PlayDecide: PADMACS

Promoting Assisted Decision Making in Acute Care Settings

Up to 6 players can take part in a game. The facilitator will guide players through the stages of the game, shown below.

Full game (90 min)

1 **Setup & info**	Each player selects one story card, finds the linked issue cards, and then selects two info cards. Next, they read the guidelines and information about the ADMCA on the placemat. **(20 min)**
2 **Discussion**	Players take turns to summarise their cards, then the group identifies and discusses themes related to ADM. **(30 min)** Next, players share their own experiences relevant to the discussed issues. **(20 min)**
3 **Reflection**	Players reflect on the discussions and how they relate to their own experiences, then fill out a perspective sheet. **(20 min)**

Quick game (40 min)

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UCD DUBLIN

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playdecide.eu/

play decide

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Guidelines

1. You have a right to a voice: speak your truth ...
1. But not the whole truth: don’t go on and on.
1. Value your life learning.
1. Respect other people.
1. Allow them to finish before you speak.
1. Delight in diversity.
1. Welcome surprise or confusion as a sign that you’ve let in new thoughts or feelings.
1. Look for common ground.
1. ‘But’ emphasises difference; ‘and’ emphasises similarity.

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PlayDecide: PADMACS

Promoting Assisted Decision Making in Acute Care Settings

My position on assisted decision-making


Older adults


Family carers


Healthcare professionals


Policy makers

What key learnings will I take away from playing this game?

I can apply these key learnings by ...

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PlayDecide: PADMACS

Promoting Assisted Decision Making in Acute Care Settings

ABOUT THE ASSISTED DECISION-MAKING ACT

The Assisted Decision-Making (Capacity) Act 2015 provides new arrangements, procedures, guiding principles and structures for maximising the decision-making capacity of all. There is a statutory presumption that all individuals have decision-making capacity and shall not be deemed to lack that capacity unless all reasonable steps have been taken, without success, to help them.

IMPLICATIONS FOR PRACTICE

Under the Act, capacity is context and time-bound. This means that functional capacity is assessed on the basis of the person's ability to understand, at the time that a decision is to be made, the nature and consequences of that decision, in the context of the available choices at that time.

The Act provides a statutory framework of tiered decision supports appropriate to the level of decision-making capacity of the individual:

1) At the lowest level, a person may appoint a decision-making assistant to help him/her to obtain and assimilate information and communicate the decision
2) At the middle level, a person may appoint a co-decision maker with whom he/she may make decisions jointly
3) At the upper level, the courts may intervene to make a declaration of incapacity in relation to certain matters and appoint a representative to act as a substitute decision-maker

The guiding principles of the Act place the will and preferences, beliefs, and values of the person at the centre of the decision-making process. Therefore, in making any intervention, an intervener must give effect to the past and present will and preferences of the individual. Where tiered decision support is in place for a person, an intervener must consider the views of any decision-making assistant, co-decision maker or decision-making representative. This pertains to healthcare interventions made by healthcare professionals.

The Act also provides for the establishment of the Office of the Decision Support Services which has regulatory and information functions.

(See https://www.mhcirl.ie/DSS/)

PlayDecide: PADMACS

Promoting Assisted Decision Making in Acute Care Settings

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Story Card

Place your chosen story card here

Older adults & patients

Carers

Health professionals

Info Card

Place your chosen info card here

Info Card

Place your chosen info card here

Issue Card

Place your chosen issue card here

Issue Card

Place your chosen issue card here

Key themes

- **SHARING INFO** Story cards 1 - 11
- **CONTROL & POWER** Story cards 12 - 29
- **RESOURCES** Story cards 30 - 41
- **ENVIRONMENT** Story cards 41 - 54
- **COMMUNICATION** Story cards 55 - 69

