

11 November 2025

**Legal and Constitutional Affairs Committee
Legislative Assembly of the Northern Territory**

By e-mail: LA.VAD@nt.gov.au

**Response to the NT Parliamentary Report
into Voluntary Assisted Dying**

Who are we?

1. This submission is on behalf of, and co-signed by:
 - Anglican Diocese of the Northern Territory
 - Australian Christian Churches
 - Seventh Day Adventist Church of Australia
 - Presbyterian Church of Australia
2. The submission was coordinated by Freedom for Faith, a Christian legal think tank that exists to see religious freedom for all faiths protected and promoted in Australia and beyond. Freedom for Faith is led by people drawn from a range of denominational churches including the Anglican Church Diocese of Sydney, The Catholic Church, the Australian Christian Churches, Australian Baptist Churches, the Presbyterian Church of Australia, and the Seventh-day Adventist Church in Australia. It has strong links with, and works co-operatively with, a range of other faith groups in Australia.
3. We welcome the opportunity to make this submission and we give consent for this submission to be published. Our contact details are as follows.

Freedom for Faith

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4. This submission builds upon our earlier submission of August 2025, reaffirming our concern that any VAD legislation must also protect the fundamental human rights of those who conscientiously object to participation in such practices, including health practitioners, faith-based institutions, and community organisations.
5. While this submission does not engage in debate over the moral or medical merits of VAD itself, we strongly assert that, if such legislation is enacted, it must equally uphold the dignity and rights of those who cannot in good conscience participate in the intentional ending of human life.
6. Our collective concern is not only for those directly affected by the practice of VAD, but also for those whose professional, ethical, and spiritual integrity may be compromised by legal coercion.

A) The Broader Legislative Context

7. The CLP Government has indicated it will introduce a VAD Bill in the first parliamentary sitting of February 2026, following the Committee's report and the earlier 2024 Expert Panel recommendations.
8. The Committee's report supported permitting conscientious objection by health professionals – a positive development – yet also endorsed requiring those objectors to inform patients about VAD services or provide referrals. The report also recommended allowing health or care entities such as hospitals, hospices, and aged-care facilities to refuse to participate in VAD.
9. While we are encouraged by these steps, we would like to emphasise some important issues that will be essential to address as legislation is drafted.

B) Conscience as a Foundational Human Right

10. Article 18 of the **International Covenant on Civil and Political Rights (ICCPR)**, to which Australia (and therefore the Northern Territory) is a signatory, establishes the right to freedom of thought, conscience, and religion. This includes the freedom to hold beliefs and to manifest those beliefs individually or collectively. Importantly, Article 18(2) explicitly prohibits coercion that would impair a person's freedom of belief or conscience, and Article 4(2) makes this right *non-derogable* – it cannot be suspended, even in a national emergency.
11. The **UN Human Rights Committee's General Comment No. 22** confirms that conscience protections apply both to internal convictions and to outward expressions, including institutional practices. The **Siracusa Principles** further clarify that any limitation on

fundamental rights must be necessary, proportionate, and the least intrusive means available to achieve a legitimate aim.

12. Therefore, any VAD legislation that compels a person or institution to act contrary to conscience, or to disclose their beliefs unnecessarily, fails to meet these international human rights obligations.

C) Privacy and Freedom from Compelled Disclosure

13. Article 17 of the ICCPR protects every person from unlawful or arbitrary interference with privacy. General Comment No. 22 explicitly links Articles 17 and 18 by stating: “No one can be compelled to reveal his thoughts or adherence to a religion or belief.”
14. Legislation that forces doctors or institutions to publicly declare their conscientious objection to every patient or to authorities is inconsistent with these principles. While a doctor must explain a refusal to participate in VAD when directly asked, there is no ethical or legal justification for mandatory disclosure of their religious or moral beliefs more broadly.
15. A patient’s possible interest in VAD does not justify forcing practitioners to pre-emptively identify themselves as objectors. To do so would compel the expression of private beliefs and expose individuals to potential discrimination or harassment.

D) Institutional Conscience and Collective Freedom

16. Freedom of religion and conscience extends beyond individuals to the communities and institutions formed to express those beliefs. Faith-based hospitals, hospices, and aged-care facilities are integral expressions of their communities’ ethical and spiritual commitments to care, compassion, and human dignity.
17. The **United Nations Declaration on the Elimination of All Forms of Intolerance and Discrimination Based on Religion or Belief** affirms that religious freedom includes the right “to establish and maintain appropriate charitable or humanitarian institutions.”
18. Compelling such institutions to host or facilitate VAD on their premises would constitute a profound violation of conscience and autonomy. It would also discourage faith-based organisations – many of which provide essential health and aged-care services in the Territory – from continuing their work.
19. Residents who seek access to VAD should be free to transfer to facilities that offer it, just as institutions should remain free to operate according to their deeply held beliefs. Temporary inconvenience or relocation cannot be weighed as equal to the coercion of conscience, which international law recognises as a fundamental violation of human dignity.

E) Equal Protection for All Professions

20. The right to conscience is **universal**. It is not limited to registered medical practitioners or certain professions. Any person – nurse, pharmacist, administrator, or volunteer – should be free to decline participation in a process that violates their beliefs about the sanctity of life.
21. Restricting conscience rights to a narrow professional category would be discriminatory and inconsistent with international standards. The Siracusa Principles make clear that human-rights limitations must not be applied in a discriminatory manner.

F) Compulsory Referrals and Indirect Participation

22. We are concerned about any legislative requirement for compulsory referrals or indirect participation by conscientious objectors.
23. For many faith communities and individuals, providing a referral to a VAD service is not morally distinct from performing the act itself. It makes the practitioner complicit in an outcome they consider the taking of a human life.
24. A centralised government-run VAD service – publicly listed, widely promoted, and easily accessible – makes referral obligations unnecessary. Patients can readily find this information without forcing objecting professionals to compromise their conscience. The inconvenience of conducting a search or contacting an alternative provider does not outweigh the fundamental human right to act according to conscience.
25. We look forward to continued engagement with the Northern Territory Government as they seek to draft balanced legislation that protects our fundamental rights.



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