FRAMEWORK FOR CLINICAL ASSESSMENT OF MENTAL CAPACITY IN OLDER ADULTS

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HOW CAN CAPACITY BE DETERMINED?

BY OUTCOME

- Poor judgment or making bad decisions mean lack of capacity
- Does not allow for decisions that do not conform to accepted opinion



BY STATUS

- Having a certain illness or disability equates to loss of capacity
- All-or-none approach, does not consider actual ability

BY FUNCTION

- Decision specific basis
- Assumes presence of capacity until proven otherwise



FUNCTIONAL BASIS FOR CAPACITY

TIME SPECIFIC

- Capacity may fluctuate on a day to day basis
- Capacity may be lost and regained

DOMAIN SPECIFIC

 Ability may vary for different domains, e.g. medical, legal, financial, relationship

TASK SPECIFIC

 Complex tasks often require a higher level of cognitive ability

Re C (Adult: refusal of treatment) [1994] 1 All ER 819

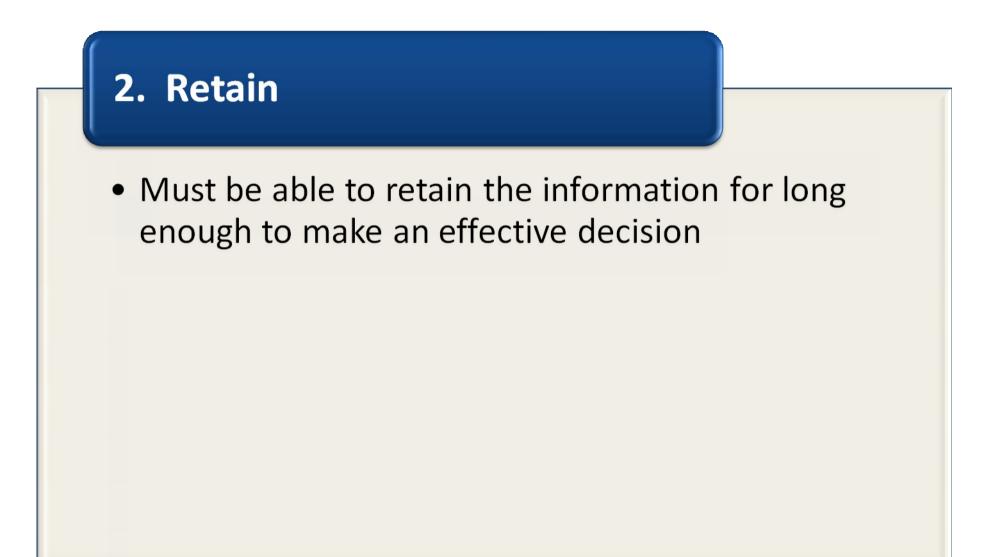
Could the patient **understand** and **retain** information relevant to the decision in question?

Did he **believe** that information?

Did he **weigh** that information in the balance to arrive at and **express** a choice?

1. Understand

- Adequate information must be given on:
 - The nature of the document to be signed
 - The purpose of the document to be signed
 - The risks and benefits of signing the document
 - The risks of <u>not</u> signing the document
 - Alternatives and their risks and benefits
- Maximize the ability to understand by using simple language, diagrams, interpreter