Three stages of PlayDecide: PADMACS

	Full game (90 min)	Quick game (40 min)
1 Setup & info	Select a story card, find the linked issue cards, then select two info cards at random. Next, read the guidelines and information about the ADMCA on the placemat. **(20 min)**	Select a story card, find one linked issue card, then select two info cards at random. Next, read the guidelines and information about the ADMCA on the placemat. **(10 min)**
2 Discussion	Summarise your cards for the group, and identify and discuss themes and issues related to ADM, focusing on the perspectives and issues raised by the cards. **(30 min)** Next, share your own perspective and experiences relevant to the discussion. **(20 min)**	Briefly summarise your cards, and identify and discuss themes and issues related to ADM, focusing on the perspectives and issues raised by the cards. **(10 min)** Next, share your own perspective and experiences relevant to the discussion. **(10 min)**
3 Reflection	Reflect on the discussions and your own experience, then fill out a perspective sheet. **(20 min)**	Reflect on the discussions and your own experience, then fill out a perspective sheet. **(10 min)**

Next steps

Action

Think about how you can implement ADM in your working practice to fully incorporate the will and preferences of patients.

PADMACS:

Promoting Assisted Decision Making in Acute Care Settings

play decide

UCD School of Nursing, Midwifery and Health Systems
UCD College of Health and Agricultural Sciences

Mater Hospital Dublin

ST. VINCENT'S UNIVERSITY HOSPITAL
Elm Park

Family Carers Ireland
Fairness for Carers

THE ALZHEIMER SOCIETY of IRELAND

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

Supported by HRB Health Research Board

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Story Card 42

A hospital environment driven by service needs rather than patient needs

Links to: Issue Cards 32 + 43

Mary is 59 years and has early onset dementia.

I have dementia, so it takes me a while to adjust to new circumstances and places. The last time I was in the hospital for a chest infection was a traumatising experience because I was moved five times in eleven days. Each move made me disoriented and left me feeling frightened. I suffered massive anxiety. I was not involved in the decision about any of the moves. I felt like I was always responding to bed management needs rather than having my care needs met.

ENVIRONMENT

play decide

Story Card 43

What is a dementia friendly environment?

Links to: Issue Cards 3 + 26

Tom has dementia.

I was admitted to hospital with chest pain. I was very worried as I thought I had heart disease like my cousin. I could not sleep at night, so I would go and sit in the dayroom. The thing that upset me most was the fact that nobody really asked me much about myself. I remember a healthcare assistant ask me if I was ok, but I would like to have talked to the nurses about the chest pain. Did healthcare staff 'assume' because I had dementia that I could not participate in a conversation about my care?

play decide

Story Card 44

Nurturing a caring culture

Links to: Issue Card 14

Slaine is an older person.

My dementia is hardest to manage at night because I develop anxiety and find it hard to sleep. At home, my wife puts on my favourite music, which really helps. My recent experience in hospital was distressing. I was prescribed sleeping tablets. I told the staff that I did not want them. I believe that when you don't take a sleeping tablet there is not a whole lot of sympathy for you when in hospital. I did not get any comfort from the staff about my nighttime anxiety. I felt sad and angry about my experience. Surely patients should be able to decide about taking sleeping tablets or any tablets for that matter?

play decide

Story Card 45

Dementia hostile environments

Links to: Issue Cards 22 + 23

Jack is an older person with a diagnosis of Alzheimer's Disease.

The ED is such a hostile environment for someone like me who is living with Alzheimer's. My experience was a place with people all around me and lots of noise. I cannot focus and I cannot think in that environment. Staff do not acknowledge the deeper challenges for people with dementia negotiating their care in those environments. Can hospitals be more imaginative and find quieter places for people like myself who have dementia?

ENVIRONMENT

play decide

Story Card 46

Emergency departments

Links to: Issue Cards 21 + 41

John has Lewy Body Dementia.

I was in the emergency department (ED). I have never been in a war situation, but it felt like a war zone. There were people running, there were people crying, there was a breeze coming in. Once you are lying there and you don't seem distressed or like you need urgent care, you are left for hours. You are not a priority. Eventually, I was taken to the acute stroke ward and the care I got there was outstanding. It's absolutely not the doctors' and nurses' fault. I have no idea how they work in ED. It is scandalous what they have to do.

play decide

Story Card 47

Organisations need to put the patient at the centre of all they do by improving organisational systems

Links to: Issue Cards 37 + 39

Barbara is a carer.

