

University Hospitals Bristol NHS Foundation Trust

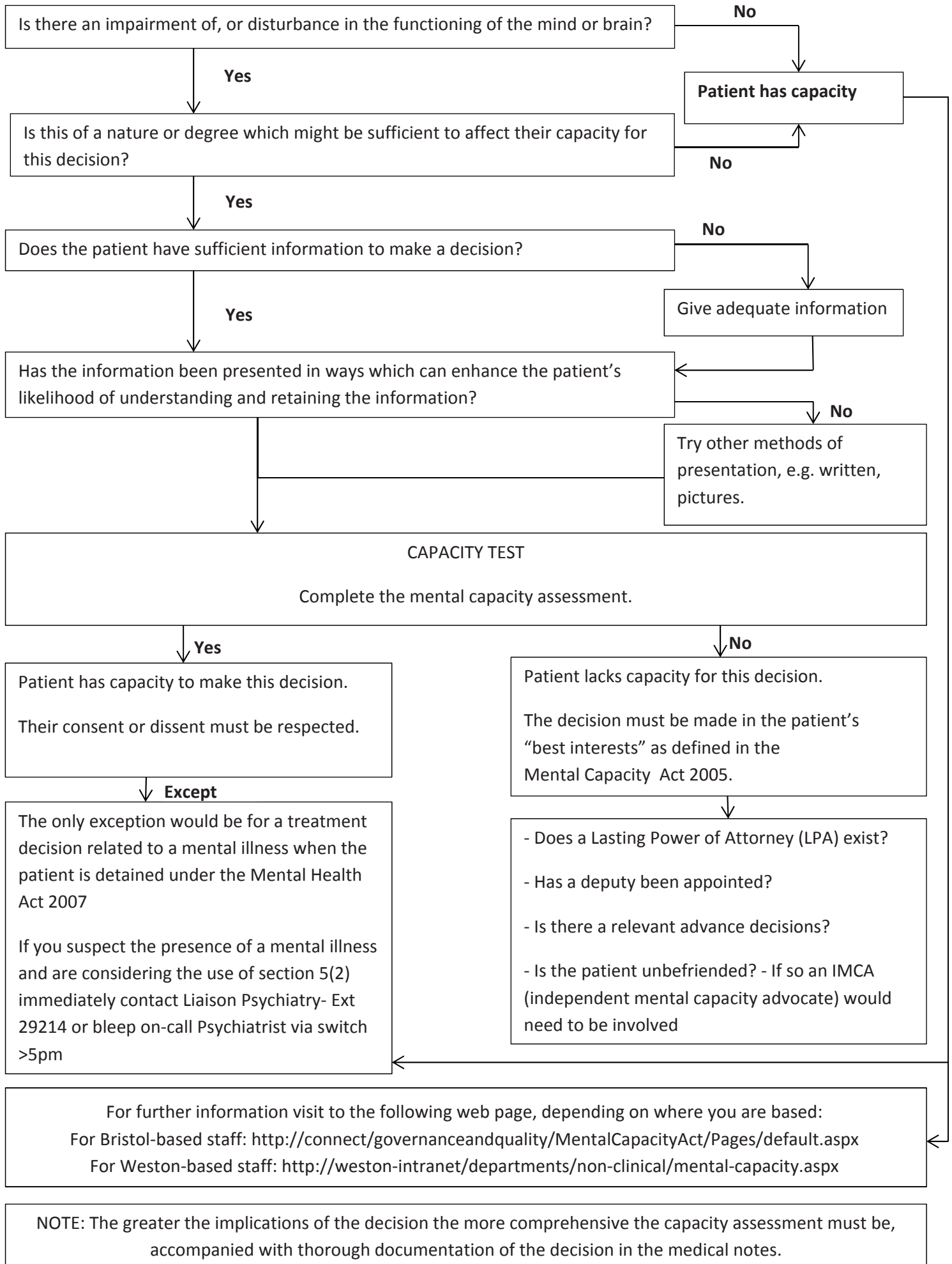
Consent Form 4

Form for adults who may lack the capacity to consent to investigation or treatment

PATIENT DETAILS (or pre-printed label)	
Patient's surname / family name:.....	
Patient's first name(s):.....	
Date of birth:.....	
NHS number (or other identifier):.....	
Male	Female
Special requirements (eg other language/other communication method):.....	
.....	
.....	
Responsible health professional:.....	
Job title:.....	

To be retained in patient's notes

Medical/Surgical intervention



Trust no:
 NHS no:
 Surname:
 Forename(s):.....
 Gender:.....DoB:...../...../.....

