended that VAD primarily not occur in health facilities, meaning clinics or hospitals, and that at least initially it should occur elsewhere. The reason for that is cultural safety for Indigenous people. There were a lot of discussions of misappropriation of blame and misunderstanding of causes of death. There was a lot of concern that if health practitioners participated in VAD in a health facility and people misunderstood the circumstances, blame might be attributed and the safety of those practitioners might be in doubt. For the avoidance of all doubt, doctors who participate in VAD would probably need to be firewalled from serving in communities or areas where cultural safety might be threatened.

The Member for Arafura asked a good question: how on Earth did we get people talking about this sensitive topic? Each session would start with a standard welcome and a briefing and then we would say, 'Tell us about healthcare in this community. What is the clinic like? What happens when people get sick?' This would lead to a discussion about healthcare and how when people get sick, they have to be flown out. From there we would generally transition to, 'What does finishing up look like on community?' and there would be discussions. Then we would ask, 'What does it look like to finish up well?'. From there we would introduce VAD and ask them what they thought about it.

Consistently across all communities, people would say, 'It is not for us, but if other people want to use it that is their choice'. That was an important finding for the committee. If someone in Palmerston, Wanguri, Fannie Bay, Braitling or Araluen who they did not know and were not connected to wanted to use VAD, that would not offend the sensibilities of the people in community. They were clear that it was not appropriate in their culture and they had no desire to use it themselves, but if someone in the Territory wanted to use it, that was their choice. We come back to VAD being voluntary and choice driven, focusing on the people who need it and want it to have it and other people not being bothered by it.

There were a lot of findings about the importance of finishing up and returning to country. Pretty much everywhere we went people said that when they were getting towards their end of life and knew they would be finishing up, they wanted to go back to their country—their community or homelands—and finish up there.

That introduces a lot of difficulties regarding transport and withdrawal from treatment. We heard a lot of evidence around withdrawing from treatment. The idea that people would voluntarily withdraw from treatment to return home to the place they know and love and where their loved ones were, knowing that it would likely result in their end, was new to the committee.

Mr O'GALLAGHER: 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.

Mr KERLE: Withdrawal from treatment was often brought up. When people were facing the end, for example during end-stage renal failure when dialysis was no longer working, they would voluntarily withdraw from treatment. The preference was they would go home to country, all the family would come together and, ideally, if they had a clinic nearby, health professionals could give them pain relief and somewhere comfortable to lie down. All the culturally appropriate things would happen and then they would pass away in due time as a result of their illness. That was consistently reported as important to people on community.

I admit that, as someone who grew up in the Territory around Indigenous people, I did not realise the extent to which kinship decision-making by consensus and the role of the *djungai* was so important until this inquiry. I thank the Members for Mulka and Arafura who mentioned the *djungai* earlier. It was mentioned many times in Numbulwar and Ngukurr, and there were similar concepts communicated to us in Tennant Creek and Papunya.

We received evidence from medical staff that if people from community think people die going to Katherine, Alice Springs or Tennant Creek Hospital, then that will cause hesitancy in accessing health services, so they worked hard to promote themselves as places of healing, not death.

We had many touching, heartfelt stories of people's loved ones in their final days—too many to share here. There was an incredible variety of written submissions for and against—some detailed, some one-liners—from the NT and interstate. When the committee considered written submissions, we gave more weight to

submissions of Territorians than from people interstate. The weight was definitely on the side of people wanting VAD to happen.

We found that a lot of people are passionate to see VAD in the NT. A lot of people would not use VAD themselves, but their conscience would not be offended if someone else in the Territory uses it. There were a few people who believe that no-one at all should have VAD, and we only received one submission to that effect. On balance, the rest of the submissions were either enthusiastically in favour or that their conscience would not be offended if people could access it.

From our written evidence, testimonials and personal anecdotes we found that people who had a personal experience of a loved one passing away and suffering—in the sort of circumstances that VAD is designed to address—generally changed their minds and were supportive of VAD. A few pieces of evidence showed that someone was initially opposed, went through that experience and then changed their mind and subsequently supported VAD. That was valuable evidence in deciding to support the recommendation to legislate VAD.

There was evidence that statistically about 1% of deaths interstate are following VAD. There are about 1,200 deaths a year in the NT. We have a roughly 30% Indigenous population. The evidence was that they would probably not choose to use VAD. Of 800 people, 1% is eight. The evidence we saw from other jurisdictions was that there is a funnel; of 10 people who start the process for VAD, roughly one-third will pull out, one-third will pass away from the illness and one-third will continue.

We are looking at about eight people a year who might use VAD in a fully fledged, functioning system. That drove a lot of our decision-making. The NT cannot afford a large, bureaucratic, centralised and expensive VAD apparatus. We wanted a simple, lightweight model that imposes the minimum cost while allowing access to the people who need it.

The 2024 report authors did a great job surveying the urban centres, and we accepted their recommendation that the majority of people in urban centres wanted VAD. Then the focus became, of the people not consulted, would VAD offend their conscience to the point that it should continue to be excluded? That was the focus of our remote consultation.

We departed from the 2024 report where we recommended a decentralised community model as opposed to the centralised model. That is primarily because we could not, in good conscience, recommend taking doctors away from saving lives to administer VAD for eight people a year. We wanted a model where people could use the doctors who were already treating them.

We recommended no timeline, basically because of the difficulty of prognosis for time of death. We do not want doctors fudging their prognoses. We felt the requirement that the person be genuinely dying and suffering was enough of a protection for someone who wanted to access VAD. We did not see a need for a timeline; however, because of this, we introduced a residency requirement. I implore my colleagues, when a Bill comes to the House, if a timeframe to death is introduced we should remove the NT residency requirement, given that all other jurisdictions currently have VAD and it was only there to prevent VAD tourism.

One of the revolutionary things we introduced was to push conscientious objection to its limit, so that organisations have the right to object. This was a culmination of the ability for Indigenous communities, via their health organisations, to put their hand on their heart and say, ‘We are a VAD-free zone. There is no VAD happening here’, if they choose to opt out of VAD.

We received evidence from ARRCS, which comes under UnitingCare, that its board would not accept VAD on its premises. We supported its right to opt out of VAD, and there are a number of protections in the report.

We introduced video authorisation for people who physically cannot sign.

There were internal discussions about whether the Chief Health Officer should be the Chair of the review board, but I will leave the composition of the review board to the government, so long as it has the powers to fulfil its function.

There were things we could have fleshed out more. The Member for Gwoja said that we should have consulted with everyone. I think he confused consultation with education. In the first interim report we wrote to everyone. For the record, I am holding up multiple pages of the first interim report. You can look; we wrote to everyone—all the land councils, AMSANT and health organisations. We wrote to everyone we could find and said, ‘Please make a submission. We want to come and talk to you. Please, can we come?’

We went to the places that agreed. We would have loved to go to all the places that the Member for Gwoja named, but they did not accept having us, and that is their right, so we did not go. It is not because we did not want to; we had time and spare capacity, but they did not want us to come, so we did not go.

There were things that did not make it into the report, such as the fact that interstate specialists will need to be accredited as NT VAD practitioners so that locums and people travelling interstate for care can use those specialists for their sign-off. We heard evidence from the Alice Springs palliative care team that doctors have a bias towards treatment, even in the face of terminal illness, and that it would be a culture shift for them to consider recommending withdrawal from treatment. We should have recommended that NT Health takes a more holistic view of end of life and considers updating training regarding end-of-life discussions to ensure that patients are aware of that option.

The objections of the few who think that no-one should access VAD and the large number of people who personally do not want it should not prevent the small number of suffering people from directly accessing the service. In many areas, I believe that if we ban access to a service, we create black markets in the thing that is banned. We should have a careful, controlled, compassionate and well-regulated option so that dignity can be maintained at end of life.

My personal vote on this Bill will be determined by the response of my electorate. Some in my electorate are deeply opposed to VAD, but so far I have been overwhelmed by the number of people reaching out to say that they support VAD and want me to vote for it.

Ms UIBO (Opposition Leader): Madam Speaker, originally there was talk of this topic not being a priority in this term. I am sure that there was the pressure of hearing directly from the community that this is an important issue for all members to consider. I acknowledge that the government has listened to the community and decided to take action, which is welcomed by our team.

The CLP government has finally realised that Territorians deserve the same end-of-life options as other Australians. I listened carefully to all the contributions. It was interesting to note when people changed their original thoughts on this topic. I thank members for their honesty. It shows Territorians that we can all learn and grow in the roles and responsibilities we have to represent the people of the Northern Territory in this important place.

