

Legal & Social Issues Committee
Parliament House
Spring Street
Melbourne
VIC 3002

Level 11, 257 Collins Street
Melbourne VIC 3000
PO Box 38
Flinders Lane VIC 8009
T: (03) 8662 3300
F: (03) 9663 6177
www.psychology.org.au

By email: lsic@parliament.vic.gov.au

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To Whom It May Concern,

Inquiry into End of Life Choices

The Australian Psychological Society (APS) welcomes the opportunity to make a submission to this Inquiry about the need for laws in Victoria to allow citizens to make informed decisions regarding their own end of life choices.

While the APS neither opposes nor endorses voluntary termination of life, several issues and concerns that warrant attention are highlighted in this submission in the event of any legislative changes.

The APS is the national professional organisation for psychologists, with over 21,000 members across Australia. Psychologists are experts in human behaviour and bring experience in understanding crucial components necessary to support people to optimise their function in the community. APS members are required to abide by principles of professional conduct, responsibilities and confidentiality. These are set and monitored by the APS in its *Code of Ethics* (<http://www.psychology.org.au/Assets/Files/APS-Code-of-Ethics.pdf>), which has been adopted and endorsed by the Psychologists Registration Board of Australia.

The Code of Ethics is built on three general ethical principles: Respect for the rights and dignity of people and peoples; Propriety; and Integrity. Each of these principles is pertinent to the current Inquiry. For example, respect for a person's rights and dignity could be seen to support their

inalienable right to life, or conversely their right to request a dignified end to that life. Similarly the general principle, Propriety, incorporates the principle of non-maleficence ('do no harm'), which can be interpreted to forbid the hastening of death, or to support active intervention in a situation intolerable to the patient.

The APS acknowledges that dealing with issues surrounding the purported right of a terminally ill person to request assistance from a medically qualified person to voluntarily terminate his or her life in a humane manner is complex and challenging, and needs to be examined from a number of perspectives, including psychological, ethical/moral, medical, legal, religious, sociological and political considerations. Psychologists have the knowledge and skills to allow them to become involved in these issues in a variety of ways: they can enter the debate on dying with dignity, be involved in policy development and in practice for the care of the terminally ill, in the process of support and decision-making, and in the assessment of psychological disorders and mental competence.

In August 2014, the APS made a submission to the Senate Inquiry into the exposure draft of the Medical Services (Dying with Dignity) Bill 2014. The APS also attended the associated hearing on 15 October. We invite the Committee to read the Hansard transcript as well as the submission itself (attached), as these documents explain the key concerns of the APS. In summary, the APS believes that the model proposed under the Bill was very medically oriented and did not consider the broader psychological and psychiatric dimensions of introducing this option into the death trajectory. The critical element of "mental competence" being a threshold for access to dying with dignity services was noted as problematic, and thus that APS submission highlighted the need for a holistic assessment (not just medical assessment). The APS was also concerned about the need to acknowledge and incorporate family, cultural and gendered perspectives into the debate.

In addition, the APS Discussion Paper *Psychological Perspectives on Euthanasia and the Terminally Ill*, updated in 2008, addresses a number of issues relevant to the current Inquiry:

http://www.psychology.org.au/Assets/Files/euthanasia_position_paper.pdf. The Paper noted that there exists:

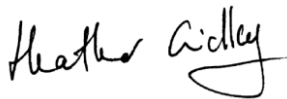
an inherent tension between respecting individual autonomy and relieving people from unbearable suffering while still protecting the principle of valuing human life. Any liberalising of laws in relation

to euthanasia needs to achieve a satisfactory mechanism which balances this tension, achieves respect for individual rights (of patients, carers and professional health workers), and prevents abuse, without becoming too unwieldy, bureaucratic and time consuming to be practical (p. 21).

The APS takes a similar position to that of the American Psychological Association (APA), which neither endorses nor opposes "assisted suicide" given the complex multitude of issues involved (<http://www.apa.org/about/policy/assisted-suicide.aspx>). The APA also advocates for quality end-of-life care for all individuals; promotes research on "assisted suicide"; promotes policies that reduce suffering; and supports research on ethical dilemmas faced by clinicians and researchers. Both the APS and APA statements foreground the need to protect first and foremost the wellbeing of the individual concerned. Consideration should also be given to the needs of family members and professionals involved.

We would be pleased to assist you further. For further information please contact me on 03 8662 3327.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Heather Gridley', with a stylized, cursive script.

Ms Heather Gridley FAPS
Manager, Public Interest
Australian Psychological Society