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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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 55

Communication is critical in the decision-making pathway

Links to: Issue Cards 2 + 38

Farhad is a carer.

I always knew my dad wanted to die at home. But he was worried when he ended up in hospital because he relied on the healthcare staff for information which would allow him to plan his care at home. Dad could no longer express his preferences because he had lost the ability to speak. The doctor's interaction with us was sympathetic but honest, that no more could be done. It was not just what they said but how they said it. They sat down and spoke to us. The frank communication was necessary because it informed our plans to get dad home, where he died peacefully.

play decide

Story Card 56

Communicating with people with a learning disability

Links to: Issue Cards 3 + 9

Elaine is a carer.

I hate when people turn to me to talk about her care like she is not in the room. I am particularly nervous in busy hospitals. Recently we had a great experience. The doctor addressed her directly. He asked her how she was feeling. The fact he related to her was really nice. I could see that the interaction with the doctor helped her to trust him and decreased her anxiety about the procedure. I wonder why all healthcare professionals do not communicate with the same degree of skill and sensitivity?

play decide

Story Card 57

Fluctuating capacity

Links to: Issue Cards 6 + 19

Siofra is a social worker.

A patient aged 54, married with a young family experienced frequent seizures and cognitive impairment following a stroke. Her husband was working full time and due to her young age, the family did not qualify for a home care package. Her care needs were putting enormous strain on the family. After a few weeks in a nursing home, she was readmitted to acute care and was indicating that she wanted to go home. A functional capacity assessment was never undertaken but the medical team assumed capacity and discharged her home against the will of the family.

COMMUNICATION

play decide

Story Card 58

Dementia

Links to: Issue Cards 7 + 10

Sean is caring for his husband who has dementia.

Some days are better than others in terms of his ability to interact and communicate. But once you make the effort to communicate with him, he will respond either through talking or through non-verbal nods. Junior doctors are not good with communicating with people with dementia. Are they not given these communication skills in their training? Now when they turn to me and say, 'how are we today' I respond by saying "well, Hugh is here, so ask him". It is so undignified and awful.

COMMUNICATION

play decide

Story Card 59

Shared decision-making

Links to: Issue Cards 13 + 15

Carmel is an older person.

I have a great relationship with my neurologist. I remember our first meeting. He was making decisions that I had to question him on. He ordered that my morphine patch be taken off and discontinued. I had known from my GP the importance of not missing it or stopping it suddenly. So I told this consultant that "under no circumstances" would I come off the patch suddenly because it should be stopped gradually. With that, he said, "you know what, you are right, we will do it that way, we will drop it in fives." And I just thought, "you are ok." Right there and then I knew I could trust him. I knew I could talk to him and he wasn't one of these guys that think they know it all.

play decide

Story Card 60

What matters to me most

Links to: Issue Card 41

Brad is an older person with dementia.

I hate hospital because I am so embarrassed by my night terrors. They are caused by my dementia. I have had staff react in ways that is condescending. I will always remember the nurse called Susan and the way she interacted with me during a horrible night terror. I had woken up sweating and thinking there was blood on my face. I ran into the corridor feeling very distressed. Susan walked over to me and held my hand. She spoke in a soft caring voice and asked me if I was ok. She told me my name, explained where I was and reassured me that I had a nasty dream. She got a mirror so I could look at my face and know it was not bleeding. She brought me back to my bed. I will never forget her for taking the time to talk to me and find out what matters to me most.

play decide

Story Card 61

Clarity in the communication process

Links to: Issue Cards 5 + 11

Lisa is an older person.

I was recently admitted to hospital with a kidney infection. The team were asking me lots of questions and discussing my treatment with me. They were saying, “you know we went through this yesterday” but I couldn’t remember what we had talked about. With my vascular dementia, I have short term memory problems. I was annoyed that the doctors and nurses did not understand my predicament. My diagnosis is not on my file. Once I informed them, they involved my husband in the conversations. I told the staff that I wanted him involved and everybody was clear about the process. Of course, he was not making the decision for me, but he was supporting me in the decision that I was making.

play decide

Story Card 62

A communication difficulty does not mean the patient does not have capacity

Links to: Issue Cards 20 + 27

Diarmuid is a speech and language therapist.

A patient was referred to me for a swallowing disorder. She presented with a hip fracture and was in post-op recovery and acutely delirious. While I was assessing her communication, I realised that this wasn't typical of a dementia patient. I consulted with my colleagues and with the OT. We completed a language modified cognitive assessment and her cognition was relatively strong. The diagnosis then shifted to progressive aphasia. Through the augmentative and alternative communication approach, she expressed strongly that she wanted to go home. I had no queries about her capacity to make that decision. The issue was her husband did not want to take her home – their marriage had broken down. It took a long time to work through it all but in the end the husband agreed to take her home with an increased home care package.

play decide

Story Card 63

There is a need to be consistent when in discussion with patients about their condition

Links to: Issue Card 29

Sean is a nurse.

This patient was having repeated visits to hospital for what she believed to be pneumonia, but the actual problem was recurrent aspiration due to reflux. The patient would not be well enough to undergo surgery to fix the hernia that was the underlying cause of reflux. I don't think this had been well explained to her. It turned out that a doctor, unfamiliar with the case, had given false hope that she would be well enough for the surgery soon. This caused a lot of confusion. The patient was capable of understanding and retaining information around advance care planning, but we needed the time to explain and repeat advice frequently. In the end she was discharged from hospital to a nursing home with support from the palliative care team. I think clear communication about the reality of the patient's situation could have helped avoid delays in care planning.

COMMUNICATION

play decide

Story Card 64

Family members may be able to help with patients' decision-making

Links to: Issue Cards 4 + 42

Sophie is a doctor.