Some Territorians have been fighting, and continue to fight, since 1995 to maintain this right that we were the first in the world to recognise. Thirty years is how long Territorians have continued to wait to access this choice. It is an important time to listen and act. This is about giving Territorians the right to choose what end-of-life care should look like for them. Many contributors to the debate highlighted that the Northern Territory is the only jurisdiction in Australia without this choice.

It is an incredibly personal decision for every person, depending on their circumstances, beliefs, values, family considerations, cultural background and many other factors. It is not for everyone, and that is fair enough. It is about providing an option for those who may wish to take it. It is hard to believe that we are the only jurisdiction in the country without this option, when once upon a time the Northern Territory was a global pioneer in voluntary assisted dying, formerly referred to as euthanasia. We heard the detailed background from the Member for Fong Lim, and I thank him for being so robust in that work because this is an important issue for the Territory.

It was the proud political legacy of then CLP Chief Minister Marshall Perron, who believed so strongly in the rights of Territorians to voluntarily end their life if they choose, that he brought forward a private member's Bill, which became the Rights of the Terminally Ill Act. He was a politician of maturity and principles who recognised the importance of giving Territorians this final crucial bit of control over their own lives. Mr Perron is still a passionate advocate all these years later. Only four people with terminal illnesses used the law in the Territory to end their lives before the federal government intervened and overturned the Territory's legislation in 1997. Territorians have since seen every other jurisdiction introduce its own voluntary assisted dying legislation in support of terminally ill people to make their choice about ending their lives.

It took until 2022 for the Australian Parliament to pass the Restoring Territory Rights Bill, allowing the Northern Territory and the Australian Capital Territory to legislate, should they choose, for voluntary assisted dying once again; that was only three years ago. This was largely thanks to the strong advocacy of the Member for Solomon, Luke Gosling; the Member for Lingiari, Marion Scrymgour; NT Labor Senator Malarndirri McCarthy; and former CLP Senator Sam McMahon. The four federal members for the Northern Territory did what everyone wants this parliament to do now—work in a bipartisan way for the benefit of the

Territory. Their advocacy and hard work paid off when the former Labor government recommenced a conversation with the Northern Territory community about voluntary assisted dying.

It is disrespectful that in Question Time the Chief Minister took a whack at me and asked what I did with my time and why I am bringing it up now. I was an Attorney-General of the former Labor government, and I worked with the ACT Attorney-General in pushing for the Restoring Territory Rights Bill. It came to fruition at the end of 2022 when the ACT and Northern Territory's rights were restored to legislate on this important topic. I spent my time advocating in my former role as Attorney-General, not just when I became the Leader of the Opposition. This is many years in the making.

Our former Labor government appointed the independent expert panel, led by co-Chairs Duncan McConnel and Vicki O'Halloran, who did an incredible job of consulting with many individuals, organisations and councils across the Northern Territory before delivering their well-considered report in July 2024. It was disheartening to see this work cast aside by the new CLP government. It was openly said that VAD would not be a priority; that broke the hearts of many Territorians. Thankfully, Territorians continued to fight and advocate for restoring voluntary assisted dying legislation in for three decades.

Eventually the CLP government was forced to do something. It initially chose to try to further delay the introduction of a voluntary assisted dying Bill by referring the inquiry to the Legal and Constitutional Affairs Committee (LCAC) to get a rushed and limited consultation process out the door. In doing so, the CLP denied Territorians the ability to contribute and engage across many places that, unfortunately, due to time restrictions, were unable to provide their input into this important report.

The report has been brought back, and I recognise the huge amount of work undertaken by committee members and the committee secretariat within the Department of Legislative Assembly. I thank all those committee members and the DLA staff for their phenomenal work in producing the report.

The gaps in consultation work have already been spoken about, so I will not repeat those failures. I mean no disrespect, because I know that work has been meaningful and has provided some of the same insights as the 2024 independent report. Unfortunately, because of these similar findings, looking from the outside, it seems that the work of the LCAC was set up to fail. Thank goodness it did not. It is a cynical point, but it looked like a political ploy of the CLP to ignore that comprehensive report from a year ago. It was freely, openly and readily available to all members of parliament, particularly to the government, which tried to further delay this important issue.

In this feeble attempt to delay this important issue for Territorians, there has been a lack of leadership by the government on this issue. There is no doubt that Territorians have openly observed this. The weight of community pressure has succeeded. Well done to every Territorian who made their voice heard on this critical matter. Regardless of whether people were for or against voluntary assisted dying, this is an important issue, and the voices of Territorians should be listened to. Thank you, Territorians; you have done it. You forced the CLP government to act on this critical issue that matters to you.

In May this year, when it looked like the CLP government would continue to delay the consideration of voluntary assisted dying, I made the public commitment that I would begin drafting a private member's Bill on behalf of Territorians, and I did. At the time, it was because I had no faith that the CLP government would do this work itself. I set about and engaged an independent drafter to produce a draft VAD Bill.

Like other Territorians, I was pleasantly surprised when the CLP government agreed to begin drafting legislation when the report was publicly spoken about by the Chair. However, I was, and unfortunately continue to remain, sceptical without knowing a definite timeframe and how much of a priority this is. I remind Territorians that the government controls the legislative agenda of the parliament, so it is up to the government to provide detail of when its Bill will be ready.

The good news is I have done some of the hard work for them by commissioning and finalising a draft voluntary assisted dying Bill that I believe is fit for purpose for the Northern Territory. I released that draft Bill to the community yesterday and sent it directly to the Chief Minister and the Attorney-General for their consideration. I have offered it to them in good faith to use as the basis of the government's Bill. They have the resources to consult widely on the words, and words matter in this place. Every word and its placement matters when it comes to Territory law.

It is a draft Bill. It may require a few minor tweaks, depending on community feedback and expert advice from each of the government departments, which of course I do not have access to as an opposition member. The work provides a strong basis to move forward together as a parliament—not as the CLP, Labor or as a

crossbench, but together as a parliament. I happily handed it to the government on the basis that it can now move quickly in providing a fulsome Bill with all of the government resources behind it.

The audacity of the Chief Minister to say that the complex and professional work of an expert independent drafter is a back-of-a-beer-coaster Bill is not a reflection of leadership. It has shown the true colours of the CLP leader when it comes to the meaning of bipartisan support and work.

Territorians do not want to see politicians fighting about an issue that is so above and beyond politics. Why not swallow a little bit of pride to say, 'Actually, there could be some merit in it. The Opposition Leader has put forward a constructive way forward for the parliament to move on this issue without the politics'—not the red versus orange or any of that crap. We could be putting together something meaningful that leads the way and makes a difference for Territorians on an issue that demands respect. We are talking about the dignity of Territorians and their end-of-life choice.

The Bill can be introduced before the end of the year for that important conscience vote. This work has taken several months to complete. It was done by an independent expert drafter because, unfortunately, I could not access a drafter through the Office of the Parliamentary Counsel because I am not a government member.

We spent our own budget to produce this; it was not a pro-bono project. That is how invested we are in this process. To dismiss this work is disrespectful to the wishes, values and principles brought forward by Territorians for years.

Territory Labor has offered a bipartisan approach to this critical issue. We have prepared this important work and provided it to government. Madam Speaker has been in the House longer than I have; I am not sure if a private member's Bill has ever been gifted to the government so they can just get on with the job. This is a measure of extreme difference. It is a unique situation in the Northern Territory where we want the government, the opposition and crossbench to work together to provide that important final Bill to the parliament.

There are people in the community who hold strong views against voluntary assisted dying, and that is fine. It is their prerogative, and I respect their view. Some of those people are my constituents in Arnhem; some live in the electorates of my Labor colleagues. Some hold these views on faith-based grounds, cultural grounds or both.

Sometimes you have to push to make decisions in the interests of the whole of the Northern Territory. Whether you are personally supportive of VAD or you fear pushback from the people who normally support you on other issues, this goes bigger and beyond us as individuals. This is providing the people we represent, Territorians, with choice. Remember, it is about choice, which currently nobody in the Northern Territory has.

Sometimes you need to push through what is hard and challenging to ensure the right outcome. Not everyone in our community supports voluntary assisted dying, and they may never do so; however, an overwhelming majority of Territorians support the right to choice—80% of people want that choice for themselves or their loved ones to end their lives with dignity when the time is right if they are eligible to do so under strict criteria.

