

CAPACITY

Dr Habeebul Rahman, Head of Department of Psychological Medicine,
Tan Tock Seng Hospital

Start with the why

- Capacity assessments account for up to 1/3 of a CL Psychiatrist's workload
- There are many forms of such an assessment: the main categories are
 - Medical/ Surgical Capacity Assessments
 - Medico-Social Capacity Assessment
 - Legal assessments

We need to fix more than just the brake pads

- Capacity assessment as a process with many different moving parts, all contributing to a successful outcome
- Introducing the process- we hope to improve with feedback
- We need to ask the right question-
 - Eg AOR/ AMA discharge: what medical advise exactly is the patient discharging against?
 - No such thing as a 'blanket assessment'
 - Which enhances Patient autonomy more: Best interest taking into account patient's pre existing wishes vs allowing requests/ demands made whilst under impaired condition?

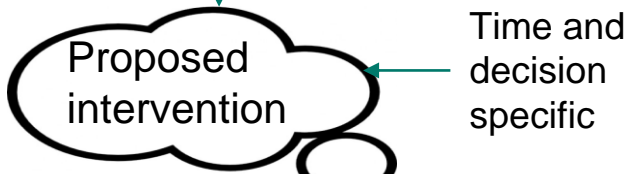
This talk is not going to be a rehash

- We are all familiar to some degree with the idea of capacity
- Each one of us has a unique standpoint on it
- Can we agree to differ?
- We want to 'cross the road to health' with our patients
 - Capacity assessment does not stipulate how we can cross the road better
 - It helps us to cross the road without getting knocked down
 - More things are now present on the roads to knock us down

Terms we use

- Patient's requests/ demands
- Medical Diagnosis, Investigations and Treatment standards
- Time and decision specific
- **Proposed Intervention**
- Capacity unless proven no capacity
- **Disclosure**
- **Informed consent**
- **2 Stage Test (impairment of function of mind)**
- **4 Step Process (Mental Capacity Act)**
- **Best Interests**
- Wishes
- **Demonstrate**
- **Negligence**

- Medical Diagnosis, Investigations and Treatment standards
- Patient requests/ demands



Guiding principles for treatment

Disclose information about an illness, its proposed **INTERVENTION** and **ALTERNATIVES**

Disclosure

Guided by Montgomery

Patient makes a choice that is congruent to one's values and preferences



Person assumed to have capacity

Psychiatrist

1. Management of impairment of function of the mind
2. Impact of impairment or disturbance of the mind on decision making capacity? (2 stage test)

- a) Understand
- b) Retain
- c) Weigh up
- d) Communicate (4 step process)



Lack decision making capacity



Capacity

Guided by MCA

Voluntariness

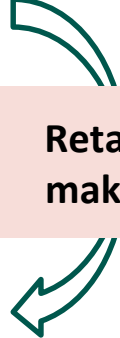
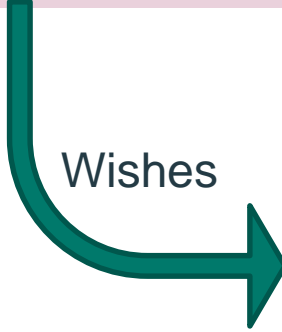
Retains decision making capacity

Wishes

Guided by MCA

Best Interests

Informed Consent



Mental capacity act

Assessing for mental capacity

2 Stage Test

STEP 1: Is the person suffering from an **impairment of, or disturbance** in the **functioning** of the mind or brain?

STEP 2: If yes, does the impairment or disturbance **cause** the person to be **unable to make a decision** when he needs to?

(i.e. in the *absence of an impairment / disturbance* in the functioning of the mind or brain, *one is assumed to retain capacity*)

Mental capacity act

Assessing for Mental Capacity

4 Step Process

A person is **unable to make a decision** when he **cannot do *ONE OR MORE*** of these things in relation to making a specific decision at the time it needs to be made:

1. **Understand** the information
2. **Remember** the information
3. **Weigh up** the information
4. **Communicate** the Decision

Mental capacity act


Assessing for Mental Capacity

4 Step Process

A person is **unable to make a decision** when he **cannot do *ONE OR MORE* of these things** in relation to making a specific decision at the time it needs to be made:

1. **Understand** the information – ensure communication to patient is accurate; facilitate language/ hearing
2. **Remember** the information – assess registration and recall (memory): to hold in mind long enough to weigh
3. **Weigh up** the information – assess judgment and executive functioning
4. **Communicate** the Decision – facilitate patient's communication by all means possible

Useful points to consider when faced with difficulties
in carrying out the 4 steps



DMC for placement

Needs to include disclosure of medical/ surgical reasons AND functional Reasons AND social Reasons

1) Medical/Surgical Reasons



2) Functional Reasons



3) Social Reasons



Interdisciplinary Team Consensus

MCA Principal 4: Best interests principle

MCA Principal 5: Less restrictive of rights and freedom

Ministry of Health, Health professions portal, All healthcare professionals, Guidelines, Elderly Care
Ministry of Health, Our healthcare system, Healthcare services and facilities, Intermediate and long-term care services,
Nursing Home, Long-term care for seniors who cannot be cared for at home or in their community

Thank you