

## Assisted Suicide (Scotland) Bill

### British Psychological Society

#### About the Society

The British Psychological Society, incorporated by Royal Charter, is the learned and professional body for psychologists in the United Kingdom. We are a registered charity with a total membership of just over 50,000.

Under its Royal Charter, the objective of the British Psychological Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge". We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research.

The British Psychological Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

#### British Psychological Society response to the Scottish Government

	<p><b>Do you agree with the general purpose of the Bill to make it permissible, in the circumstances provided for, to assist another to commit suicide?</b></p>
1.	<p>Comments:</p> <p>The British Psychological Society is the learned and professional body for psychologists. As such, differing views will exist within our profession and forming a unified agreement on this issue is not possible or appropriate as it involves individual ethics, conscience and belief. Therefore, The Society, adopts the position of 'studied neutrality' (Quill &amp; Cassel, 2003) with regard to the proposal.</p> <p>Seal (2009) and Johnson, Cramer, Conroy &amp; Gardener (2013) alongside others point out the many ethical dilemmas that are involved in this work, therefore caution as to how this Bill, should it become law, will impact on all those closely involved is required. Following the Oregon model, longitudinal studies to evaluate its effect in practice are recommended (e.g., Ganzini &amp; Back, 2003 and Ganzini et al., 1996).</p> <p>The main concerns the Society has with regard to the ethical, moral and personal beliefs should the Bill should it become law are as follows:-</p> <p>1/ for the medical profession and those allied to medicine  2/ undue influence on the patient from others close to them or influential with them, especially in vulnerable groups  3/ the expertise required in highly emotional complex cases – how is this provided and quality assured?</p>

	<p>These concerns point towards the complexity of the patient-clinician relationship as well as the individuality of psychological development in both (e.g., Tan, Zimmerman &amp; Rodin, 2005).</p> <p>It has, however, also been found in research from Oregon that the introduction of Assisted Suicide appeared to improve palliative care in that state overall (Breitbart, 2003) and it is argued this is because it raised the profile around good end of life care.</p> <p>Furthermore, research indicates that those choosing Assisted Suicide were not from vulnerable or disadvantaged groups but from higher socioeconomic groups and individuals who valued their independence and being in control related to their own developmental histories (Ganzini &amp; Back, 2003). These findings raised concerns around communication skills of physicians to manage the complexity of these interpersonal dynamics and have a sufficient developmental understanding of these issues which may have blocked exploration (Ganzini &amp; Back, 2003).</p>
	<p><b>Do you have any views on how the provisions in this Bill compare with those from the previous End of Life Assistance (Scotland) Bill?</b></p>
2.	<p>Comments:</p> <p>This bill addresses some of the limitations with the previous bill, particularly suicide v euthanasia and those with severe physical disabilities and the value of their lives.</p>
	<p><b>The Bill precludes any criminal and civil liability for those providing assistance, providing the processes and requirements set out in the Bill have been adhered to. Do you wish to make any comment on this?</b></p>
3.	<p>Comments:</p> <p>The Society has no comment to make.</p>
	<p><b>The Bill outlines a three stage declaration and request process that would be required to be followed by an individual seeking assisted suicide. Do you have any comment on the process being proposed?</b></p>
4.	<p>Comments:</p> <p>We believe that the decision process is suitable and provides appropriate safeguards. However, we recommend that access to appropriate psychological support/assessment would further improve the robustness of this process, particularly around addressing the existential issues involved in a patient requesting PAS (Breitbart, 2003 and Ganzini &amp; Back, 2003).</p>

	<b>Do you have any comment on the provisions requiring that the person seeking assisted suicide must have a terminal or life-shortening illness, or a progressive condition which is either terminal or life-shortening?</b>
5.	<p>Comments:</p> <p>The Society welcomes this aspect but has concerns that it may exclude some people of which the bill intended to include. For example, mental health sufferers as it could be argued that some people in this category could be described as having a 'life shortening' condition.</p> <p>Generally, we believe the patient population is well defined.</p>
	<b>Are you satisfied with the eligibility requirements as regards age, capacity, and connection with Scotland as set out in the Bill?</b>
6.	<p>Comments:</p> <p>The definition of mental disorder used in the Bill (from section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003) does not include acquired brain injury. We believe that the Bill should recognize that the capacity of those who have suffered such injury may be impaired and require a more complex assessment alongside those outlined above (McMillian, 1996).</p> <p>The Society has concerns regarding disqualifying those with 'any mental health problem' as not all those in this category would automatically lack capacity. Psychologists, who work in 'end of life care,' understand that cognitive, emotional and mental health functioning may suffer significantly or be impaired as a result of treatment and/or medication. However, such psychologists are well placed to understand the complexity involved and the fluctuating cognitive functioning, yet still be able to assess consistency of desire within this.</p> <p>Co-morbid depression is often missed by non-psychologists and may be amenable to intervention and change negating the desire to proceed with assisted suicide and requires a level of skill to detect. Even skilled psychiatrists in a single assessment session fail to identify a mental health concern in (Ganzini et al., 2005). Furthermore, clinical depression could be said to very different to a pervasive sense of pointlessness when faced with a terminal illness which is more related to personality factors (Ganzini, 2003).</p> <p>Therefore, we have concerns that assessment of capacity would need, in the above cases, to be carried out by people with experience of assessing mental disorder, cognitive and neurological deficits and serious physical illness as well as having the skills to intervene where appropriate and understand the difference between clinical depression and personality factors (McWilliams &amp; Kalus, 2004).</p>