Over many years Territorians have fought to make a choice that has dignity and compassion at its heart to end their suffering on their own terms. It is incumbent on us in this Chamber to respect that we can bring forward these laws and should do so as quickly as possible for the sake and dignity of those we represent. It is the right thing to do, and it is time to do it.

Mrs LAMBLEY (Araluen): Mr Deputy Speaker, this final report on voluntary assisted dying in the Northern Territory was first made public on 30 September by the Legal and Constitutional Affairs Committee. On 14 May the Attorney-General requested that the committee inquire into the 2024 report into voluntary assisted dying in the Northern Territory. That report was commissioned by the former Labor Northern Territory Government and was delivered by an expert panel.

I acknowledge the work of the Legal and Constitutional Affairs Committee. It was a huge task undertaken with a great deal of integrity and expertise. I commend the committee for what is a huge report of significant depth; the collaboration and consultation was a credit to them.

There have been comments about how difficult it was, how it was a strain on everyone, that it took a lot of time and that the pressure was enormous. I take that on board but, having been around this place for a long time, I am also aware that parliamentary committees are meant to be like that. It is work that has a timeframe;

it is meant to be a fast, concise and productive research inquiry that puts the members involved under duress to produce something significant.

Every parliamentary report brought to this Chamber is significant and essential to the decisions we make. Although the pressure and the sacrifices members had to make may have burnt them out and made them miserable at times, do not think for a minute that it is not valued. This will go in the history books forever, and the government has already committed to use it as a basis for legislation that it will bring to parliament. That was made clear by the Deputy Chief Minister the day after it was made public, so good on you.

The other thing about these processes is that they are taking place across the country, if not the world. There are parliamentary committees traveling far and wide doing this sort of work for parliaments around the globe. I remember going to different events and joining up with parliamentary committee members from the Australian Senate and upper and lower Houses in different jurisdictions. This is the work of a parliament and democracy, and it is incredibly important.

By the sounds of it, members had an incredible experience going to those communities. I was feeling some FOMO because members had access to information and people whom I have not talked to for many years. It is such valuable work.

The previous report into VAD from 2024, commissioned by the former government, was a valuable process too, and it was entirely different. Now we have two reports that can inform us about how to proceed. I will comment on some of the differences between the two reports and some things that do not sit well with me.

I am aware that now the work will be undertaken to put together this legislation, so this is the time to get in the ear of the government and hopefully influence some decisions about models that it will adopt. It is important that people have engaged in this debate because now is the time to influence the Chief Minister, Attorney-General, Cabinet and the CLP members about how they proceed.

Discussing death is culturally sensitive to all of us, and I do not mean to take away the importance it has to Aboriginal people, because it is important in a unique way. I found myself listening to the debate and thinking that death is culturally sensitive to me and to people who are listening. It is about our values, life—because it always ends in death—and all those beliefs and spiritual inclinations or leanings that we have. It is a mix of so many deep ingredients of our whole existence. To some extent I feel like what I will say could be seen as trivialising the significance of death. Believe you me, from the last 20 years of my life, I know death and have experienced death in many shapes and forms, so I do not mean to do that.

When you play God and bring something like VAD to a bunch of people like us—average citizens who have been elected to represent a group of people and who do not necessarily have great expertise in this area—to legislate and create laws, you will get that rawness and crudeness around topics like death, which a lot of people have a difficult time talking about at the best of times, so I am conscious of that.

This is a culturally sensitive issue for all of us. One reason the whole concept of voluntary assisted dying does not sit well with me is that we are just legislators; we are average people. There is a certain amount of playing God, from my perspective, involved in this issue. I put on the record again that I will support voluntary assisted dying for all the reasons that others have mentioned. It is about personal choice, kindness and compassion. The fact that it is voluntary makes it a little easier to digest. Does it sit well with me completely? No, it does not, and I will outline some issues I have with recommendations in this report.

One of the strange things I cannot get my head around is the fact that this report states that VAD is not assisted suicide. I am left a little confused by that—a whole lot confused, to be honest. I looked up the definition of suicide and, by any definition, it is the act of intentionally causing one's own death. Many health and legal authorities, such as the World Health Organization, use a definition which says, 'It is the deliberate act of ending one's own life'.

To say that voluntary assisted dying is not assisting in someone's suicide does not stack up; voluntary assisted dying is technically assisted suicide. I can let that go, to some extent. The Member for Johnston gave a good example of someone in her life who cannot get their head around the fact that it is suicide but can live with VAD. I can accept that, but we have to be clear. We are legislators; we cannot change the narrative and definitions of things just because it makes life easier or more palatable for some people. Voluntary assisted dying is technically assisting people to suicide.

I do not have a problem with people suiciding. I do not like it; it causes untold grief to people who are left behind, but I do not have a problem with people deciding to end their own life. It is fair enough if people have

come to that point in life for a range of reasons; that is okay with me. Where I have a problem is governments taking an interventionist role in assisting people to suicide. That does not quite sit well with me. I can accept it and will support it at the end of the day, but I want some honesty and integrity in this conversation. This recommendation of the LCAC report redefining VAD as not being assisted suicide is not truthful or correct.

Voluntary assisted dying must be a standalone service for all the reasons we have heard tonight. There is too much confusion and lack of information. There is too much fear and misunderstanding around voluntary assisted dying for it not to be a standalone service. To connect it to any health service directly would be a fundamental flaw forever. We are the Northern Territory; we have a significant proportion of Aboriginal people, and we know from the Aboriginal members of parliament that there is a lot of misunderstanding or lack of information within Aboriginal communities about this. In the first place, VAD has to be a standalone service.

The other thing that floored me—which the Member for Fong Lim talked about earlier—is that the committee determined that VAD deaths should not be treated as reportable deaths. Instead, the review board will record all VAD-related deaths and refer only serious cases of non-compliance or complications to the Coroner. For death certificates, the committee recommends listing the underlying illness as the cause of death. You cannot do that. If someone is using voluntary assisted dying to end their life, you cannot put another reason for death on the death certificate. That is unethical, misleading and you cannot do that. I am surprised that the LCAC has come up with this recommendation. For all the right, nice reasons it might protect people by not saying that they died through assisted suicide or voluntary assisted dying. It might not affect their ability to access superannuation or insurance. Those are commendable reasons for not telling the truth, but by forging or not providing the truth, that is a legal issue. You cannot do that. I cannot see how you would use that as a recommendation for the legislation.

The committee talked about using a decentralised model. I heard a further explanation of what it actually meant. The Member for Blain gave a good explanation. In the first place, it has to be a centralised model. The expertise required for a voluntary assisted dying service is so specialised and rare to find. We cannot get paediatricians, podiatrists or specialists in a range of areas; as if we will have enough expertise in VAD to provide a high-quality decentralised service in the Northern Territory. It is not possible.

I supported the expert panel from 2024 when it recommended a centralised service. I get the fact that the service delivery has to be decentralised, but the structures—from the way it is described in the report—are more centralised for the most part, yet it has called it a decentralised service model. I have concerns about that.

Given the small number of people who will access VAD—the Member for Blain told us that will about eight people a year—and the enormous cost of setting this up, my view had always been that we should outsource this. We should contact the Queensland Government, the South Australian Government and possibly the WA Government and talking to them about using their expertise and service delivery, flying people in for a fee for service. It is as simple as that. That would circumvent many problems, and it would be far cheaper.

As our population grows—I know the former and present governments live in hope that our populations will grow—perhaps we can revisit setting up our own VAD services in the future. In the short-to-medium term, outsourcing the delivery of VAD in the NT should be considered.

Palliative care—I have been around for many years, and I remember palliative care being first set up in the Northern Territory. It was not that long ago—only about 20 years. There was life and death before palliative care. It is interesting to talk about the concern that it is not resourced properly. It is funny how, over time, more services evolve and come about. You think you cannot live without any of these things and then something else pops up. I am not articulating this well, but palliative care has been an incredible feature of our health system for a relatively short period of time. It has to be properly resourced.

If you cannot fund health services, I question the rationale for providing death services and our ability to provide those services equitably across the Northern Territory. I dare say that health services would be thin on the ground in Papunya, which is one of the communities the LCAC went to. How on Earth do we provide a death service to people living in remote communities? Those sorts of equity and accessibility issues need to be considered. Realistically, it is a challenge just to provide health services, let alone VAD services.

