



- ✓ 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



