

30 June 2021

Health and Environment Committee
Parliament House
George Street
BRISBANE
Queensland 4000

Level 13, 257 Collins Street
Melbourne VIC 3000
PO Box 38
Flinders Lane VIC 8009
T: (03) 8662 3300
F: (03) 9663 6177
psychology.org.au

Submitted online to: <https://qldparlcomm.snapforms.com.au/form/voluntary-assisted-dying>

Dear Sir/Madam,

Australian Psychological Society response to the Voluntary Assisted Dying Bill 2021

The Australian Psychological Society (APS) is the peak professional body for psychologists in Australia, representing over 27,000 members nationally. Many of our psychologists work with end-of-life patients, their families and friends, and are a crucial part of palliative health care.

The APS welcomes the opportunity to respond to the Voluntary Assisted Dying Bill 2021 (The Bill) and this submission builds upon the key recommendations made in our previous submissions [Submission to the Consultation Paper WP No. 79: A legal framework for voluntary assisted dying](#) and [Submission to the Queensland Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying](#).

The APS supports a compassionate and safe assisted dying framework, whereby voluntary assisted dying (VAD) is available as part of a full range of care options, including the highest quality palliative care and the most competent psychological assessment and psychosocial support. It is important to acknowledge that the APS neither supports nor opposes VAD, but advocates a best practice approach to end-of-life care. Critically, this involves patients fully understanding the alternatives and the main ramifications of their decisions. The APS emphasises the importance of a process that is characterised by care, compassion and considered decision-making over time.

Decisions about assisted dying are often made in the context of serious social inequities in access to resources such as basic medical care, thus it is vital that access and support should be provided when a request is made (with particular attention to people living in rural and remote areas), including a referral to another practitioner where appropriate. Equity of access should be carefully considered during the implementation of VAD.

There are four elements of The Bill and associated documentation to which the APS would like to draw attention:

Voluntary and without coercion

As previously described, decisions are influenced by a range of factors, including the opinions of others, notably family members, carers and health professionals. As such, strategies to minimise the risk of coercion, e.g. enabling people to make decisions in private, are crucial. It is worth noting here that demonstrating an understanding of the consequences of their decisions, and making those decisions freely without undue influence, are components assessed as part of decision-making capacity. This also highlights the importance of professional standards and training for medical practitioners in order to minimise the likelihood of coercion when working with individuals who may request voluntary assisted dying.

The APS commends the requirement for patients to make three separate requests to access VAD and the necessary specialist judgement to help maximise the likelihood that the patient is acting voluntarily.

Decision making capacity assessment

As expressed in the APS submission to the [Royal Commission into Aged Care](#) (p.12) decision-making capacity is a very complex area that spans legal and medical sectors ("medicolegal"). Due to these complexities, capacity assessments are by necessity conducted by a select few professions, classically medical doctors, specialists, lawyers and psychologists. Psychologists are in a unique position to conduct capacity assessments for several reasons. Psychologist's core skills include combining evidence-based assessments of cognition and behaviour, with the ability to differentiate between the impact of certain conditions (e.g. mental illness, dementia, delirium) on decision-making.

Capable and skilled workforce

Implementation of any VAD scheme needs to consider the existing and future capacity of an appropriately skilled workforce to meet the needs of people approaching the end of their lives. High quality training is absolutely essential. Furthermore, any training modules for medical practitioners or other relevant professionals should be informed by those who have skills and experience in conducting capacity assessment in complex matters as well as judging whether patients are acting voluntarily and without coercion.

Statewide Care Navigator Service

The APS welcomes a connected, patient-centered service which aims to assist patients and their families and friends, as well as health practitioners, during the VAD process. Due to the immense consequences of the decision to access VAD services, the APS would recommend that the Statewide Care Navigator Service also provide support during the decision making process. As regulated providers of psychological services, psychologists are best placed to provide critical psychological support throughout the decision making, request, VAD access, and post-VAD journey. Increased access to psychological services will be critical. The APS would welcome the opportunity to co-design the psychological support component of the Statewide Care Navigator Service.

If the Health and Environment Committee requires further input from the APS I would be happy to be contacted through my office on (03) 8662 3300 or by email at z.burgess@psychology.org.au.

Yours sincerely

Dr Zena Burgess, FAPS FAICD
Chief Executive Officer
Australian Psychological Society