The prognosis timeframe for a person to be eligible for VAD is essential. This is a government service within a budget. If you have an open end to people subscribing and signing up for VAD, then you will need a much bigger service.

Dr RAHMAN: 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: I am against not having a timeframe. It is just good governance. You need boundaries and to plan and cost a service. If there is an open end for anyone who has been diagnosed with a terminal illness at any stage, you will have a much bigger service than Territorians can afford.

I was talking to a colleague the other day, and he spoke about having a liberal perspective on VAD; I agreed with him. From a liberal perspective, voluntary assisted dying is fundamentally about personal freedom and autonomy. Liberal ideology values the right of individuals to make decisions about their own lives, including the manner and timing of their death, when faced with unbearable suffering. At the same time, liberalism recognises the need for safeguards to protect vulnerable people, ensuring that any decision to access assisted dying is fully voluntary, informed and free from coercion. I thank my colleague for bringing this to my attention because this is exactly where I am coming from.

The liberal ideology also talks about limited state interference in the private lives of people. That is of concern to me that as a government we are inserting ourselves in things we possibly do not need to be inserted in.

Having said that, I will support VAD. Like many people said, why should Territorians not have the same rights as other Australians? Let us get it right and make sure that it is a model that we can afford, is fit for purpose, is kind and compassionate and that provides people with choice but is also realistic and not overkill—a model that is just right for us.

We can measure ourselves on all the jurisdictions in Australia, but we are so small, and the numbers will be small. Let us take a deep breath and, as the Chief Minister said, take extra time if necessary to get it right for us. We have all taken some time; the Opposition Leader has taken time to get her Bill together. I think it is only fair that this relatively new government of 12 months takes its time to get the legislation right and honour Territorians by having a good service.

Ms BOOTHBY (Attorney-General): Mr Deputy Speaker, the committee tabled its final report this morning, and we have had a deep discussion about that. This follows two earlier interim reports in July and September this year.

This final report represents the culmination of months of consultation, careful consideration and significant work across the Territory. I acknowledge that this is an important and serious discussion that we have had in this Chamber and across the Territory for a long time. I thank everybody for respectfully contributing to the debate. It has been a long day, and it is heavy for people to talk about death because it is serious. I take on board the Member for Araluen talking about how difficult it is for most people to discuss this topic.

I pick up on things I heard from the Leader of the Opposition about her draft Bill, which she was talking about in the media yesterday. This has been drafted by the Leader of the Opposition over the last six months based on policy work she created herself. She has not done the full process of listening to Territorians, and she has not spoken to the Department of Health regarding policy. She would know, being former Attorney-General, that the work is detailed and takes time.

That is why we have decided that I as Attorney-General will use government resources to draft the Bill based on all the work that has been done. I tasked the committee to do this work to dig deep on Territorians' views, especially in going to communities. It was important that the committee did that. I do not buy the idea that the Opposition Leader is clinging to, which is all the politics she has put forward about how she has forced us into making this decision to get on with it.

The Opposition Leader espoused this idea that the 2024 report Labor commissioned was ignored by government and the committee. That is not true because the letter I first wrote to the committee specifically requested it to undertake an inquiry into the 2024 voluntary assisted dying in the Northern Territory final report. I correct the record about that.

The other thing I heard throughout the day, which is confusing and a bit frustrating, was a complaint by certain members that we have not progressed VAD fast enough. On one hand, members are saying that we have not done it fast enough—the Leader of the Opposition is trying to push us by putting forward her own Bill—but on the other hand I heard several times that there was not enough time to finish the work, which is a contradiction. Sometimes the same speaker would say those two things—polar opposites—which is

confusing. This is a serious discussion, and we have always said that it should be a broad, deep conversation with as many Territorians as possible.

The Northern Territory was the first place in Australia to legalise voluntary assisted dying almost 30 years ago under the Rights of the Terminally Ill Act 1995. That law was later overturned by the Commonwealth, removing the Territory's rights to make its own decisions on this issue. After more than two decades that right was restored in 2022. This was a significant moment for the Northern Territory as we again have the option to shape our laws; regarding this deeply personal matter, that counts.

I thank the committee for the extensive work undertaken. I recognise the time, care and dedication that went into this process, particularly the effort to visit remote and regional communities. It was just as important that Territorians across our vast jurisdiction had the opportunity to be heard because we believe that consultation on this important issue in remote areas is critical.

I formally acknowledge the Chair, the Member for Fong Lim; Deputy Chair, the Member for Blain; and the Members for Wanguri, Daly and Nightcliff, who are committee members.

The committee approached this work with seriousness and respect for the people of the Northern Territory. The committee was also well supported by the secretariat and advisers. I thank Dr Caroline Williams, Katie Helme, Georgia Eagleton, Caelan James Ikin and Kim Cowcher for their professionalism and dedication. I also acknowledge the expert advisers who provided guidance and insights, including Professor Ben White, Dr Madeleine Archer, Katherine Waller, Dr Katrine Del Villar, Denisha Tyler and Dr Geetanjali Lamba. Their collective expertise helped ensure the report is thorough and well-informed.

Voluntary assisted dying is one of the most sensitive and complex matters that any parliament can consider. It raises deep, ethical, moral and personal questions that affect every Territorian differently. Many people support the right to choose; many others, including faith-based and cultural groups, hold strong and sincere concerns. As a government and as individual members of this Assembly we must approach this debate with respect and compassion for all viewpoints.

I am aware that some have questioned the approach we have taken to reach this point, and it is important to be clear about the history. Voluntary assisted dying was briefly legal in the Northern Territory under the Rights of the Terminally Ill Act 1995. That law was overturned by the Commonwealth in 1997 and, for more than two decades, the Territory was prohibited from making its own laws on this issue. The Commonwealth only restored that right to the Territory in 2022.

The former Labor government delivered its report just shy of the election in 2024. Despite not being an election commitment for the CLP government, and noting the significant public interest in this issue, we recognise that it is too important to leave unfinished. We asked the Legal and Constitutional Affairs Committee to undertake the comprehensive consultation and review, which has now been completed.

It is fair to say that progress on this issue could have occurred much earlier under the previous government, but we have ensured that it is now moving forward with structure, transparency and respect for the community. As the Attorney-General, I respectfully asked that the committee report back to me by the end of September to ensure progress on this, and obviously the Chair tabled the report today.

It is our intention to introduce a Bill early next year. This timeline allows every member of this Assembly the opportunity to consult with their communities before the debate takes place. When the Bill is presented, members will be free to exercise a conscience vote. That means each of us will vote in accordance with our own beliefs and the views of the people we represent.

The drafting of legislation will draw on the committee's recommendations and lessons from other jurisdictions. It will also reflect the unique circumstances of the Northern Territory, including the importance of cultural safety and access in remote areas. Once the draft Bill is available, there will be further opportunity for members and Territorians to provide feedback before the debate begins. This will ensure that any future legislation is clear, safe and grounded in compassion and community expectations.

The voices of Territorians are at the heart of this process. I encourage all members to speak with their constituents in the months ahead. These conversations will help ensure that when we come to debate and decide on this legislation, we do so with a clear understanding of the community's values and expectations.

The committee's work has been detailed and respectful. It provides a foundation for informed debate in this Assembly. On behalf of the CLP Finocchiaro government I thank the committee, its secretariat, the expert

advisers and all the Territorians who took part in the consultations. This issue touches life, death, faith and compassion. Our responsibility now is to consider it carefully and respectfully, guided by the voices of the Territorians we serve. We will continue this work thoughtfully and with respect for all perspectives as we prepare to bring forward legislation in the new year.

I finish by saying that the CLP brought VAD to Territorians 30 years ago, and the CLP will bring VAD back.

Mr HOWE (Drysdale): Madam Speaker, my contribution will be brief. There has been commentary on a range of things. We should respect all groups, including faith groups, equally as we continue with this conversation until the vote is put. We should not target any faith group or put a culture, faith or any other belief system above another as we go through this. We all appreciate the sensitivities of this topic, and I ask that all of us go through to the end of the debate equally respectful of all.

Motion agreed to; report noted.

RESPONSES TO PETITIONS

Petition No 9 – Immediate Withdrawal of the Proposal to Establish the Territory Coordinator

The CLERK: Honourable members, pursuant to Standing Order 123, I inform members that a response to petition number 9 has been received and circulated to members.

Dear Mr Keith

Thank you for your correspondence dated 27 March 2025 in relation to petition number 9.

