Supporting Decision-Making
Presentation for Registered Managers Event 27th March 2018

Learning and Development
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✓ MCA 2005 statutory principles;
✓ Supporting decision-making;
✓ Positive risk management;
✓ Planning ahead;
MCA 5 key principles

1. Always presume capacity
2. Support decision making
3. Unwise decisions do not necessarily imply a lack of capacity
4. Respect P’s best interests
5. Seek the least restrictive option
What does the MCA Code of Practice say about the 2nd Statutory Principle?
All practicable steps

P should not be considered to lack capacity to make a particular decision unless all practicable steps have been taken to provide support to P. This includes:

1. **Cognitive support** – information about options and possible consequences (intended and unintended);
2. **Communication support** – what does P need to be able to express a choice;
3. **Environmental support** – which location, who should be involved and what time of day will best enable P to make a decision;
But what about P’s Feelings?

**Emotional support** - understand the impact of P’s feelings about the decision at hand, including historical and relational factors.
Capacity is the pivotal issue in balancing:

P’s right to **autonomy** in decision making

and

P’s right to **protection** from harm.
Independence, Choice and Risk (DoH 2007)

- People perceive risks differently.
- People have the right to live their lives to the full as long as that does not stop others from doing the same.
- By taking account of the benefits in terms of independence, well-being and choice, it should be possible for a person to have a support plan which enables them to manage identified risks and to live their lives in ways which best suit them.
Positive risk taking

• Empowers people through collaborative working and a clear understanding of everyone’s perspective and responsibilities;
• Supports people to access opportunities for personal change and growth;
• Establishes trusting working relationships;
• Appreciates the consequences of different courses of action;
• Decisions are based on a range of choices available, and supported by adequate and accurate information;
• Decisions are based in the ‘here and now’.
Managing risk in relation to choice

- Multi-disciplinary practice should support and maximise P’s autonomy;
- Person-centred approach available for everyone whatever their circumstances;
- Identify what is important to P from their perspective and find appropriate solutions;
- Keep accurate records of discussions about areas of choice and potential consequences.
People with capacity who refuse care or treatment

• It is good practice to provide information in writing afterwards, for P’s reconsideration;
• Follow-up arranged so that P has the opportunity to have a change of mind;
• Clearly explain to P that current refusal does not preclude further assessment if they wish;
• There is a legal and moral imperative for health professionals to remain engaged;
• Everything possible should be done to ensure that P receives best treatment in keeping with their wishes;
• Symptom relief offered where definitive treatment is refused.
Carl Rogers (1902-1987)

“In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?”
Advance Decisions

- Refuse treatment
- Refusing life-sustaining treatment
- Statement of wishes, feelings and preferences
- Lasting Power of Attorney
TIME FOR QUESTIONS