My dad is 80 years old and was recently admitted to hospital with delirium and an infection from a leg ulcer. During his hospital stay, he was in the emergency department, acute assessment unit followed by eight days on the short stay unit. He was just settled there and getting to know staff and trust them when he was moved to another medical unit. All the steps in the process were stressful for him. It impacted on his ability to recover and the consistency of care. Could they not have fast- tracked him to the medical unit? Negotiating clinical pathways in hospitals felt very hospital-led and not person-centred.

ENVIRONMENT

play decide

Story Card 48

A challenging discharge

Links to: Issue Cards 25 + 42

Liam is a doctor.

We had an older man admitted for rehabilitation with cognitive impairment. He was single and living alone. His two nephews were his carers and were worried about him returning home. They wanted him to go to a nursing home. The patient demonstrated capacity in relation to his decision to go home. His nephews were very attentive to him. We were trying to source funding for homecare. The application is ongoing. He may need to be readmitted again but at least he will have gone home.

ENVIRONMENT

play decide

Story Card 49

Conversations about will and preferences may be difficult in the hospital setting

Links to: Issue Cards 10 + 22

Jessie is a doctor.

A patient in the acute hospital setting had a moderate cognitive impairment. He expressed his wish to go home, but his family wanted him to be discharged to a nursing home. The busy hospital environment made this decision even more complicated. The lights are on most of the day, other patients are disruptive, and mixed genders may be present in the ward. The patient was a private man and he did not feel comfortable having discussions about his will and preference in that environment. He was eventually discharged home and coped for a period before being readmitted for a chest infection, and then moving to a long-term care facility. I think it's important to be aware of the difficulty some patients have in communicating openly and honestly in the hospital setting.

ENVIRONMENT

play decide

Story Card 50

They did not agree with my assessment

Links to: Issue Cards 33 + 46

Chris is an occupational therapist.

A woman in her 80s came in with a fall from home. She had a prolonged admission. Once she regained some physical independence, I assessed her cognition with a functional assessment. She did quite well despite having poor MoCA scores. There were some concerns from a safety point view – she was disoriented. But she expressed that she wanted to go home, and I felt she did have capacity to make that decision. I relayed that to the medical team, and they disagreed – the consultant felt she did not have capacity. I felt uncomfortable, questioning myself and wondering if I made the right assessment. Luckily the reg did the assessment again two weeks later and agreed that she did have capacity. She returned home with no repeat presentation.

ENVIRONMENT

play decide

Story Card 51

Sometimes family will make the decisions on capacity

Links to: Issue Cards 6 + 20

Andy is an occupational therapist.

There was a man who presented following a stroke with severe cognitive impairment and was dependent, living at home with his wife. I was working with him about 4-5 weeks and I noticed a change in his cognitive profile – he was participating in self-care and functional tasks. I think from perhaps too early a decision was made regarding his capacity. He had topographical disorientation which can present as worse than what it actually is. The team were reluctant to accept his improvements and it turned out his relationship with his wife was not positive. Under pressure from his wife he was deemed not to have capacity and he went to a nursing home. The man had capacity and it came down to a care issue. To this day, I'll never forget him. It should never have happened.

ENVIRONMENT

play decide

Story Card 52

It was challenging because the staff want to keep people safe

Links to: Issue Cards 40 + 44

Caitriona is a doctor.

A seventy-year-old lady presented after a fall with marked cognitive impairment and active hallucinosis associated with the type of dementia she had. However, she was able to re-orientate herself and wanted to go home. Her family wanted her to be admitted so that she could be supervised continuously. She did not want this. Despite memory problems, she did have fleeting capacity. There were times she could recall the plan and understand some of the risks. The OT and I did functional testing and because of the hallucinations psychiatry also saw her. Together we supported her decision to go home, although the family, the ED staff, and home carers pushed back on this. There was a lot of debriefing with the team afterwards about supporting decisions for as long as people have the capacity to make them.

ENVIRONMENT

play decide

Story Card 53

What if I missed them?