The Territory Coordinator Bill 2025 *was passed in the Legislative Assembly on 19 March 2025 following months of consultation with Territorians.*

On 11 October 2024 the CLP government released a consultation paper, draft Bill and explanatory guide to Territorians and received over 500 submissions. On 12 February 2025 an amended draft Bill was referred to the reinstated Legislative Scrutiny Committee, scrapped by the former Labor government. The Legislative Scrutiny Committee received 302 submissions and provided its recommendations to the Legislative Assembly. The CLP government accepted eight recommendations in full and an additional two recommendations in part.

The CLP government is proud to deliver on this important election commitment, a key piece of legislation that reinforces our commitment to rebuilding the economy and delivering action, certainty and security for Territorians.

Yours sincerely

Lia Finocchiaro

Petition No 15 – Retain all the Current Protections in the NT Anti-Discrimination Act

The CLERK: Honourable members, pursuant to Standing Order 123, I inform members that a response to petition number 15 has been received and circulated to members.

Dear Mr Keith

As required by Standing Order 123, I am responding to petition number 15, 'Equality in the NT' (the petition), regarding proposed amendments contained in the Anti-Discrimination Amendment Bill 2025 (the Bill). The petition was read in the Legislative Assembly on 2 September 2025, with a response requested by me within 12 meeting days of the Legislative Assembly, being 3 February 2026.

The petition was signed by 2,223 people across Australia, with 432 of those people representing concerned Territorians. It was presented to the Legislative Assembly by Mr Chansey Paech MLA, Member for Gwoja.

The subject matter of the petition raises concerns that the Bill 'will wind back the rights of Territorians and undermine recent gains, leaving vulnerable communities exposed to discrimination and vilification' and calls on the Legislative Assembly to 'retain all the current protections in the NT Anti-Discrimination Act *and ensure that vulnerable communities are not exposed to hate speech or discrimination.'*
What the Bill does:

The Bill does not remove protections from the Anti-Discrimination Act 1992 *(the Act) but rather retains and expands upon the protections currently available under the Act. The amendments proposed by the Bill are intended to enhance protection of vulnerable communities from hate speech and discrimination.*

Vulnerable communities consist of all people and groups with a protected attribute under the Act, which include, for example, race, religion, age and sex.

The Bill amends the protection against vilification by replacing the words 'offend, insult, humiliate or intimidate' with 'incites hatred, serious contempt or severe ridicule of' a person or group because of a protected attribute (vilification prohibition). The effect of this is that the protection is incitement based rather than requiring a threshold of harm to be established.

The Bill inserts a new section to reintroduce an exemption for religious educational institutions operating in accordance with a doctrine of a particular religion to discriminate in the area of work on the ground of religious belief and activity and in good faith to avoid offending the religious sensitivities of a reasonable person of the religion. The exemption allows a religious educational institution to preference employing persons of the same religion and establish requirements of conduct for persons employed in the workplace, but only where the elements of the religious doctrine are set out in written policy (religious exemption).

The Bill's enhancement of protections under the Act:

The amendment to the vilification prohibition responds to concerns that the prohibition based on offensive behaviour overly limits freedom of speech while the incitement-based protection is better understood by the community.

The amendment to the vilification prohibition makes it clear where the right to freedom of speech is limited, being where conduct such as hate speech is capable of inciting hatred, serious contempt or severe ridicule of a person or group with a protected attribute.

The vilification prohibition continues to protect against hate speech and retains the mechanism in which a person or group may seek recourse against an individual for conduct that constitutes vilification under the Act.

Further, the religious exemption recognises that religion is a protected attribute under the Act and that the right to freedom of thought, conscience and religion or belief can at times intersect with other fundamental rights, such as the right to non-discrimination and equality. Where fundamental rights intersect, a balance must be struck to preserve both rights to the highest degree possible. That is what the religious exemption seeks to do.

The Bill promotes the objects of the Act and ensures that intersecting human rights are balanced.

I thank the petitioners for expressing their views and the Member for Gwoja for bringing this petition to the attention of the Legislative Assembly of the Northern Territory.

Yours sincerely

Marie-Clare Boothby

ADJOURNMENT

Mr EDGINGTON (Leader of Government Business): Madam Speaker, I move that the Assembly do now adjourn.

Ms BOOTHBY (Brennan): Madam Speaker, I congratulate all finalists for the 2025 World Teachers' Day NT Awards, which happened not so long ago. Every year our teachers and education staff show their hard work and dedication to educating our young Territorian students. I will read out the names of the exceptional teachers in my electorate in Palmerston, because they deserve some recognition on the record. A big well done to the following finalists:

- Kym Thompson of Zuccoli Primary School for the Aboriginal and Torres Strait Islander Educator of the Year

- Carly Moir of Rosebery Primary School for the Early Childhood Educator of the Year
- Marion Wallace of Bakewell Primary School for the Inclusion Educator of the Year
- Melanie Johnstone from Zuccoli Primary School for the Leader in Education of the Year
- Jenny Bingham of Bakewell Primary School for the Primary Educator of the Year.

The regional and overall winners will be announced at the awards ceremony on Friday 31 October 2025. The Minister for Education and Training is hosting that event. I wish all the finalists across the Territory the best of luck.

The Palmerston 50+ Tuesday Club had its AGM recently. There are new committee members, but some are re-elected committee members who have been around for a long time. They are an amazing community organisation for seniors, hosting morning teas every Tuesday at the Gray Community Hall. They have social gatherings there and do all sorts of fun things. They have morning tea, and they take turns cooking. They play lots of games and are a real fun bunch. I believe that Matthew Kerle was there, and maybe he was taking minutes—they often get one of us to do that.

The people elected on 7 October were the coordinator, Mary Oliffe; the deputy coordinator, Gerry Crowhurst; the secretary/public officer, Janette Ashby; and the treasurer, Janette Sanders. The elected committee members are Chris Murray, Annette Brown, Gillian Marnell and Glenda Bradbury.

Some of those people have been around for a long time, and a couple of new names are there as well. They all do a fantastic job. A special thanks goes to Glenda Bradbury and Gerry Crowhurst who share the load but do all the cooking and baking for the morning teas. I have been known to indulge myself, which I try to avoid, but they do an amazing job. Home-cooked baking from those two is incredible.

The Palmerston Raiders Rugby League Football Club held its senior presentations on 27 September at Rydges Palmerston. The Palmerston Raiders is a wonderful inclusive community sporting club that Members for Spillett, Blain, Drysdale and I are proud to sponsor.

There were many awards on the night. I acknowledge these players, coaches and new life members, starting with the Bear Claw Concreting Reserve Grade Awards, which went to: Lachlan Wade, Most Improved; Tyreece Pott, Best Back; Alex TK, Best Forward; Fualole Saipele Tulia, Most Consistent; Daniel Keelan, Coaches Award; Kaylem Greenwood, Players' Player; and Bruno Martins, Best and Fairest.

The M+J Builders Women's Team Awards went to: Arizona Holder-Veit, Most Improved; Tiana Storey, Best Back; Hiria Brooking-Petela, Best Forward; Yasmin Isaac, Most Consistent; Tiah Young, Coaches Award; and Victoria Alley won both Players' Player and Best and Fairest.

The Picklebet A Grade Awards went to: Jayden Salam, Most Improved; Brad Hansen, Best Back; Blake Blomley, Best Forward; Kobi McGrath, Most Consistent; Lachlan Wade, Coaches Award; Blake Blomley again, Players' Player; and Jarrad Lane, Best and Fairest.

This year's James McManus Award went to Hunter Knight. This award recognises dedication, commitment, and outstanding contribution on and off the field, which the Raiders say are qualities Hunter has displayed all season and truly reflect the spirit of the Raiders.

The Iron Man Award went to Blake Blomley. The Raiders selected Blake, as he has shown incredible toughness, consistency and resilience throughout the season, always putting his body on the line for the team and leading by example. His determination and strength on the field embody what this award is all about.

Congratulations to Annabell Kay, the recipient of the Rising Star Award. The Raiders say that Annabell showed outstanding growth, skill, and determination throughout the season. Her energy and commitment on the field made her a standout.

Congratulations to Hiria Brooking-Petela, who was awarded Female Rookie of the Year. The Raiders recognise that she has made a huge impact in her debut season with her talent, determination and fearless approach to the game.

This year's Male Rookie of the Year went to Jayden Salam. Jayden switched from soccer to rugby league and had an outstanding debut season with the Raiders. They say his natural athleticism, speed and willingness to learn made him a standout on the field and an exciting talent for the future.

