End of Life Assistance (Scotland) Bill

New Craigs Hospital

Since psychiatrists will play an important role in implementing the proposed Bill, its nature and implications were discussed amongst the group of consultant psychiatrists serving the Northern Highlands. This is a representation of their shared view.

Even though a majority of our psychiatrists would not want to be involved in its implementation, individual consultants had differing views on the aims and principles of the Bill. These may be reflected in individual submissions. We were all in agreement though that the Bill in its current form was not rigorous enough in its definitions and safeguarding procedures.

Specific examples of concerns included:

- The definition of a \textit{psychiatrist}, and the question of expertise in assessing patients in the complicated area of separating depression from the effects of physical illness.
- Whether the definition in subsection 4(2)(b): “permanently physically incapacitated” could still be interpreted to include dementia, which would have major implications and create conflicts of interest for psychiatrists in older adult services.
- Whether it should be the psychiatrist who assesses whether the applicant is under undue influence.
- The personal impact of such assessments on psychiatrists.
- The large amount of work that would be required for a full assessment of capacity, and its impact on resources. There seems to be no provision for how access to psychiatric assessment and training for psychiatrists will be organised and overseen.
- Some consultants also doubted whether psychiatrists are best placed to assess capacity, in comparison with physicians treating the terminal or debilitating illness.

We noted that in clinical practice certain psychiatric treatments receive more rigorous, prospective and independent oversight and monitoring than what is proposed in this Bill.

If the Bill is approved, realising its aims will depend on its implementation and whether it is practically possible to deliver safely and without unnecessary delays or distress to those involved. We felt the Bill as it stands will not fulfil those aims, and wanted to see more work on the role of and implications for psychiatrists that would come with such a Bill.

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On behalf of all Consultant Psychiatrists
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