A patient, in her 70's, was admitted with a kidney injury and was cognitively impaired. The patient believed the team was not helping at all and did not trust them. She requested another consultant's opinion. Even afterwards, the patient did not take on board the advice given. Following a family meeting the patient accepted to follow a family member's advice, who agreed with the care team. The patient returned home and finally agreed to receive some home help. I think patients need to be informed as early as possible about why they are in hospital and what is happening, and their families need to be involved too. Sometimes people can't communicate or agree to care plans without extra support.

play decide

Story Card 65

Lack of consideration

Links to: Issue Cards 39 + 43

Sibeál has early onset dementia.

I was admitted to my local hospital with chest pain. The doctor said I needed to attend another hospital to undertake further tests which was four hours away. I was told that I would have to travel via a bus ambulance. My early onset dementia was not considered. I should have been given other options like being accompanied by my husband. The travel was very tiring, and we got there and back in the day. When I returned to that hospital that evening, I was moved out of the cardiology ward to an orthopaedic ward which was confusing.

play decide

Story Card 66

What if I missed them?

Links to: Issue Cards 26 + 41

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”?

play decide

Story Card 67

Working together to make a plan

Links to: Issue Cards 33 + 37

Michael is a speech and language therapist.

We worked with an older gentleman with mild cognitive impairment who was on a special diet of soft foods because he had difficulty swallowing. When I saw him on a repeat visit, he complained that the plan he'd been given didn't have anything he liked to eat, and he didn't know how to prepare many of the meals that were specified. I could tell he was angry, and he said he felt as though the hospital team were just trying to dictate to him and didn't care what he liked or disliked. I was able to take the time to sit down with him and find out what types of foods he was used to preparing and eating. We worked together to find ways of incorporating them into his new diet plan.

COMMUNICATION

play decide

Story Card 68

Assisting patients to communicate in whatever form is needed

Links to: Issue Cards 1 + 17

Marta is a speech and language therapist.

We had been working with a patient with dysphagia who was repeatedly in and out of hospital with aspiration and chest infections. She had been told to consume thickened fluids but wasn't doing this when at home. Our team members wondered if she actually had the capacity to understand the risk, as they were having difficulty communicating with her. I tried asking simpler closed-ended questions which she could easily answer with short responses. This helped because her communication issue was actually not due to cognitive impairment, but rather she had dyskinesia which made it difficult to communicate and be understood. In fact, she had only very mild cognitive impairment, and using the new communication strategy she told us that she understood the risks of not using the thickened fluids.

COMMUNICATION

play decide

Story Card 69

Creating the right conditions for patients to communicate their preferences

Links to: Issue Cards 6 + 33

Andrea is a speech and language therapist.

Our team had advised that one of our patients should go to a nursing home for care, but he was refusing to go. The team thought that he had moderate cognitive impairment and was simply confused and didn't understand the situation. However, we re-assessed him and it turned out that he had only a minor cognitive impairment, and understood everything that was happening. We found that he was capable of going home and living independently. When he was first admitted he didn't have his hearing aid with him, and his quiet speaking voice made it even more difficult for the team to communicate with him. As a result he had been mis-labelled as having cognitive impairment.

COMMUNICATION

play decide

Issue Card 1

Check your jargon?

Sometimes healthcare professionals need to use discipline-specific or technical language when communicating with patients or with their family.


play
decide

Issue Card 2

ADM is fostered when teamwork is interdisciplinary and guided by a shared vision

Interdisciplinary teams that communicate well together and with the patient can foster quality ADM for patients. What are the characteristics of this type of interdisciplinary team?


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 4

ADM is not a one size fits all approach

Throughout a hospital stay, people may require different levels of support to communicate their decisions. How can this be accommodated in the acute care setting?


play
decide

Issue Card 5

Communication is a two-way process

Do people with dementia have a responsibility to share their diagnosis with healthcare professionals?


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 7

Communication difficulties can often get perceived as cognitive issues

How can a speech & language therapist improve communication to support a patient's capacity for decision making?


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 11

Communicating with nominated decision supporters and others

Sometimes there is tension between family members and healthcare professionals with respect to the patient's wishes. What is the difference between healthcare professionals' responsibilities to communicate with a nominated decision supporter as opposed to other family members, friends, or next of kin?


play
decide

Issue Card 13

Patients' assertiveness

Patients can feel frustrated when their experience is not considered or valued in care planning. They may need to be quite assertive to make their voice heard. What could be done to maximise all patients' participation in the decision-making process?


play
decide

Issue Card 15

Doctor-patient relationship

Historical views of the patient-doctor relationship assumed that the doctor's role was to act in the best interests of the patient and to direct their care. This may lead the decision supporters and patients to leave the decision entirely to the doctor.


play
decide

Issue Card 17

Unwise decisions

Cognitive impairment may be under greater scrutiny from healthcare professionals, especially when they consider an unwise decision to have been made.


play
decide

Issue Card 19

Ethical dilemma around the discharge process

Healthcare professionals may face ethical dilemmas in supporting the will and preferences of a patient who wants to be discharged home but is deemed at-risk by family members or community services.


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 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 27

Where is a translator when you need one?

In your opinion is there timely access to resources (i.e. translators, assistive technology, visual aids, etc) which would support a patient in the communication of their decision?


play
decide

Issue Card 29

When do you know a decision has been made?

Decision making requires time so that information can be processed, questioned and shared with a decision supporter. When the patient is changing their mind, what are the implications for resourcing (e.g. theatre lists)?


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 38

Amount and quality of information

Patients may have different information needs over their time in the acute setting. What can be done so that patients and their families always have the appropriate level and quality of information about their care and condition?


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 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

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.


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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.


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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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decide

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.


play
decide

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.


play
decide

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.


play
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.


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decide