The Raiders also acknowledged their coaches by awarding Junior Coach of the Year to Josh Parker, who went above and beyond, dedicating his time and energy to developing young Raiders. His passion, leadership and commitment to helping players grow on and off the field made a lasting impression across the club.

Senior Coaches of the Year went to Shannon Harvey and Chuck Norris. Shannon led the women's side with passion and commitment, creating a strong team culture and guiding the group to an impressive season. Chuck coached A-grade. In his first year as coach, he exceeded all expectations. His leadership, determination and passion made a huge impact on the team this season.
There were also two new life memberships awarded:

Life member number 64 is Anthony Smith. The Raiders said, 'Anthony's journey with the club began in the juniors where he first pulled on the Raiders jersey. From there he went on to play in seniors before giving back through coaching our women's and under-18s teams. His passion for developing juniors and supporting others has made a lasting impact across all levels of the club. Beyond coaching and playing, Anthony has always been there—running water, lending a hand and doing whatever was needed—to help the Raiders family. His dedication and service over the years truly embody what it means to be a Raider.'

Life member number 65 is Stephen Smith. The Raiders said, 'Stephen has been a dedicated Raider for over a decade, pulling on the jersey in our senior team for 10 years. Alongside his playing career, he has given back to the club through coaching reserve grade and guiding our junior boys' teams, helping to grow the next generation of Raiders. His commitment, leadership and passion for the game have left a lasting impact across every level of the club. Stephen's contribution on and off the field embodies what it truly means to be a Raider.

Congratulations again to all of the player award recipients, the volunteers, coaches, committee and everyone who put in time and effort throughout the year to keep this amazing club, the Raiders, running smoothly.

Mrs FINOCCHIARO (Spillett): Mr Deputy Speaker, at the recent NRL NT awards evening, Gordon Hounslow, President of the Northern Sharks Rugby League Football Club, was honoured with an NRL NT life membership.

From starting as ball boy in 1976 to serving as club president for the past seven years, Gordon's contribution to NRL spans nearly five decades. Gordon was honoured with a Sharks life membership in 2012 and continues to be the club's cornerstone, widely respected throughout the Territory for his leadership and steadfast dedication. The NRL NT life membership is well deserved, and I warmly congratulate Gordon on this important recognition.

At the recent NRL NT awards evening, Chuck Norris was also proudly honoured with an NRL NT life membership. As a devoted member of the Palmerston Raiders Rugby League Football Club, Chuck has dedicated more than three decades to the growth and success of rugby in the Northern Territory.

Since making his A-grade debut as a 15 year old in 1999, Chuck has gone on to play over 300 senior games across 33 consecutive years. Chuck's leadership, resilience and dedication to mentoring players has created a lasting multigenerational legacy within the Territory's rugby league community.

I wholeheartedly congratulate Chuck on this well-deserved honour.

At the Palmerston Game Fishing Club's end-of-year awards, two deserving legends were awarded life membership—Darryl and Peta Smart. Together, Darryl and Peta have invested countless years of their time, energy and passion into the Palmerston Game Fishing Club. Their commitment goes far beyond simply being members; they have been crucial committee members, tirelessly organising events, manning the barbecue and the bar with enthusiasm, managed raffles and provided steadfast leadership that has helped guide the club through challenging times—and good times.

Equally, they celebrate every success and milestone with the entire Palmerston Game Fishing Club community. They are the people who consistently show up, ready to contribute in any way they can. Without them the Palmerston Game Fishing Club would not be what it is today. Darryl has served as vice president and president, guiding the club through challenging times like COVID and the upgrades to the clubrooms.

Peta has worn many hats and is especially known for running the Junior Angler Education Clinic and keeping the finances under control as the treasurer, which is no small feat.

This recognition is well deserved, and I congratulate Peta and Darryl. The club is fortunate to have them.

Hockey NT recently held its annual awards presentation at the Mindil Beach Casino Resort. I congratulate Amy Griggs for receiving B Grade Women Best & Fairest in the Darwin Hockey League 2025 season. This is a fantastic effort back to back with 2024. Well done, Amy. Keep up the great work.

Holly Beath was awarded the Under 18 NT Women Player of the Tournament. The NT under-18s competed against other states and territories in Perth earlier this year. Holly, a key defender and leader, played an instrumental role and remained a solid force at the back. Additionally, Holly was also awarded as Young Volunteer of the Year. Holly contributes so much of her time to mentoring and coaching, not only within her club but with Hockey NT and the little Jellies program. Well done, Holly. You have a bright future ahead. I look forward to hearing of your many more achievements.

Volunteering must run in the family because congratulations also go to Stuart Beath, Holly's dad, for being awarded Hockey NT Volunteer of the Year. This year Stuart volunteered his time as assistant coach to the NT Stingers Women team who travelled to Malaysia in February to compete in the elite Malaysian Hockey League and more recently the Festival of Hockey, which we held in Darwin against the Indonesian national team. Stingers Women came away with the championship, winning two and drawing one of the four games. Well done to Stingers Women. Stuart was also the assistant coach for the NT under-18s women's team who competed in Perth earlier this year. He also assists with electrical maintenance around the hockey grounds, which is much appreciated. Well done, Stuart; it is a well-deserved award.

I extend my congratulations to Matt Woolmington for receiving the highest accolade at the recent NRL NT awards night. Matt, who proudly resides in my electorate, delivered an exceptional season that earned him the prestigious Frank Johnson Medal. This year Matt was instrumental in his role at half, demonstrating outstanding leadership and play-making skills that helped steer the Litchfield Bears to a minor premiership and a spot in the grand final. Unfortunately, they did not come away with the win after a hard-fought comeback in the second half. Congratulations, Matt. This recognition is a testament to your dedication, skill and impact on the field throughout an extraordinary season. It is well deserved; well done.

At 15 years old, Jennifer Hunt became a trailblazer in aviation. She is Australia's youngest female pilot after gaining her qualifications in June. She embarked on a solo flight around the country. Her aim was to set a new record as the youngest women to circumnavigate Australia. Accompanied by her three-month-old golden retriever puppy, Bella, Jennifer's journey was not just a testament to her exceptional flying skills but to her determination and adventurous spirit. Having been immersed in aviation from a young age, Jennifer's passion and dedication have propelled—get it?—her to this incredible milestone. Her story is an inspiration to aspiring aviators and young dreamers everywhere. Taking off on 9 September, Jennifer made her trip in a Super Petrel amphibious biplane, a small two-seated vessel. Jennifer's journey was beautifully recorded through her Wing It and Wag It Facebook page. She and her co-pup, Bella, were welcomed back to Territory soil on 2 October, with Darwin's rural NT Fire and Rescue Service volunteer fire brigade providing a water cannon salute when she landed. Congratulations to Jennifer; Bella; Jennifer's parents, Kylie and Geoff; sponsors; and supporters. It was a great end to an epic journey.

Congratulations to LC Accountants Darwin on being named the Australian Professionals Small Business Champion at the prestigious 2025 Australian Professionals Small Business Champion Awards held in Sydney on 30 August. This is an annual event that recognises and celebrates the achievements of professional small businesses across Australia. They are businesses that play a vital role in driving the economy and enriching the communities they serve and support. The 2025 awards received more than 5,500 entries from small businesses across this country. From these, 1,423 finalists were shortlisted across 106 categories.

LC Accountants, a boutique family owned and operated business that has independently serviced clients in the Territory and beyond for more than 30 years, stood out amongst a highly competitive field of accounting firms across the country. Their win recognises not only their commitment to delivering exceptional client service but also their innovation resilience and strong community focus.

LC Accountants' journey to this national recognition reflects years of dedication, growth and a relentless pursuit of excellence. Through personalised financial solutions and a deep understanding of the unique challenges faced by local business, the team has become a trusted partner for many across the Territory. This achievement is a proud moment for the entire Territory, showcasing the talent and professionalism that thrives here. LC Accountants has set a high standard in the industry, and their success will inspire other

small businesses throughout the region. Congratulations to Despina Rakkas, the owner, senior accountant and business adviser; Leo Cleanthous, founder and accountant; and the entire team on this outstanding accomplishment.