Links to: Issue Cards 26 + 9

Janice is an older person.

I was in a ward with stomach pain. I was anxious to find out what was wrong with me and asked a few times if I could speak to the team who were looking after me. Each time I asked a staff nurse they could not tell me what time the team would come. I became worried and anxious. What if I fell asleep? Would anyone wake me up? I was afraid I would miss the opportunity to speak with my doctor. Eventually the doctor came, and I asked if I could speak to him privately that evening. He seemed annoyed by the request and said, “for what”?

ENVIRONMENT

play decide

Story Card 54

You are not a priority

Links to: Issue Cards 43 + 41

Josh is an older person a diagnosis of dementia.

I have a diagnosis of Lewy Body Dementia and had not slept for 11 days. I went to the out-patient clinic and my neurologist said I should be admitted but promised I would be fast-tracked in the emergency department (ED). I arrived at the ED and was placed on a trolley on a corridor with a cold wind blowing on me. I waited for hours it was like a war zone; the staff were so rushed. Once you are lying there and don't seem distressed no one will approach you to see if you are ok. I will not go to the ED again. It is such a distressing place.

ENVIRONMENT

play decide

Issue Card 3

Having dementia does not mean a person cannot communicate

Why do healthcare professionals tend to direct the conversation to a family member rather than to the person with dementia?


play
decide

Issue Card 6

Cognitive function assessments versus capacity assessment

Healthcare professionals use screening tests for assessing cognitive function. These tests should never be conflated with capacity, which is decision-specific, functional, and time-bound.


play
decide

Issue Card 9

Communication training for healthcare professionals

ADM requires practitioners to be highly skilled and proficient in interpersonal communication. How can this be enabled?


play
decide

Issue Card 10

Preferred methods of communication

Oral communication should not be assumed as the preferred method of communication. Patients should be consulted about how they wish to be communicated with.


play
decide

Issue Card 14

Speak up

It can be difficult for patients to speak up about their care preferences, in particular when these preferences don’t align with healthcare professionals’ opinions.


play
decide

Issue Card 20

Internal family conflicts

Internal family conflicts are a common source of stress for healthcare professionals when trying to support decisions of care. What strategies can they use to manage these conflicts?


play
decide

Issue Card 21

The reality of the acute hospital

Some patients with complex needs require significant time in acute care to allow them to weigh up all the information necessary to make a decision about their care.
How can we reconcile this within an environment operating key performance indicators that measure the length of hospital stay?


play
decide

Issue Card 22

Uninterrupted privacy and time, please!

Private space and time are crucial for healthcare professionals to support the capacity of patients in their decision making. The acute hospital environment often lacks the appropriate spaces and time to facilitate this.


play
decide

Issue Card 23

Environmental barriers to assisted decision making

What can healthcare professionals do to overcome social and physical environmental barriers in hospitals in order to maximise a patient's involvement in decision making?


play
decide

Issue Card 25

How can we better resource the system to facilitate patient choice?

Often healthcare professionals can feel frustrated as they don’t have access to adequate home care packages to enable the will and preference of their patients. Do healthcare professionals have a responsibility to promote policy change?


play
decide

Issue Card 26

Therapeutic relationships are a key resource for quality ADM

Staff working in acute care services recognise the value of building a therapeutic relationship with the patient. Time pressure and competing workload can mitigate against this.


play
decide

Issue Card 32

Mandatory dementia training for all working in healthcare

People with dementia would receive greater quality care if all staff in hospitals had dementia training. Who should have training and how can it be realised?


play
decide

Issue Card 33

Are we using all of the resources available to us within the team?

