

During the evidence given by me and Murray Hindle on 13 March 2018 we were asked by the Hon Nick Goiran<sup>1</sup> whether we agreed with that part of the submission made by the Royal Australian and New Zealand College of Psychiatrists (WA Branch) which stated that the high rate of suicide in people aged 80 and above has led to a misconception that suicide in older people is largely driven by suffering associated with chronic, debilitating or terminal illness, whereas the aetiology of suicide is complex and usually multifactorial.

At that time we had not read the Branch's submission. Having now done so, I would like to make a brief further comment.

The Branch also said in its submission (two sentences after the one referred to, at p5 of the submission) that assisted dying "may be an understandable choice in the context of unbearable suffering". We emphatically agree.

By contrast, the Branch said that suicide is a tragic outcome for individuals who suffer from (only) mental illness. This is consistent with the view expressed on p 4 that it does not support mental illness forming the sole basis for PAS (physician assisted suicide).

The concern referred to was that some may erroneously conflate suicide with PAS. This reference in its context was to the group of people aged 80 and above (many of whom, we suggest, would likely not be eligible for VAD).

The Branch's submission suggests that in any VAD legislation there should be "stringent safeguards to ensure that older people considering suicide are not given access to PAS". This suggestion should be understood in its proper context, and as referring to those aged 80 years and older who would not qualify for any VAD model under consideration, as they are not suffering from a terminal illness. It does not detract from or affect our submission.

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<sup>1</sup> Transcript p 10.

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14 May 2018