

Guide for Assessing Medical Decision Making Capacity

The primary physician or supervising healthcare provider will determine a patient's decision making capacity unless the patient has directed in a written advance directive that another make that determination. Capacity may vary and the patient may have capacity for some decisions and not for others. Patients should be allowed to make as many healthcare decisions as possible. The following are the basic components of medical decision making capacity:

- Does the patient understand the basic medical situation?
- Does the patient understand the nature of the decision being asked of him or her?

Understanding includes the following:

- Implications – the benefits and risks, what the treatment entails
- Alternatives and their implications, including the implication of no decision
- Can the patient communicate a decision?

It should be documented in the chart if and when the primary physician or supervising healthcare provider has determined that the patient lacks capacity for a given decision or decisions. It should also be documented in the chart if and when the patient regains capacity for a given decision or decisions.

Some further issues to consider when confronting questions of medical decision making capacity include:

- Have all barriers to communication been removed? (i.e., sedating medications, time, privacy of setting, appropriate interpreting or translation services)
- Does the patient have all of the information necessary in order to make a reasonably informed decision?
- Does the patient understand the information?
 - Implications of the illness and/or what treatment entails including risks and benefits
 - Alternatives to treatment, including no treatment, and the risks and benefits
- Has the patient formed an opinion regarding what should be done?
- What is the basis for the opinion? Does it make sense within the context of the patient's history and value system?
- Is the decision stable over a reasonable period of time?
- Are there social issues that may be unduly influencing the patient's true views and wishes (threats by family members, concerns about financial abuse, pending divorce, etc.)? Can these be controlled?
- Consider consultation, such as a family meeting, social services, or ethics committee, if uncertainties exist regarding any of the above assessments.