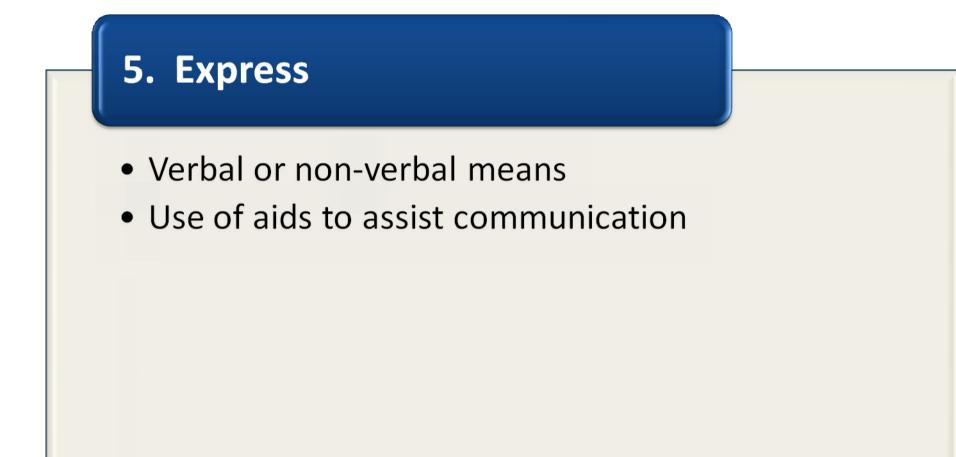


3. Believe

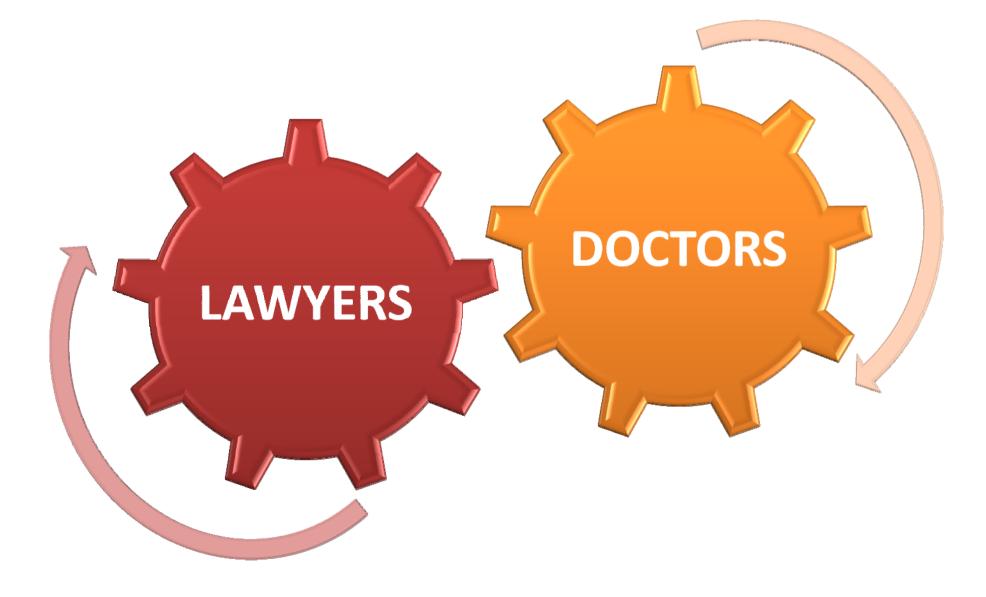
- Ability to apply the information realistically to his or her own situation
- Alternative views are acceptable if they are validly held and not due to psychiatric illness or other irrational beliefs

4. Weigh

- This requires consideration of risks, benefits, short term outcomes, long term outcomes, and assigning relative weights to each
- Making a decision based on all the relevant factors, including individual values and priorities
- This may be affected by decline in cognitive function (e.g. delirium, dementia, mental retardation)



GUIDELINES FOR CAPACITY ASSESSMENT



CAPACITY ASSESSMENT FOR LAWYERS

- A solicitor cannot be retained by a client who does not have a mental capacity.
- There is a **legal presumption of capacity** unless the contrary is shown.
- Whether a client does have capacity is a matter of law and it should be borne in mind that <u>different levels of</u> <u>capacity are required for different activities</u>.
- If there is doubt about a client's mental capacity it may be advisable, where possible, to <u>seek an opinion from</u> <u>the client's doctor</u> having explained to the doctor the relevant test of capacity.

Law Society of Hong Kong Guide to Professional Conduct 5.01(4) Freedom to accept instructions

CAPACITY ASSESSMENT FOR DOCTORS

- Before assessment
 - Obtain information from lawyers regarding the legal test to be satisfied
 - Obtain information required for conducting the assessment
 - Optimize the setting
 - Assess at the best time of the day
 - Assess in a comfortable environment
 - Consider home assessment
 - Consider withholding sedating medications

CAPACITY ASSESSMENT FOR DOCTORS

- During assessment
 - Full medical and psychiatric history
 - Current medications
 - Cognitive assessment, which may include:
 - Mini Mental State Examination
 - Clock drawing test
 - Frontal lobe tests
 - Make full notes of the assessment
 - List out reasons for your conclusion

RECOMMENDED READING

- Written for doctors and lawyers
- Cited by courts in HK and the UK
- Topics covered:
 - Financial affairs
 - Testamentary capacity
 - Criminal
 - Litigation
 - Contract
 - Refusal of medical treatment