Occupational therapists and speech and language therapists have discipline-specific expertise in relation to functional assessment of capacity. How can we ensure their involvement in the ADM process?


play
decide

Issue Card 37

Knowing your healthcare staff

Navigating the emergency department can be difficult for patients. For example, different healthcare professions wear different clothes, colours and uniforms, which signify their professional roles. Patients may not understand how the professional groups differ and who is caring for them. What can be done to further patients understanding regarding an acute care setting and their care team?


play
decide

Issue Card 39

What matters to me

Admission to acute care settings can be a very stressful, disorientating, and frightening experience for any patient, especially for patients presenting with fluctuating capacity. Could knowing about likes and dislikes of that patient help reduce anxiety and discomfort?


play
decide

Issue Card 40

Interprofessional collaboration

How can we enable good interprofessional collaboration which promotes the sharing of information required for assisted decision making?


play
decide

Issue Card 41

The hospital environment can make people feel vulnerable.

Patients often feel 'lucky' to have a hospital bed and accept healthcare conditions and services they would not tolerate elsewhere. Because of this, they can be reluctant to speak up. What can be done?


play
decide

Issue Card 42

Readiness to engage in care planning for the future

Receiving a formal diagnosis of dementia can be a very vulnerable time for the person. They may not be ready to engage in conversations about assisted decision making and care planning straight away. Is there a best time? What are your views on how this can be approached?


play
decide

Issue Card 43

Dementia-friendly environment?

Acute care is often delivered in noisy and chaotic environments. They may be frightening and distressing for people with dementia and may worsen their levels of confusion and or anxiety. How can we reduce the vulnerability of patients with dementia in the acute care setting?


play
decide

Issue Card 44

Fluctuating capacity

Patients may experience fluctuating capacity and anxiety on acute admission. This may be exacerbated by frequent changes in their context of care (i.e. staff changes and moving them to a new bed space). What can be done about this?


play
decide

Issue Card 46

Healthcare professionals can feel vulnerable

Some healthcare professionals recognise that there is a disparity between a patient's preferences to be cared for at home and the home care services available within the health system. Healthcare professionals may feel a sense of stress and helplessness.


play
decide

Info Card 1

Assisted Decision-Making Act 2015

The ADMCA 2015 maximises the autonomy and dignity of persons who lack decision-making capacity in relation to one or more matters in the here and now, or who may do so in the future, by supporting them to make decisions based on their will and preferences.


play
decide

Info Card 2

Decision-making capacity

“Decision-making capacity” is the ability to understand, at the time that the decision is to be made, the nature and consequences of the decision to be made in the context of available choices at that time.


play
decide

Info Card 3

Provisions of the Assisted Decision-Making Act 2015

The provisions of the ADMCA apply to day-to-day and personal welfare decisions which include decisions about day-to-day living, finances, property, and healthcare treatment such as whether to consent to, or refuse, medical intervention.


play
decide

Info Card 4

Presumption of decision-making capacity

A person is presumed to have decision-making capacity in respect of the matter concerned. The burden of proving otherwise rests on the person who is questioning their ability to make a decision.


play
decide

Info Card 5

Screening

Screening for decision-making capacity involves a functional assessment which focuses on how a person makes a decision, as opposed to the nature or the wisdom of that decision.


play
decide

Info Card 6

Lacks capacity

A person can only be said to lack decision-making capacity if, at the point in time when they are being assessed, they cannot understand and retain the relevant information, do not believe the information, cannot weigh the information in the context of the decision-making process, and communicate their decision using whatever means they use to communicate.


play
decide

Info Card 7

Practicable steps have been taken

A person shall not be considered unable to make a decision for themselves unless all practicable steps have been taken, without success, to maximise his/her capacity and support him/her to make the decision. The nature of the support required will differ from person to person and depends on many factors.


play
decide

Info Card 8

Understand information

A person is not be regarded as unable to understand the information unless the information is provided in a manner that is appropriate to his/her needs.


play
decide

Info Card 9

Steps

Steps that support a person to make their own decision involve creating the right environment based on an understanding of the person, providing him/her with appropriate information tailored to his/her individual personality and needs, and providing tailored communication support.


play
decide

Info Card 10

Unwise decisions

People have the right to make decisions that others may not agree with. Believing a decision to be unwise is not a reason in itself to question someone's decision making capacity and is not evidence of a lack of capacity (although it may be indicative of this). People's values, beliefs and preferences differ.


