

**John Dossetor
Health Ethics
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Ethics in Capacity Assessment

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Today's Goals

- ▶ To reflect on what capacity assessment is, and what might improve it.
- ▶ To share thinking on how capacity assessment fits into sound decision making processes.
- ▶ To suggest that bedside clinicians ought to be more involved in capacity assessment, generally.
- ▶ To invite you to consider your own approach.

Some Ethical Challenges in Capacity Assessment

- ▶ No actual line between capable and incapable – an area of grey, actually.
- ▶ How specific to be about what to test.
- ▶ Balancing respect for patients’ liberty with concern for their safety.
- ▶ Knowing what patients “would have said” when they were more capable.
- ▶ When to assess formally.
- ▶ When you fear that substitute decision makers might fail to provide good support

Key Considerations

- ▶ A paradigm of “Shared Decision Making.”
- ▶ Principle of “respect for autonomy.”
- ▶ Relationship between law and ethics.
- ▶ Components of a well-made decision.
- ▶ “Appreciation of Consequences”
- ▶ Global vs. decision-specific assessment?
- ▶ Formal and informal assessment.

Key Considerations

- ▶ The capacity “grey zone” in progressive decline.
- ▶ Standards of substitute decision making.
- ▶ Conflicts of Interest in surrogates.
- ▶ Advance care plans as aids
- ▶ Towards “collective” capacity assessment?
- ▶ Relationship between assessor and assessee?

Optimizing Substitute Decision Making

- ▶ Create a formal general category between “capable” and “incapable.”
- ▶ Increase role of bedside clinicians in mapping cognitive decline in patients they care for.
- ▶ Aim for using the “substituted judgment” standard before “best interests.”
- ▶ Respect the Grey – adjust legislation further to promote decision-specific assessment.
- ▶ Involve a clinician who knows the patient well.

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Questions for Discussion

- ▶ In your experience, how well is the capacity of your patients assessed?
- ▶ How would you want your own future self to be assessed, when the time comes?
- ▶ Practical suggestions – how might we improve capacity assessment today?
- ▶ Other thoughts?

Thanks

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Still Relevant.....?

ACP Tracking Record Goals of Care Designation Order



Affix patient label within this box

Advance Care Planning Tracking Record Goals of Care Discussions

Site

- The purpose of the Tracking Record is to document the decisions/next steps/outcomes of discussions related to ACP and Goals of Care Designations.
- Goals of Care discussions are ongoing and may include any combination of the Six (6) Core Elements.
- Any member of the interdisciplinary team may initiate or participate in discussions related to advance care planning and/or goals of care.

Copy of Personal Directive added to Green Sleeve

Date (yyyy-Mon-dd)

Patient / Resident's Representative / Agent

Relationship

Home Phone

Work Phone

Cell Phone

Record of Goals of Care Discussions / Decisions / Next Steps / Outcomes

- Core Element
- Prognosis and Anticipated Outcomes of current treatment
 - Patient's values and their understanding/expectation of treatment options
 - Life Sustaining Measures/Degree of Benefit (e.g. enteral tube feeding, intravenous hydration, dialysis)
 - Comfort Measures
 - Resources available (e.g. palliative care, spiritual care, social work)
 - Goals of Care Designations

Date of Discussion (yyyy/Mon/d)	Core Element(s) Discussed (indicate #'s)	Key decisions/next steps/outcomes of today's discussions are documented below (if applicable, document details of the discussion in the patient's health record)	Who was involved in today's discussions? (i.e. patient, family, healthcare provider include name and relationship/discipline)

Healthcare Provider Recording Discussion (printed name and discipline)	Signature	Site

Healthcare Provider Recording Discussion (printed name and discipline)	Signature	Site

Original Located in Green Sleeve and Accompanies Patient / Resident, Retain a Chart Copy When Patient is Transferred / Discharged



Size: _____

Goals of Care Designation Order

Physician to initial in the box beside the chosen designation (Please choose only **ONE**)

R Medical Care and Interventions, including Resuscitation followed by Intensive Care Unit	R1 Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be offered including the option of ICU care and resuscitation.
	R2 Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be offered including the option of ICU care and intubation, but excluding chest compression.
	R3 Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be offered including the option of ICU care, but excluding intubation and chest compression.
M Medical Care and Interventions, excluding Resuscitation	M1 Goals of Care and Interventions are for cure or control of illness, excluding the option of ICU care. For non-hospital patients, transfer to an Acute Care facility is considered if required for diagnosis and treatment.
	M2 Goals of Care and Interventions are for cure or control of illness, excluding the option of ICU care. For non-hospital patients, transfer to an Acute Care facility or surgical intervention, are not generally undertaken for an acute deterioration but may be considered in special circumstances to better understand or control symptoms.
C Medical Care and Interventions, focused on Comfort	C1 Goals of Care and Interventions are for maximal symptom control and maintenance of function without cure or control of underlying condition. Transfer may be undertaken in order to better understand or control symptoms. Surgery may be undertaken in special circumstances to better understand or control symptoms.
	C2 Goals of Care and Interventions are for physical, psychological and spiritual preparation for imminent death (usually within hours or days). Maximal efforts directed at compassionate symptom control. Transfer is usually not undertaken.

Physician (Print Name) _____ Signature _____ Date _____

Current Location of Care (name the specific facility/service/office) _____