A huge congratulations goes to Tim Hewitt on his achievement at the Berlin Marathon on Sunday 21 September 2025, finishing in an astonishing two hours and 23 minutes with an average pace of three minutes and 23 seconds per kilometre. Tim showcased the unmatched spirit and skill of the Northern Territory, competing against 55,000 runners from 160 nations—one of them being Harry Styles, who apparently took two hours, 59 minutes and 13 seconds, which means Tim lapped the pop star before the encore. Finishing 65th is nothing short of extraordinary. Tim's performance is a testament to Territory grit and determination and an inspiration to all of us. We cannot wait to follow his journey and see what he conquers next. Congratulations.

Mr PAECH (Gwoja): Mr Deputy Speaker, today the Infrastructure minister, the Member for Namatjira, announced that the CLP government is walking away from the Aboriginal and Torres Strait Islander Art Gallery of Australia (ATSIAGA) project.

Today, on the anniversary of the 'Yes' referendum, the CLP government abandoned First Nations people, Territorians and the people of Alice Springs. They abandoned local businesses and the tourism economy.

Rather than bringing the community together to speak about their watered-down and scaled-back gallery plans, CLP members chose instead to withdraw significant funding from our region. Rather than meeting with locals to discuss concerns about their proposal, they ignored the people of Alice Springs.

The Infrastructure minister and the Member for Braitling demonstrated how gutless this government is. Both were in Alice Springs over the weekend with the majority of the CLP members; they could have faced Territorians, the people of Central Australia, artists and business community to tell them face to face that they were stripping away this important drawcard from the Central Australian community and our economy, but they did not. They ran back to Darwin where they are comfortable to make the announcement. So much for supporting local and being open and transparent.

If the gallery had been left in its original form, it would almost be complete by now, ready to welcome visitors to see, hear and experience First Nations people telling stories. It would have meant more people, flights and life in Central Australia—an economic driver into the future.

CLP members claim to be open and accountable, but it is clear they have been planning to scrap this project all along. Where is the Territory's financial contribution going? Will that money stay in Alice Springs, or will it be funnelled into CLP-held electorates to secure them for the next election? That funding must remain in Central Australia. There is a host of economically significant projects that could support this investment. It should be invested in extending the Araluen Arts Centre, reopening the Museum of Central Australia at the Desert Park and developing a new state-of-the-art exhibition at the Strehlow Research Centre.

It remains a national shame that Australia still does not have a national institution to showcase and tell the stories of the First Peoples of this country through language, art and performance. I strongly encourage the Commonwealth Government to keep the funding in Central Australia and commit to delivering a national centre that celebrates our people and tells the truth. National institutions such as the National Gallery of Australia, the National Museum of Australia and the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) have the vision, capacity and expertise to deliver what is needed.

It is clear that the CLP cannot be trusted to deliver a single project in Central Australia. It cannot be trusted to deliver a place that celebrates Aboriginal and Torres Strait Islander people—a place to tell the truth—or to deliver an economic plan for Central Australia.

It is also disgraceful that CLP members have attacked Marion Scrymgour, the Member for Lingiari. She is the only one who consistently stands up for the people of Alice Springs, calling out the CLP's dodgy plans and its lack of vision for the economy and the arts. We hear crickets from the Northern Territory Arts minister. There is not a single investment going into First Nations art that was not already happening under the previous government.

The gallery was designed to bring more people, flights and life to Alice Springs. Under the CLP we are seeing iconic projects scrapped, the arts ignored and flights to Alice Springs cut while Darwin gets more.

Alice Springs is, indeed, the place for a national First Nations centre to celebrate our people and tell our stories. They deserve more than a car park gallery and political tricks; they deserve a centre of national

excellence celebrating our First Nations Australians. So much for the CLP caring about Alice Springs. It has no vision, no guts and no economic agenda.

Today marks the second anniversary of the referendum to recognise Aboriginal and Torres Strait Islander peoples in the Australian Constitution and the Uluru Statement from the Heart, a powerful invitation to Australian people to walk together for a better future grounded in truth, justice and self-determination.

On this anniversary I acknowledge the strength, wisdom and generosity of all Aboriginal and Torres Strait Islander peoples who came together to shape the Uluru Statement from the Heart. Their work and vision continue to guide our nation towards meaningful and lasting change.

I also acknowledge, recognise and thank the thousands of non-Indigenous Australians who supported, rallied and voted for the Uluru Statement. Their courage was nothing short of remarkable, and we are forever grateful.

There is no room for hate in my heart. To the thousands of Australians who did not vote for the Voice, I acknowledge that there is still much work to be done in building stronger and more genuine relationships that help us understand and address our differences.

While the past two years have seen important conversations and some progress, we know there is still much to do. The Uluru Statement is far from complete. Its remaining pillars of truth-telling and Makarrata*,* known as treaty, remain essential to healing our nation and building a shared understanding of our history.

We must commit to ensuring Aboriginal and Torres Strait Islander people are at the centre of driving solutions and leading reform. Real progress will only come when communities have the power, voice and resources to shape the decisions that affect their lives.

The journey toward voice, truth and treaty continues. Let this anniversary remind us of our collective responsibility to keep walking together with courage, respect and hope to build a more just and united Australia.

We cannot expect things to change for the better if we do not allow Aboriginal and Torres Strait Islander people to have a greater say and a stronger voice in matters that affect their lives. As Aboriginal people we need a seat at the table, not to be on the menu.

Tonight, on the second anniversary of the referendum, I acknowledge all First Nations Australians and people who want to see improvements to the lives of Aboriginal and Torres Strait Islander people. I thank them for their courage, support and ongoing commitment to drive substantial and structural reform.

To my community, remember you are strong, black and deadly. You are not going anywhere. We are proud of who we are. Always was, always will be Aboriginal land.

Mr BURGOYNE (Braitling): Mr Deputy Speaker, I send my condolences and pay respect to a valued and much-loved member of the Alice Springs community in the electorate of Braitling, Sandy Pengilly.

Sandy first moved to Alice Springs in 1970 to join her husband, Barry, where together they built a beautiful life and raised their two sons, Justin and Adam. Like so many Territorians who came here in those days, Sandy quickly became part of the fabric of our town. She was the kind of person who brought heart and warmth into every corner. Ready for a quick chat, her colleagues often said that Sandy had a rare ability to make work feel less like a job and more like being part of a big, extended family.

In 1985 Sandy and Barry took their sense of adventure further north, heading first to Ali Curung and later to Tennant Creek. These were small and remote communities, but Sandy never saw that as a limitation. Instead, she turned it into an opportunity to help others. She spent her time teaching local women how to prepare healthy and nourishing meals using the limited supplies available in those areas, always sharing what she knew with kindness. She brought comfort to her community through her craft, creating quilts that were more than just blankets but symbols of warmth, care and connection.

In May 2000 Sandy’s world changed forever when her beloved husband Barry passed away. It was a heartbreaking loss, but those who knew her say that Sandy’s strength and resilience shone through even in the darkest times. She stayed true to who she was—someone who met life’s challenges with quiet determination and an unwavering belief in community.

After some time, Sandy returned to Alice Springs—the place she always called home—before spending a short period in Townsville to find her footing without Barry by her side. Her heart remained in Central Australia. When she became a grandmother, she knew exactly where she needed to be—back home with her family, surrounded by the people and the country she loved.

In Alice Springs, Sandy went straight back to work. She brought her trademark warmth to Carla Furnishers, the Ross Park Primary School canteen and later to Millers. Everywhere she worked, she built friendships, shared laughter and made people feel valued.

In 2013 Sandy and her son Justin took a leap of faith and purchased A Home Like Alice, a small local business that quickly became an extension of Sandy. It was her creative outlet and a place where she could share her eye for beauty and her deep sense of care for others. She poured her energy into designing displays, chatting with customers and spreading joy through the little things that made a house feel like a home.

Sandy had a remarkable gift for making people feel at home. Whether it was through a lovingly prepared meal, a freshly bloomed garden bed, a hand-stitched quilt or simply a kind word and a cup of tea, she found countless ways to make the world around her brighter. She was strong, generous and endlessly resourceful. She did not just live in a place but made it better for everyone else.

Sandy's passing leaves a hole in our community, but her legacy is a lasting one. She will always be remembered with love, gratitude and deep admiration. Her kindness, creativity and strength will continue to ripple through the lives of those who were lucky enough to know her.

Sandy's spirit lives on in her sons Justin and Adam, in her grandchildren and in every person whose life she touched. Through them and through the countless acts of care and connection she offered over a lifetime, Sandy has shown us what it means to live with purpose, care deeply and keep going even when the road gets tough.

May her memory be a blessing to her family, her friends and to the Alice Springs community she helped shape.