play
decide

Info Card 11

Functional assessment

The functional assessment of decision-making capacity is issue-specific and time-specific (the ability to make a specific decision at a particular point in time about a specific issue). Blanket assessments for capacity should not be made.


play
decide

Info Card 12

No intervention unless necessary

Guiding Principle 4 – no intervention unless necessary. In so far as possible, there should not be any intervention by others in decisions made, or to be made, by a person whose capacity may be called into question in relation to a specific issue in the here and now, or at some time in the future.


play
decide

Info Card 13

Scope of the intervention

Guiding Principle 5 – the scope of the intervention should be limited so as to minimise the restriction of the person's rights and freedom of action. Due regard must be had to respect his/her rights to dignity, bodily integrity, privacy, autonomy, and control over his/her financial affairs and property.


play
decide

Info Card 14

Intervention should be proportionate

The intervention should be proportionate to the significance and urgency of the matter, and the subject of the intervention (take into account the individual's circumstances, will and preferences, beliefs and values, and consider whether there is a less intrusive intervention available).


play
decide

Info Card 15

Supporting decision-making

Guiding Principle 6 - Supporting decision-making requires permitting, encouraging, and facilitating, in so far as is practicable, the person to participate/improve his/her ability, as fully as possible, to make the decision, rather than having the decision made by someone else.


play
decide

Info Card 16

Past and present will and preference

Supporting decision-making requires, giving effect to a person's past and present will and preference, taking into account his/her beliefs and values (that may have previously been expressed in writing) and considering the views of anyone named by the person to be consulted.


play
decide

Info Card 17

Enduring Power of Attorney

A person who anticipates a future lack of decision-making capacity may enter into an Enduring Power of Attorney (EPOA), with another person, called their Attorney. The Attorney is authorised to make decisions in accordance with the terms of the EPOA. EPOAs are limited in so far as decisions pertaining to restraint of the person (unless exceptional emergency circumstances and conditions exist); the refusal of life-sustaining treatment and decisions that are expressed in an Advance Healthcare Directive, cannot be created/authorised by the EOPA.


play
decide

Info Card 18

Advance Healthcare Directive

An Enduring Power of Attorney (EPOA) cannot create/authorise a decision that has already been addressed by the person in an Advance Healthcare Directive (AHD) nor can it create/ authorise a decision to refuse life-sustaining treatment, irrespective of whether an AHD exists. An EPOA cannot create/authorise a decision to restrain the person unless there are exceptional emergency circumstances and strict conditions apply.


play
decide

Info Card 19

Losing decision-making capacity

A person who anticipates that they may lose decision-making capacity in the future may make an Advance Healthcare Directive (AHD) that expresses their will and preferences regarding medical treatment that may arise in the event of their losing capacity, for example, if they were to become comatose.


play
decide

Info Card 20

Advance Care Directive

The Advance Care Directive (ACD) may be a stand-alone directive or the person may appoint a dedicated healthcare representative (DHR) to exercise the powers conferred in the ACD. Significantly, a person may express their wish to refuse life-sustaining treatment through an ACD.


play
decide

Info Card 21

Screening

Screening for decision-making capacity involves a functional assessment which focuses on how a person makes a decision as opposed to the nature or the wisdom of the decision.


play
decide

Info Card 22

Lacks capacity

A person can only be said to lack decision-making capacity if, at the point in time when they are being assessed, they cannot understand and retain the relevant information, do not believe the information, cannot weigh the information in the context of the decision-making process, and communicate their decision using whatever means they use to communicate.


play
decide

Info Card 23

Practicable steps have been taken

A person shall not be considered unable to make a decision for themselves unless all practicable steps have been taken, without success, to maximise his/her capacity and support him/her to make the decision. The nature of the support required will differ from person to person and depends on many factors.


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Info Card 24

Three types of decision-making supports

The ADMCA provides for three types of decision-making supports: 1) Assisted decision-making, 2) Co-decision making with individuals appointed by the person whose capacity is called into question, and 3) Where a person lacks capacity to make a decision with either of these supports, the court may appoint a decision-making representative or may make the decision on the person’s behalf.


