

Guide for Assessing Medical Decision-Making Capacity



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Decision-making capacity will be determined by the primary physician or supervising health care provider unless the patient has directed that another make that determination in a written advance directive. Capacity may vary and the patient may have capacity for some decisions and not for others. Patients should be allowed to make as many of the health care 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 – benefits, risks, what the treatment entails.
 - Alternatives and their implications, including the implication of no decision.
- Can the patient communicate a decision?

Document in the chart when and if the patient has been determined to lack capacity for a given decisions or decisions. Document in the chart when and if the patient regains capacity for a given decisions or decisions.

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

1. Have all barriers to communication been removed? (i.e., sedating medications, time, privacy of setting, appropriate interpreting or translation services)
2. Does the patient have all of the information necessary in order to make a reasonably informed decision?
3. Does the patient understand the information?
 - Implications of the illness, what treatment entails including risks and benefits.
 - Alternatives to treatment, including no treatment, and the risks and benefits.
4. Has the patient formed an opinion regarding what should be done?
5. What is the basis for the opinion? Does it make sense within the context of the patient's history and value system?
6. Is the decision stable over a reasonable period of time?
7. 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?
8. Consider consultation (family meeting, social services, ethics committee) if uncertainties exist regarding any of the above assessments.

April 2001