Mrs LAMBLEY (Araluen): Mr Deputy Speaker, it would be remiss of me not to talk about the demise of the Aboriginal and Torres Strait Islander Art Gallery of Australia (ATSIAGA).

This has been a long road. I have been a part of every stage of this story. It is a story of failure; it is disgraceful and appalling. It has been an exercise in futility over nine years. It is a diabolical and obscene waste of money. God knows how much money has been wasted on this; my guess is well over $20m. It is a debacle which has involved the appalling mismanagement of government funds and energy and a great disappointment to the town of Alice Springs. It is wasteful stupidity, ignorance and incompetence.

The history of this project goes back to 2016. I have read numerous reports over the last couple of weeks from the ABC saying that it first came about by Labor in 2017. I rang two reporters from the local Alice Springs ABC office and said, 'You are wrong'. I was there in 2016 just before the 2016 election when Adam Giles, the Chief Minister at the time, announced $70m for a national Aboriginal art gallery and cultural centre—$20m was to be allocated to cultural centre, and $50m ended up being allocated to the art gallery. It was 2016, not 2017. I even heard the Treasurer say today that it came about in 2017. He has it wrong; it has been over nine years since the inception and when it was first announced as a government initiative. Boy, have we been on a hell of a ride.

In 2016 the Gunner Labor government was elected. It was four years of nothing—zip. There was no progress at all. There were endless cups of coffee with the local Member for Braitling, Dale Wakefield, supposedly consulting with Alice Springs people for months—'have a cup of coffee with Dale Wakefield and talk to her about where we want the art gallery'.

They commissioned a steering committee of Aboriginal people headed up by Rachel Perkins. They completely ignored the recommendations at that steering committee. It recommended that the gallery be placed south of the Gap, consistent with the traditional owners. It should not be placed in town. No-one ever recommended it be placed in the CBD of Alice Springs, but no, Michael Gunner and the Member for Braitling at the time, Dale Wakefield, knew better and decided to put it on Anzac Oval. It was a disaster. It upset everyone in the town. Alice Springs people were appalled to lose our beautiful Anzac Oval, but Michael Gunner, Dale Wakefield and the Labor Cabinet at the time knew better. Nothing happened for that first four years of the Labor Northern Territory Government from 2016 to 2020.

Then we had another four years of Labor, which was more incompetence, mismanagement and inaction. It was eight years in total talking about this beautiful Aboriginal art gallery which was supposed to be an iconic national gallery in Alice Springs. We went from being so excited, happy and expectant of something that would be on a grand scale—it would be beautiful; it would attract tourists from far and wide and inject economic prosperity into Alice Springs, but no. There were eight years of bloody nothing.

Then we had a change of government last year, and the new government decided to continue with locating the art gallery adjacent to Anzac Oval in the car park. Most people did not want it there; a handful of people probably supported the idea of it being placed in the Anzac Oval car park. Did most Alice Springs people want it at that location? Absolutely not, particularly Aboriginal people. No-one listened to the people of Alice Springs or sat down to understand the significance of Anzac Oval, why it should not go there and why it should go to the Alice Springs Desert Park, which is what the CLP campaigned on in 2020. How the CLP arrived back at Anzac Oval in the car park is beyond me. From my perspective, it should have been south of the Gap, like the Aboriginal people of Alice Springs demanded years ago. It should have been placed at Desert Knowledge where there is plenty of room and there would have been compatible facilities. The local Aboriginal people—whose art, presumably, would have gone to the art gallery—would have accepted that. No—this is another government that knows better.

The net result is today when the final nail goes in the coffin. The whole project has amounted to nothing. The disappointment that I feel—I have been a local member of parliament in Alice Springs for 15 years, and nine-and-a-half years of my life has been thinking about this gallery and trying to negotiate with the Northern Territory Government, trying to work it out so it could be the best possible result for Alice Springs.

No-one has listened to me for years. I used to regularly chant to the former Labor government about crime, and I was belittled and put down. Here we are talking about another failure of the Northern Territory Government—under eight years of Labor—to deliver for Alice Springs or to listen about the deteriorating crime crisis.

We are back to where we were in 2016, with no gallery, a huge amount of money wasted and nothing further ahead economically or otherwise for Alice Springs.

Who are the winners? No-one. The Aboriginal people and artists of Central Australia and Australia are not winners. We have lost the people of Alice Springs. We have lost the prospect of a beautiful, iconic national Aboriginal art gallery in Alice Springs, and the economy loses. All the people who have been hopeful about benefiting from this art gallery have lost. They have invested money and positioned themselves, hoping to be contractors or be a part of this wonderful initiative. We are all losers in Alice Springs because of the incompetence of mainly the former Northern Territory Labor government, which squandered this wonderful opportunity to invest in Alice Springs and build an art gallery that we deserved. I am so disappointed I can hardly speak.

How much has been spent on this exercise in futility? It must amount to millions—at least $20m. To hear the Member for Gwoja try to turn it around and blame it on the current CLP government is the epitome of hypocrisy. He was part of the former Labor government that failed us; he was a former Arts minister.

Alice Springs loses again. I am disappointed. The whole story is pathetic. It is a disgusting story of failure and incompetence, mainly by the former Northern Territory Labor government.

Mr KERLE (Blain): Mr Deputy Speaker, I speak about World Teachers' Day 2025 and the award finalists.

I thank all the teachers and educators in schools who look after our kids. They do an amazing job, and we appreciate the work they do in turning little minds to education and the world of knowledge. They deal with them sometimes when their behaviour may be a little challenging.

Congratulations to all our finalists who have been nominated by their peers for the 2025 World Teachers' Day NT Awards. Every year our teachers and education staff continue to impress with their dedication and enthusiasm to deliver quality learning to young Territorians.

Under the Early Childhood Educator of the Year category, I congratulate Carly Moir of Rosebery Primary School, who teaches Transition this year. Carly is an amazing teacher. I hear that parents are competing to get their kids from preschool into her class because she is a fantastic teacher and the kids all thrive under her tutelage.

I congratulate Vicki Proud from Batchelor Area School for being nominated as a finalist. I wish her all the best in the final awards.

Under the Inclusion Educator of the Year category, I congratulate Kathryn Gronholt and Madelene Bull of Moulden Primary School. Kathryn (Kat) is a long-term, amazing educator who is so passionate about educating kids. She has served on the school council and works hard at that school. She is a credit to the school.

Madelene Bull is starting off her career. She is fantastic. She is a local Palmerstonian. I see great things ahead in Madelene's future, educating the young people of the Territory. All the best, Madelene, and good luck in the final awards.
I wish Maha Andrew of Berry Springs Primary School all the best in the category of Primary Educator of the Year.

In the category of Principal of the Year, I congratulate Kristy West as a finalist from Woodroffe Primary School. Kristy only took over as acting principal at Woodroffe Primary School last year and has been made substantive in that role earlier this year. She is doing a power of work. Under her tutelage, Woodroffe Primary School put on a fantastic book week, which I was proud to attend and see parents' creativity in the costumes that the kids wore. Kristy is doing a fantastic job, and I hope to see her win Principal of the Year.

Kellie Norris from Moulden Primary School is nominated for the School Based Support Person of the Year category. I wish Kellie all the best. Also a finalist in that category is Lilly Osborne from Forrest Parade School. There are two people from two schools in my electorate in that category. I am torn; I do not know who to wish the best, but I hope that one of them wins that category. All the best to them.

Michaela Dunn from Palmerston College has been nominated as a finalist for Secondary Educator of the Year. I wish you all the best, Michaela. I hope to see her win that category.

Recently, the Palmerston 50+ Tuesday Club held its annual general meeting. It is a fantastic club in Palmerston for all those younger and older bodies who are 50 years old and over. They put on fantastic morning teas, play a lot of card games and gossip. It is a great way for people to get out every week, mix, mingle, have a great time and keep their minds active.

The successful committee includes returning members and a few new faces: Mary Oliffe as coordinator; Gerry Crowhust as deputy coordinator; Janette Ashby as the secretary/public officer; and Jan Sanders as treasurer. Congratulations for being elected to the Palmerston 50+ Tuesday Club committee.

General committee members include Glenda Bradbury, Annette Brown, Chris Murray, Jenny Segav and Gill Marnell who will be supporting the club in organising its fantastic weekly events. Congratulations to everyone, and thank you for all the hard work you do.

Motion agreed to; the Assembly adjourned.