

CAPACITY ASSESSMENT IN THE CONTEXT OF MENTAL ILLNESS CO-MORBIDITY

THE MAIN GOALS IN THE PROCESS OF OBTAINING CONSENT.

Step 1: Identify the decision that the patient is being asked to make (remember, capacity is treatment specific)

Step 2: Establish that the patient knows what his or her illness is (remember, the patient does not need to agree with a diagnosis but understand and appreciate that their mental illness symptoms are due to a mental illness and the medication proposed is for the treatment of their symptoms/illness).

Step 3: Establish a rapport with the patient prior to engaging in the conversation about treatment options for their illness/symptoms.

THE “KNOTS AND BOLTS” OF CAPACITY ASSESSMENT.

Step 4: The patient needs to understand and appreciate the risks and benefits of the proposed treatment and the risks and the benefits of no treatment. Clarify that the risks of no treatment outweighs the risks associated with treatment.

(Important: Start with the benefits of treatment. Don't forget to discuss how you would mitigate side effects).

Step 5: Establish the patient understood and appreciated the information provided to him/her.

Understanding: patient needs to be able to repeat the information provided to them

Appreciate: a sense that what we are discussing applies to them.

Step 6: articulate to the patient your understanding of what was agreed and next steps in treatment.

Capacity Assessment Clinical PEARLS for Practice

- Capacity is treatment specific.
- Capacity fluctuates over time.
- We could propose a different treatment – as patient may be capable to one but not to the other.
- Assent to treatment is not equivalent to being capable for a treatment
- The physician proposing the treatment should be the one obtaining consent for the proposed treatment (e.g., a surgeon will obtain the consent for the appendectomy and not the psychiatrist.
 - However, psychiatry can assist in the process – e.g., treat a mental illness that may be interfering with patient's capacity to consent to a specific treatment).
- Capacity is not GLOBAL.
- Having a mental illness does not preclude the patient's capacity to consent to other treatment.
- For non-verbal patients: if patient cannot communicate with the clinician assessing capacity, it renders them incapable.
- If incapacity is present, it is our obligation to help the patient regain capacity- for instance by using an interpreter, or actively treating a delirium'