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Info Card 25

Decision-making based on the interpretation of the known past

If the present will and preferences of the person cannot be ascertained after all practicable efforts have been tried, the ADMCA 2015 supports decision-making based on the interpretation of the known past will and preferences, taking into account the values and beliefs of the person as opposed to a third party deciding what is in the person's best interest.


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Info Card 26

Urgency around a decision

If there is urgency around a decision to be made, there may be less time to ascertain the person's will and preferences, values, and beliefs, but wherever possible, efforts should be made to do so. This could mean talking to the individual nominated by that person or their closest relation, partner or friend, who could help the person with communication or interpret signs that show his/her present will or preferences, or inform you about the person's last known will and preferences.


play
decide

Info Card 27

Role of close family

The role of close family members and next of kin is to guide healthcare and other professionals as to the will and preferences of the relevant person where that person lacks capacity to make the decision in question.


play
decide

Info Card 28

Role of Next of Kin

Generally, family members and next of kin of the relevant person do not have authority to make a decision on the part of that person unless they have been given authority to do so through the provisions of the ADMCA.


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decide

Info Card 29

Override a person's will and preference

It is a very serious step to seek to override a person's will and preferences by trying to impose an unwanted intervention. Such a person should be facilitated and enabled to challenge an unwanted decision, possibly by the appointment of an advocate.


play
decide

Info Card 30

Act in good faith

Anyone making an intervention on behalf of a person whose decision-making capacity is called into question must act in good faith (in accordance with professional codes of conduct or other applicable guidance) and for the benefit of the person which should be construed with references to their known will and preferences. What is/isn't of overall benefit to the person is unique to that person and should be understood in that way.


play
decide

Info Card 31

Judgement on a particular intervention

If it is not possible for the person to make a decision, even with support, and their will and preferences, beliefs and values, cannot be established, then a judgement is required on whether to proceed with a particular intervention. This should be informed by clinical/professional skill/ experience and it is good practice to discuss the matter with other members of the multi-disciplinary team.


play
decide

Info Card 32

Third opinion

If there is disagreement as to whether a person has decision-making capacity in respect of a particular decision, it is good practice to seek a third opinion or convene a multi-disciplinary meeting/case conference to discuss the issue. It may be necessary to refer the question to the Circuit or High Court.


play
decide

Info Card 33

Making an intervention

The person, e.g. a healthcare professional, who proposes making an intervention (an action or direction in respect of an individual whose decision-making capacity has been called into question) must be able to satisfy him or herself as to whether that individual has the capacity to make the decision. The healthcare professional may call upon colleagues to assist in assessing capacity.


play
decide

Info Card 34

Life-saving treatment

In situations involving life-saving treatment, where a person is found to lack decision-making capacity and it is not possible to defer treatment (to a time when they regain decision-making capacity or for their will and preferences to be ascertained), treatment may proceed.


play
decide

Info Card 35

Fluctuating decision-making capacity

In circumstances where a person has fluctuating decision-making capacity, non-urgent decisions should always be deferred to a time when their decision-making capacity is optimal.


play
decide

Info Card 36

Assessment

The assessment of decision-making capacity must be made by a registered medical practitioner and another healthcare professional in two circumstances: (a) the creation, variation, or revocation of an enduring power of attorney instrument, by applying a functional test at the time the instrument was created/varied/ revoked, and (b) where the person wishes to create a co-decision-making agreement to appoint someone to jointly make decisions with them.


play
decide

Info Card 37

Called into question

A person whose decision-making capacity is called into question must consent to having their decision-making capacity functionally assessed. If the person is unwilling or refuses to consent to the assessment, steps may be taken to assist them, such as explaining the nature/purpose of the assessment, involving a trusted family member; listening to his/her concerns; providing time, support and reassurance.


play
decide

Info Card 38

Reasons for refusal

A person whose decision-making capacity is called into question may refuse to have their decision-making capacity functionally assessed and this, of itself, is not indicative of a lack of capacity. Their reasons for refusal should be documented and, if necessary, an application may be made to the Circuit or High Court for relevant orders.


play
decide