

7 May 2018

Joint Select Committee on End of Life Choices
Parliament House
4 Harvest Terrace
West Perth WA 6005
Via email: eolcc@parliament.wa.gov.au

Dear Mr Goiran

RE: Response from Andrew Denton to question on notice from the Hon Nick Goiran, April 13, 2018.

Thank you for the opportunity to speak with yourself and other members of the Joint Select Committee on End of Life Choices on April 13.

You put the following question to me on notice:

Hon NICK GOIRAN: *I am interested in your comment there that the peak body in Victoria did not think mandatory psychiatric assessment was necessary or appropriate or desirable. Was that peak body the Chief Psychiatrist in Victoria?*

To which I responded:

Mr DENTON: *No. I am sorry; I actually forget the name of the peak body, but I can certainly come back to you on that. I will take that on notice.*

For clarity, I did not refer to mandatory psychiatric assessment being not 'appropriate' or 'desirable' My responses to questions about capacity and psychiatric assessment were [in part] as follows:



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Go Gentle Australia is a health promotion charity founded by Andrew Denton to spark a national conversation about voluntary assisted dying. Go Gentle Australia was established to help relieve the distress, helplessness and suffering experienced by Australians with terminal illnesses, their families and carers. We argue for the right of all Australians to have a choice about what happens to them at the end of their lives. More at www.gogentleaustralia.org.au

Mr DENTON: *This was debated extensively in Victoria and also in South Australia. I think where the Victorian law landed was very wise. Let me start by saying that in Victoria the peak psychiatry body did not want to be the gatekeepers. They made it very clear that they did not want mandatory assessment and senior psychiatrists there, Dr David Copolov and Dr Steve Ellen in their submissions to the inquiry spoke about the capacity of medical practitioners to assess capacity in patients.*

Mr DENTON: *Again, this was debated more clearly in Victoria and I repeat that the peak psychiatric body there did not feel that psychiatric consultation is mandatory, but what the law allows—this gets back to the conservatism of doctors and it is standard practice in the medical practice—is if the doctor has any doubts about capacity or any other thing in a patient’s request, they can refer them for psychiatric examination.*

In response to your request, I have identified the body to which I was referring as the Victorian Branch of the Royal Australian & New Zealand College of Psychiatrists.

In their [April 6, 2017 submission to Victoria’s expert Ministerial Advisory Panel the RANZCP wrote](#)

“The VIC Branch strongly supports a framework which mandates consideration of psychiatric assessment of patients whose decision-making capacity is in question. There would be significant practical barriers to psychiatrists carrying out mandated assessments of all patients seeking access to voluntary assisted dying in a timely way. This is of particular concern in a population that is defined by their limited life expectancy. However, when necessary, psychiatrist assessment may be vital in making determinations about capacity as psychiatrists have specific skills and expertise to assess decision-making capacity as well as to identify psychiatric illnesses and to assess suicidal ideation in patients, including the terminally ill. Assessment of capacity is a part of basic medical training and the RANZCP training program includes advanced competencies in capacity assessment. Furthermore, treatment for mental health issues can help to relieve the experience of physical pain, due to the interaction of biological and psychological systems.”

This was flagged in the RANZCP’s earlier, February 2016, [Position Statement 67 on Physician Assisted Suicide](#);

“The need for psychiatric assessment and treatment should be considered for patients who request PAS of their doctors”

This was a shift from the Victorian Branch's expressed position in 2015 to the Chair of the Victorian Inquiry, Ed O'Donohue, MLC, which called for

"mandatory, independent psychiatric assessment of people seeking PAS as they may potentially be affected by both physical and mental illness".

In writing to The Hon. Mary Wooldridge MP, Shadow Minister for Health, in October 2017 Associate professor Richard Newton, Chair of the Victorian Branch of the RANZCP, elaborated further on that body's approach to the details of the draft Victorian Voluntary Assisted Dying Bill (copy of letter attached):

"The RANZCP Victorian Branch also supports the minimum requirements for coordinating and consulting medical practitioners to hold either a Fellowship with a specialist medical college, or be a vocationally registered general practitioner. Either the coordinating medical practitioner or each consulting medical practitioner must have practised as a registered medical practitioner for at least 5 years after completing a Fellowship with a specialist medical college or vocational registration (as the case applies). The RANZCP Victorian Branch supports these provisions of the Bill that ensure that only registered medical practitioners with some experience may undertake assessments for access to voluntary assisted dying.

To be eligible to access voluntary assisted dying, a person must have decision-making capacity in relation to voluntary assisted dying. If either the coordinating or consulting medical practitioner cannot determine whether the person requesting access to voluntary assisted dying has decision-making capacity, they must refer the person to a registered health practitioner who has appropriate skills and training. The RANZCP Victorian Branch supports this provision which mandates further assessment if decision-making capacity is in question.

