CHIEF PSYCHIATRIST
of Western Australia

Ref: NG/BM: OCP13272
Enquiries: Dr Nathan Gibson

Ms A. Sanderson, MLA
Chair
Joint Select Committee on End of Life Choices
Parliament House
4 Harvest Terrace
WEST PERTH WA 6005

Dear Ms Sanderson

RE: QUESTION ON NOTICE FROM PUBLIC HEARING 28 FEBRUARY 2018

Thank you for your request to provide information on two further questions arising out of the hearing.

In response to these questions:

1. **Could you provide a list of mental disorders that are terminal, under the current categorisation system?**

The two main classification systems in use for mental health are the International Classification of Disease (ICD-10 Classification of Mental and Behavioural Disorders) and the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The ICD-10 has been developed by the World Health Organisation (WHO). The DSM-5 has been developed by the American Psychiatric Association. In practice, coding for public health services around the world almost always uses ICD-10. In clinical practice in Western Australia, as in other jurisdictions around Australia, both ICD-10 and DSM-5 are variably used.

I will use ICD-10 categories, but with specific regard to the terminal question, DSM is essentially no different in its classification- neither system is set up to classify terminal or non-terminal illness. ICD-11 will come out as an update, and is due in 2018. The **principles** regarding the terminal mental illness question will be unchanged from ICD-10, even though there will be an updating of the categories in ICD-11 to better reflect current evidence and literature.

One of the problems with the current mental health classification systems, is that they use terms like "organic" and "neurocognitive" to specify dementias. Many mental illnesses that fall under other categories have an organic or neurocognitive component- quality research has demonstrated this. Schizophrenia is a good example- many individuals with schizophrenia show physical changes on brain scans, but this is not listed under the organic or neurocognitive section. The classification systems are not perfect.

In ICD-10, F00-F09 are termed Organic, including symptomatic mental disorders. The following are, in many cases, **likely to be terminal** due to the inherent nature of the illness and inexorable brain deterioration:

- F00 Dementia in Alzheimer's Disease
- F01 Vascular Dementia
- F02 Dementia in other diseases classified elsewhere
    - Includes illnesses like Pick's disease and Huntington's disease (terminal brain diseases)
    - Please note there are some dementias associated with other diseases such as epilepsy, intoxications, Vitamin B deficiency, among others listed in this section that are **not terminal**
- F03 Unspecified dementia
    - When the criteria for dementia are met but it's not possible to identify a specific type

Please note that the prognoses for these dementias can be very variable. There are a range of other newer sub-diagnoses of dementias (eg Fronto-temporal dementia, Lewy Body dementia) that are not specifically mentioned but that will fall under these dementia categories above and are terminal conditions. The F06-F09 categories are other "organic" conditions and are generally **not terminal illnesses** per se. Someone who has brain cancer may have "organic personality" changes, but it is the cancer that will kill them, not the organic personality disorder per se.

The majority of categories within ICD-10 are **not** terminal illnesses. These are **not terminal:**

- F10-F19 Mental and behavioural disorders due to psychoactive substance abuse
- F20-F29 Schizophrenia, schizotypal and delusional disorders
- F30-F39 Mood (affective) disorders
- F40-F49 Neurotic, stress-related and somatoform disorders
- F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors
    - Please note eating disorders are included in this group. Eating disorders are complex, and have a significant mortality rate, but the brain changes that occur in eating disorders are not unstoppable or irresistible, as the brain changes with most dementias are
- F60-F69 Disorders of adult personality and behaviour
- F70-F79 Mental retardation
- F80-F89 Disorders of psychological development
- F90-F98 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence
- F99 Unspecified mental disorder

There would need to be significant caution in seeking to list the names of specific diseases in end of life legislation because the medical understanding of illnesses improves over time and some diseases that were originally thought to be terminal can have very different prognoses with improved treatments. Human Immunodeficiency Virus (HIV) is a very good example. Dementia can occur in HIV. In the 1980s it was seen as almost inevitable that someone with HIV would eventually develop Acquired Immunodeficiency Syndrome (AIDS) and die within a few years. Now individuals who are HIV positive can reasonably expect to lead very long and predominantly otherwise healthy lives. As well, the categories noted above are not always "clean" categories: as you can see, they can have a mix of variable illnesses and diseases bundled in together.

We can only go so far as to comment on diseases that are inherently terminal within our current understanding. It does depend on the considered prognosis for each individual person, who may have other complicating variables that might potentially lengthen or shorten their prognosis.

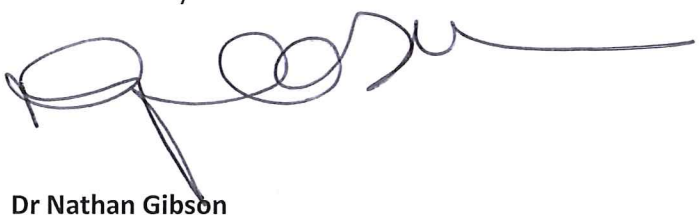
In summary, many dementias are terminal physical illnesses. Many mental health classification diagnoses have an organic or neurocognitive component, but that does not automatically make them terminal illnesses. Some mental health classification diagnoses can exist in parallel with other diagnoses that are terminal, but the mental health diagnosis is not the terminal diagnosis. Seeking to have a specific, detailed list of terminal mental illnesses listed in statute is likely to be unhelpful in application.

2. How many of the approximately 350 psychiatrists in WA are in regional WA?

To further clarify, I understand there are, according to the Royal Australian and New Zealand College of Psychiatrists, currently 368 Consultant Psychiatrists (specialists) in Western Australia in total. This includes all public sector and private Consultant Psychiatrists, but not Psychiatric Trainees. Outside of Metropolitan Perth, there are essentially 15 Consultant Psychiatrists. There appear to be three psychiatrists working in a private practice capacity regional settings in WA. I would not see it as appropriate, give the burgeoning broader unmet mental health needs of the community, for public sector Psychiatrists to undertake voluntary assisted dying assessments as part of their public sector function- this is essentially a matter for the private sector. Many Psychiatrists are developing increasing skills in videoconferencing assessments, which may assist regional individuals seeking assessment.

I trust this to be of assistance.

Yours sincerely



Dr Nathan Gibson
CHIEF PSYCHIATRIST

5 April 2018