All sections to be completed by the health professional undertaking the procedure or course of treatment.

**Mental Capacity Act 2005 states:
 All Adults are assumed to have capacity;
 any assessment of capacity is time and decision specific**

A. Details of proposed procedure or course of treatment

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**B. Assessment of Capacity regarding consent to the above procedure
 2 stage test of capacity (Part 1)**

Is there an impairment of, or disturbance in the functioning of the person's mind or brain? If yes, specify what this is. E.g. Cognitive impairment, substance misuse, dementia or trauma such as stroke and summarise how you have reached your conclusion.	Yes	No

- If you have answered **YES** continue with this assessment
- If you have answered **NO**, go straight to the Outcome of Assessment section at the end of this section, record that the person has capacity and the decision that they have made, (the person **cannot lack capacity** within the meaning of the Mental Capacity Act 2005.)

Does this decision need to be taken now? Please state reason for decision. Can it be delayed? Is there a likelihood of the person regaining capacity? What is the timescale for making this decision?	Yes	No

What information is relevant to this decision? What choices are available? What are the likely consequences of or risks involved in deciding one way or another, or making no decision at all? What are the benefits?

Trust no:
 NHS no:
 Surname:
 Forename(s):.....
 Gender:.....DoB:...../...../.....

How have you planned this assessment?

Specify what information has been shared and how you have supported the individual in the decision making process, e.g. time preference, different venues, use of photographs, cue cards and interpreter if required.

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2 stage test of capacity (Part 2)

1. Do you consider the person able to understand the information relevant to the decision to be made? Summarise how you reached your conclusion.	Yes	No
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2. Do you consider the person able to retain the information for long enough to use it in order to make the decision? Most decisions require a person to be able to retain the information for a short time only. Significant or more difficult decisions may require the person to retain the information over several days.	Yes	No
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3. Do you consider the person able to use or weigh that information as part of the decision-making process? Was the person able to consider the advantages and disadvantages of possible outcomes? Were they able to adjust their position in the light of new information?	Yes	No
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4. Do you consider the person able to communicate – verbally or non-verbally their decision?	Yes	No
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Trust no:
 NHS no:
 Surname:
 Forename(s):.....
 Gender:.....DoB:...../...../.....

Outcome of Assessment	Tick
If the answer to ALL of the questions 1-4 is YES – The patient has capacity at this time for this decision only. Decision made on the balance of probability - Refer to Consent Form 1.	
If the answer to ANY of the questions 1-4 is NO – The patient does not have capacity at this time for this decision only.	
Assessment completed by - Signature: Date:..... Name: Job title:	

Unless there is a valid and applicable advance decision or another person has the authority to make this decision - *for example a Power of Attorney for health and welfare or a Court Appointed Deputy* - a decision must be made following the best interests process. Appoint an IMCA if the individual is unbefriended. See **section D**.

C. Is there a valid Power of Attorney (POA) for <u>Health and Welfare</u> or a Court of Protection Appointed Deputy?	Yes	No
A person with Lasting Power of Attorney (LPA) for Health and Welfare can consent to or refuse medical examination and treatment on the patient’s behalf acting in their best interests.		
NB An attorney has no power to consent or refuse life sustaining treatment unless the LPA document expressly authorises this. Where there is an Advance Decision to Refuse Treatment and an Attorney for Health and Welfare, the most recent instruction will apply.		
<ul style="list-style-type: none"> • If yes, please state name/s and date POA registered (once verified, place copy in medical notes and inform the adult safeguarding team: 0117 342 1696 		
Name/s of Attorney/Deputy.....		
Date registered.....		
Signature of Attorney/Deputy		
I have been authorised to make decisions about the procedure in question under a Health and Welfare Lasting Power of attorney/as Court appointed deputy (<i>delete as appropriate</i>). I have considered the relevant circumstances relating to the decision in question and believe the procedure is in the patient’s best interests and I consent to it being undertaken.		
Signature.....		
Date.....		

Is there a valid advanced decision to refuse treatment (ADRT) or advance care plan?	Yes	No
If yes, document details below and place copy in medical records:		

Trust no:
NHS no:
Surname:
Forename(s):
Gender:.....DoB:...../...../.....	

D. Independent Mental Capacity Advocate (IMCA)

Where decisions about providing, withholding or stopping serious medical treatment are being considered for a person who lacks capacity to consent, section 37 of the MCA imposes a duty on the NHS body to instruct an IMCA where the person concerned does not have capacity to make a decision AND there are no family / friends or advocate to consult about whether the decisions are in the patients’ best interest.

When an urgent decision is required in order to provide life sustaining treatment - this process does not need to be followed.