The RANZCP Victorian Branch notes that the Bill requires coordinating and consulting medical practitioners to complete approved training in:

- assessing whether or not a person meets the eligibility criteria ^[1]_[SEP]
- identifying and assessing risk factors for abuse and coercion. ^[1]_[SEP] The RANZCP Victorian Branch suggests that this training is developed in consultation with psychiatrists with relevant expertise. The RANZCP Victorian Branch would also consider participating in the credentialing process for approved assessment training."

I hope this answers your question sufficiently. Please do not hesitate to contact me if you require further information.

As requested, I will be writing to you separately regarding my responses to Submission #391.

Yours sincerely,

Andrew Denton

Director, GO Gentle Australia

Attachment

12 October 2017

The Hon Mary Wooldridge MP
Leader of the Opposition (Legislative Council)
Shadow Minister for Health
Member for Eastern Metropolitan Region
PO Box 428
BLACKBURN VIC 3130

By email to:

Dear Ms Wooldridge

Re: Voluntary Assisted Dying Bill 2017

The Victorian Branch of the Royal Australian and New Zealand College of Psychiatrists (RANZCP Victorian Branch) thanks you for the opportunity to provide feedback on the draft Voluntary Assisted Dying Bill 2017 (the Bill).

The RANZCP Victorian Branch has almost 1500 members, including more than 1000 qualified psychiatrists. The RANZCP Victorian Branch also has close ties with the community, having consumers and carers represented and participating on a number of committees and projects, including the Victorian Branch Committee.

In April 2017, the RANZCP Victorian Branch made a [written submission](#) to the Ministerial Advisory Panel on voluntary assisted dying which noted the need to increase supports to the palliative care sector and to provide training for non-psychiatrically trained medical practitioners to recognise diminished capacity and other risk factors.

Nothing in this letter should be taken as explicit or implied support of the legalisation of voluntary assisted dying by the RANZCP.

The RANZCP Victorian Branch strongly supports the fact that people with mental illness only will not be eligible to access voluntary assisted dying and that this is explicitly detailed in the Bill.

The RANZCP Victorian Branch also supports the minimum requirements for coordinating and consulting medical practitioners to hold either a Fellowship with a specialist medical college, or be a vocationally registered general practitioner. Either the coordinating medical practitioner or each consulting medical practitioner must have practised as a registered medical practitioner for at least 5 years after completing a Fellowship with a specialist medical college or vocational registration (as the case applies). The RANZCP Victorian Branch supports these provisions of the Bill that ensure that only registered medical practitioners with some experience may undertake assessments for access to voluntary assisted dying.

To be eligible to access voluntary assisted dying, a person must have decision-making

capacity in relation to voluntary assisted dying. If either the coordinating or consulting medical practitioner cannot determine whether the person requesting access to voluntary assisted dying has decision-making capacity, they must refer the person to a registered health practitioner who has appropriate skills and training. The RANZCP Victorian Branch supports this provision which mandates further assessment if decision-making capacity is in question.

Medical practitioners who do not have specialist psychiatric training are very poor at recognising depression and delirium in the medically ill population. Depression in particular is under diagnosed with symptoms assumed to be an understandable reaction to a terminal condition (Ryan, 1995).

The RANZCP Victorian Branch notes that the Bill requires coordinating and consulting medical practitioners to complete approved training in:

- assessing whether or not a person meets the eligibility criteria
- identifying and assessing risk factors for abuse and coercion.

The RANZCP Victorian Branch suggests that this training is developed in consultation with psychiatrists with relevant expertise. The RANZCP Victorian Branch would also consider participating in the credentialing process for approved assessment training.

The RANZCP Victorian Branch considers that the primary role of medical practitioners, including psychiatrists, in end-of-life care is to facilitate the provision of high-quality patient-centred care. The RANZCP Victorian Branch notes the need for increased investment in palliative care to improve access to high-quality end-of-life care, including greater integration of services and improved access to home-based palliative care.

The RANZCP Victorian Branch would like to reiterate the need for appropriate support to be provided to everyone involved in voluntary assisted dying including patients, their families/carers and the medical practitioners.

If you would like to discuss any of the issues raised in the submission, please contact Bronwen Evans, Manager, Policy – Branches via _____ or by phone on _____

Yours sincerely

Associate Professor Richard Newton
Chair, RANZCP Victorian Branch

cc: Hon Jill Hennessy MP, Minister for Health
Hon Martin Foley MP, Minister for Mental Health
Ms Emma Kealy MP, Shadow Minister for Mental Health

Reference

Ryan CJ (1995) Velcro on the slippery slope: the role of psychiatry in active voluntary euthanasia. *Australian and New Zealand Journal of Psychiatry* 29: 580–5.