The Royal Australian & New Zealand College of Psychiatrists

24 October 2014

Ms Sophie Dunstone
Committee Secretary
Senate Standing Committee on Legal and Constitutional Affairs
Department of the Senate
Parliament House
PO Box 6100
CANBERRA ACT 2600

By email to: legcon.sen@aph.gov.au

Dear Ms Dunstone

Re: Medical Services (Dying with Dignity) Bill hearing: questions on notice

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) wishes to thank the Senate Standing Committee on Legal and Constitutional Affairs (the Committee) for the opportunity to appear at the public hearing on 15 October and discuss our submission in response to the proposed *Medical Services (Dying with Dignity) Bill 2014* (the Bill).

At that hearing, the Committee requested three further pieces of information from the RANZCP, and our representative Dr Rod McKay agreed to take these questions on notice.

1. RANZCP Position Statement 67 – Physician Assisted Suicide

The first item requested by the Committee was a copy of RANZCP's 'Position Statement 67: Physician Assisted Suicide (PAS)' (the Position Statement). A copy of the Position Statement is attached to this letter.

The second issue that the Committee sought feedback on was what, if any, differences there were between the Position Statement and the submission that the RANZCP made to the Committee on the Bill.

As the RANZCP submission was based on, and informed by, the Position Statement, most of what was written in our submission on the Bill is consistent with the Position Statement.

However, as the Position Statement was developed in 2011, there is some material in the RANZCP's submission on the Bill that is not included in the Position Statement as RANZCP Fellows contributed more recent information to inform the development of the RANZCP's submission on the Bill.

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In summary, information that is in the RANZCP's submission on the Bill that is not included in the Position Statement is as follows:

- **The use of "sound mind" in the Bill -** The RANZCP suggests that any references to "sound mind" be removed from the Bill to prevent any terminology confusion about the differences between "sound mind" and a terminally ill person's capacity to make decisions in regards to dying with dignity medical services.

- **The use of advance care directives in circumstances where people have dementia –** While people with dementia cannot give their consent to the provision of PAS services, they may have previously created an advance care directive requesting access to PAS services at a certain stage of their illness. The RANZCP opposes the provision of PAS services via advance care directives in any circumstances.

- **Concerns about older people and suicide:** The RANZCP believes that there is a crucial need to address, and raise community awareness of, common misconceptions about older people, euthanasia and suicide, for instance, that suicide is largely driven by suffering associated with severe or terminal disease.

2. The College's view on whether a video assessment by a psychiatrist could be an appropriate way to conduct the psychiatrist assessment were the Bill to be passed

The Committee also requested information on the RANZCP's view on whether a video assessment by a psychiatrist could be an appropriate way to conduct a psychiatric assessment of a person seeking to access dying with dignity medical services if the Bill were to become law.

The RANZCP notes that its Fellows had a range of opinions on this issue and that, therefore, the RANZCP does not have a consensus view amongst its members on whether a psychiatric assessment conducted by videoconference would be an appropriate way to assess a person seeking to access dying with dignity medical services.

However, the majority of Fellows consulted felt that while a face to face assessment of a person seeking to access dying with dignity medical services would always be the best and most preferred option, there may be some situations where this option is not available. This may be when a person located in a rural or remote area of Australia or where a dying with dignity patient cannot leave the house or travel. In these circumstances, it may be that an independent psychiatrist assessment via videoconference is the only available option for a person seeking to access dying with dignity medical services under the Bill.

The RANZCP also considers that if the Bill were to become law and an independent psychiatric assessment conducted by videoconference were to be considered appropriate in these circumstances, such an assessment must be supported by strong technology (picture and sound) and the assessing psychiatrist must have all the relevant information beforehand in order to conduct a comprehensive assessment of a person seeking to access dying with dignity medical services. Otherwise, the quality of the assessment will be compromised.

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Therefore, if a psychiatric assessment of a person seeking to access dying with dignity medical service were conducted by videoconference, the RANZCP believes that it would be crucial to have formal guidelines or protocols to ensure that any such assessment is conducted appropriately and consistently. This would involve having standardised reporting and processes in place, outlining precisely who may conduct such an assessment and in what circumstances. It would also be important to have a protocol to enable a psychiatrist to be able to undertake a videoconference assessment of a person seeking to access dying with dignity medical services over time as it would be difficult for a psychiatrist to assess an unknown patient in this context on the basis of just one video interview.

If you would like to discuss any of the issues raised in this letter, please contact Dr Anne Ellison, General Manager Practice, Policy and Projects,

Yours sincerely

Dr Murray Patton
President

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