



www.amaq.com.au

88 L'Estrange Terrace
Kelvin Grove 4059

PO Box 123
Red Hill 4059

Ph: (07) 3872 2222
Fax: (07) 3856 4727

amaq@amaq.com.au

ACN: 009 660 280
ABN: 17 009 660 280

Ms Carly Osborne
Principal Policy Advisor
Department of Justice and Attorney-General
carly.osborne@justice.qld.gov.au

1 May 2014

Dear Ms Osbourne,

RE: AMA Queensland response to request for feedback on the Guardianship Act review and the use of anti-libidinal medications

Thank you for the opportunity to provide feedback to the Guardianship Act review. AMA Queensland has considered the proposed changes and provides the following feedback.

AMA Queensland was asked to provide feedback on the following brief.

Brief:

Androgen reducing medication is another way of describing anti-libidinal medication. It is proposed the definition of 'special health care' contained in Schedule 2, section 7 of the GAA is to be amended to include as a category of 'special health care' that involves the use of androgen reducing medication for the purpose of behavioural control' ie the definition used in the NSW Act as outlined above.

If you could please provide your feedback by 28 April 2014 on:

- 1. Your organisation's views on the workability of the above proposal to regulate the administration of such medication for behavioural control in adults with impaired capacity by providing that it is to be 'special health care' under GAA requiring QCAT approval for use.*
- 2. The proposed definition outlined above.*

The AMA believes that impaired capacity occurs on a spectrum. Individuals with impaired capacity may have, depending upon the level of impairment and the complexity of the decisions being made, the capacity to make decisions affecting their life without the need for recourse to substitute decision makers.

Given this, and taking into account the rights of individuals with impaired capacity, the AMA believes that any decisions, policies or legislative changes affecting people with impaired capacity need to: respect the dignity of the individual; support the individual in their own decision-making to the extent possible; and ensure that substitute decisions are in the best interests of the individual, not others (eg., family members, others).

Therefore the AMA believes that: individuals with impaired capacity should be able to voluntarily request the use of anti-libidinal medications in consultation with treating practitioners without the requirement for any regulatory interference in this treatment decision. Any regulatory system put in place must not create additional red-tape for doctors involved in the voluntary treatment of people with impaired capacity.

Given the risk of side effects of anti-libidinal medication, and the limited evidence that anti-libidinal medication is completely effective in modifying inappropriate behaviours, individuals with impaired capacity who chose not to take

anti-libidinal medications, provided that they have not proven themselves to be a risk to other members of the community, should not be forced to take these medications against their will.

For people with impaired capacity who have proven themselves to be a risk to other members of the community due to inappropriate sexual behavior that is deemed to be the result of their impaired capacity, the use of anti-libidinal medication on an involuntary basis may be appropriate if ordered by an independent body such as QCAT.

The interplay between this any such regulatory system related to this and the category of the forensic order (Mental Health Court –Disability) under the *Mental Health Act 2000* needs to be carefully considered and addressed.

In order to maintain therapeutic relationships, any regulatory system that is created must not require treating practitioners (ie. a patient's general practitioner) to administer anti-libidinal medications to their patient against that patient's will.

In order to preserve the ability of people with impaired capacity and their treating practitioners to use anti-libidinal medications on a voluntary and un-regulated way, the AMA believes that the proposed definition should be modified to include the word involuntary.

Please accept my apologies for the lateness of this response.

Yours sincerely,

Dr Ben Duke
Councilor
AMA Queensland