Referred to IMCA by - Name:..... Date:

(This does not have to be the same person who is proposing the treatment)
 Any information or reports provided by an IMCA must be taken into account as part of the process of deciding about Best Interests

E. Best Interest Decision

“Best interests” go far wider than “best medical interests” and include factors such as patient’s previous wishes and beliefs when they had capacity, their current wishes, their general well being, spiritual and religious welfare. These may be written down in the form of an Advanced Statement (previously know as living wills). If the patient has a nominated LPA they must be consulted.

Patient’s wishes if known:.....
 Reason if not known:.....

Involvement of family / friends and others with an interest in the patient’s welfare

It is a requirement to consult with those close to a patient who lacks capacity prior to undertaking any procedure or course of treatment (MCA 2005)

Name	Role/relationship	Views	Face to face / phone / other

Clinician’s Signature Date

Trust no:
 NHS no:
 Surname:
 Forename(s):.....
 Gender:.....DoB:...../...../.....

F. Signature of health professional proposing the procedure or treatment in patient's best interests

Where possible and appropriate I have consulted with colleagues and those interested in the patient's welfare. I have taken into account information provided by them and where necessary an IMCA.

I have considered and discussed the risks
 and benefitsof all treatment options,
 including no treatment. I believe the proposed procedure or treatment is in the patient's best interests
 because

Signature:..... Print name:.....
 Professional registration no:..... Date:

Second opinion

I have not sought a second opinion because.....

I have sought a second opinion from (print name):

Opinion:.....

Second opinion signature Date.....

Confirmation of Best Interests Decision

To be completed by a health professional when the patient is admitted for the procedure.

I confirm that the intervention proposed remains clinically indicated and all sections of Consent Form 4 have been completed:

Signature: Date:

Name (printed): Job Title:

Professional registration no:.....

Guidance to health professionals

This guidance should be read in conjunction with the Mental Capacity Act Code of Practice – <https://www.gov.uk/government/organisations/office-of-the-public-guardian>

Consent: patients and doctors making decisions together 2008 gmc-uk.org and Department of health Reference guide to consent for examination or treatment <https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition>

This form should only be used when it would be usual to seek written consent for an adult patient (16 or over) who lacks capacity to give or withhold consent to treatment. If an adult has capacity to accept or refuse treatment you should use the standard consent form and respect any refusal. Where treatment is very urgent (eg the patient is critically ill) it may not be feasible to fill in a form at the time, but you should document your clinical decisions appropriately afterwards. If the patient is detained under the Mental Health Act (2007) and consent is being sought for care and treatment to be provided under the Mental Health Act IV or IVa (consent to treatment) different legal provisions apply and you are required to fill in more specialised forms. In this case you are advised to contact the Trust's Clinical Site Managers. However even if this is the case, it is strongly advisable that you also use this form: it provides explicit clarity and reasoning behind your decision making for each procedure or episode of care. If the adult now lacks capacity, but has clearly refused particular treatment in advance of their loss of capacity in either appointing a **Lasting Power of Attorney for Health and Welfare** or within a valid and applicable **Advanced Decision to Refuse Treatment (ADRT)** then you must abide by that refusal.

Capacity

Before making a judgement that a patient lacks capacity you must take all steps reasonable in the circumstances to assist the patient in making their own decisions (this will clearly not apply if the patient is unconscious) This may often involve explaining what is involved in very simple language, using pictures and communication and decision aids as appropriate. People close to the patient (family/friends) may often be able to help. There are also a range of specialist colleagues available to support practitioners- such as speech and language therapists, learning disability specialist team, psychiatric liaison teams, as well as independent advocates.

IMCA service

For decisions about serious medical treatment the IMCA may consider seeking a second medical opinion from a doctor with appropriate medical expertise. An IMCA has the same rights to challenge a decision as any other person caring for the patient or interested in their welfare. The right to challenge applies to both decisions about lack of capacity and a person's best interest. NB: An IMCA is not able to consent on a patient's behalf. For further information on accessing the IMCA service, contact in hours UH Bristol Safeguarding team on ext 21696, out of hours contact clinical site management team.

Second opinions, Serious Medical Treatment and Court of Protection

Where treatment is complex and people close to the patient express doubts about the proposed treatment, a second opinion should be sought unless the urgency of the patient's condition prevents this. Donation of regenerative tissue, non-therapeutic sterilisation, or treatment requiring significant levels of restraint must never be undertaken without prior discussion with the Trust's Legal team, and are likely to require approval from the Court of Protection. Court of Protection approval may also be required where there are doubts about the patient's capacity or best interests.