	<p>The Society recommends that assessment of capacity would be better viewed as a process rather than a 'one off' meeting where consideration of assisted suicide is taking place. Some of the components of The Mental Capacity Act guidelines (whilst this Act does not cover Scotland, some of the elements of the guidelines could still be applied) would provide an excellent starting point in connection to this Bill. However, in order that the assessment is rigorous and covers all possible cases of undue influence/pressure from others or perceived pressure from others perceived burden on others, complex personality presentation, mental health, learning disability or organic functioning appears significant, clear guidance on when and how to refer on to psychological practitioners with the appropriate expertise is required.</p>
	<p><b>Do you have any comment on the roles of medical practitioners and pharmacists as provided for in the Bill?</b></p>
7.	<p>Comments:</p> <p>The Society believes that clearer instruction as to what happens to the medication between the time of it being collected from the pharmacy and taken, which may be up to 14 days later. Safeguards need to be put in place to prevent the individual collecting the medication then passing this on to someone else.</p> <p>According to the explanatory notes, "Assessment of capacity is not generally something which requires psychiatric expertise, in the absence of any reason to suspect that the person has any form of mental disorder. However, it is open to a medical practitioner dealing with a first or second request to seek any specialist input he or she feels is needed to inform his or her assessment." Guidance to the proposed legislation should clarify that, in cases where there are concerns about, for example, the possible presence of particular forms of mental disorder, such as learning disability, autistic spectrum disorder or personality disorder, a practitioner psychologist may be best placed to provide the relevant expertise. This would also be the case in assessing the capacity of someone who had suffered from a traumatic brain injury.</p> <p>Again the fluctuating nature of some conditions, such as depression or suicidal ideation, particularly in palliative care requires specialist skills above and beyond that of medical practitioners and is not addressed within this aspect of the Bill or overall (Petersen &amp; Koehler, 2006).</p>
	<p><b>Do you have any comment on the means by which a person would be permitted to end his/her life under the Bill?</b></p>
8.	<p>Comments:</p> <p>As the Bill addresses 'progressive' illness it would be helpful to have some consideration of how to address the practicalities for those who are likely to lose cognitive functioning in the future but would wish to avail themselves of this help when they had reached a certain level of deterioration in their condition.</p>

	<b>Do you have any comment on the role of licensed facilitators as provided for in the Bill?</b>
9.	<p>Comments:</p> <p>We believe that it is essential that these people are suitably trained in the psychological aspects pertinent to end of life care and how to support the families of these patients in this too.</p>
	<b>Do you have any comment on the role of the police as provided for in the Bill?</b>
10.	<p>Comments:</p> <p>We believe that this aspect of the Bill is adequately addressed and have nothing to add.</p>
	<b>Do you have any comment to make about the Bill not already covered in your answers to the questions above?</b>
11.	<p>Comments:</p> <p>Van Norman (2014) suggests caution in regard to PAS as vulnerable patients (e.g., those with disabilities and those suffering from depression) may still be at risk in spite of the safeguards (reviewing the literature from Oregon, Washington in the USA and Netherlands) put in place.</p> <p>Other research in this area found counterintuitive findings in that patients seeking PAS were not significantly more depressed than those who did not (Ganzini &amp; Back, 2003).</p> <p>Quill (2004) along with others has expressed concerns, based on the available research to that date, over the lack of physician's ability to fully explore the 'existential' issues involved in patients wishing to access PAS. We understand how physical pain will influence behaviour (Linton &amp; Shaw, 2011) and meaning making will influence mood and decision making (Neimeyer, 2000). Therefore, the factors that influence a decision to request PAS will be multi-factorial and not necessarily intuitive (Ganzini et al., 2005).</p> <p>Given all of the above, we recommend that an assessment of the underlying personal meaning (Neimeyer, 1999; 2000) for each individual behind their expression to pursue PAS is required. By doing so it would provide an added safeguard to address the concerns outlined in this response and could form part of the basic assessment process.</p>

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