

CONSENT FORM 4

FOR ADULTS WHO LACK THE CAPACITY TO CONSENT TO INVESTIGATION OR TREATMENT

Details of family and/or friends:	
Next of kin:	Relationship:
Home telephone:	Mobile telephone:
Appropriate to consult? Yes <input type="checkbox"/> No <input type="checkbox"/> (if no please record the reason):	
Alternative contact:	Relationship:
Home telephone:	Mobile telephone:
Appropriate to consult? Yes <input type="checkbox"/> No <input type="checkbox"/> (if no please record the reason):	
Independent Mental Capacity Advocate (IMCA)	
<i>For decisions about serious medical treatment where there are no friends, relative or unpaid carers to act as an advocate for the patient, an Independent Mental Capacity Advocate (IMCA) should be appointed (Note that this is not possible in an emergency situation).</i>	
Does the patient require an IMCA? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of referral:	
<i>If an IMCA is appointed, please complete section 1 page 4</i>	
Key roles: Please record all details known	
Has an enduring Lasting Power of Attorney for health and welfare been appointed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:	Telephone:
Name:	Telephone:
<i>If an attorney or deputy has been appointed, please ensure they complete section H page 4.</i>	
Advanced Decision	
Is there an advanced decision relevant to the decision being discussed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes what is the type? Written <input type="checkbox"/> Verbal <input type="checkbox"/>	Date of advance decision:
This is an important legal document- ALL sections must be completed by the healthcare professional proposing the procedure	
A) Details of procedure or treatment proposed	
.....	
.....	
B) Assessment of patient’s capacity to make a decision about the <u>above treatment</u> (in accordance with the Mental Capacity Act)	
<p>I confirm that the patient lacks capacity to give or withhold consent to this procedure or course of treatment, because of an impairment of the mind or brain or disturbance affecting the way their mind or brain works. The patient is unable to (please tick all that apply):</p> <p><input type="checkbox"/> Understand information about the procedure or course of treatment</p> <p><input type="checkbox"/> Retain that information in their mind</p> <p><input type="checkbox"/> Use or weigh that information as part of the decision-making process or</p> <p><input type="checkbox"/> Communicate their decision (by talking, using sign language or any other means).</p>	
Please summarise the nature of the impairment or disturbances: For example, conditions affecting	

cognitive function such as drugs or alcohol, trauma, mental disorder, learning disability or dementia.
.....
.....

C) Temporary lack of capacity

Is the patient's lack of capacity temporary? Yes No
If lack of capacity is likely to be temporary, treatment cannot wait until the patient regains capacity because:
.....

D) Dementia

Do you understand the patient is suffering from a form of dementia? Yes No
Has a dementia assessment been recorded in the patient's notes? Yes No

E) Advanced Directive- please tick to affirm this statement

As far as reasonably possible, I have considered the patient's past and present wishes and the feelings and any beliefs and values that would be likely to influence this decision. I am not aware of the patient having refused this procedure in a valid advance decision and have taken reasonable steps to confirm this.

F) Statement of best interest

I have considered the patient's best interest in accordance with the requirements of the Mental Capacity Act and believe the procedure to be in their best interests.
.....
.....

G) Involvement of those close to the patient

The final responsibility for determining whether a procedure is in the best interest of this patient lies with the healthcare professional performing the procedure. However, you must consult with those close to the patient as far as is practicable and as appropriate. Note that if there is a dispute or the case is complex consider a best interest meeting,

To be signed by a person or persons close to the patient if they wish.

I have been involved in a discussion with the relevant healthcare professionals over the treatment of: (Patient's name).

I understand that he/she is unable to give their own consent, based on the criteria set out in this form.

I also understand that treatment can lawfully be provided if it was his/her best interests to receive it.

Any other comments (including any concerns about the decision):

Name:..... Relationship to patient:.....
Signature:..... Date:.....
Name:..... Relationship to patient:.....
Signature:..... Date:.....

Additional contact details if different from page one:

If a person close to the patient was not available in person, has this matter been discussed in any other way (e.g. over the telephone)? Yes No

Please record below details of any telephone discussion. If it has not been possible to discuss the

planned treatment with those close to the patient, please record the reason:

.....
.....

H) Signature of health professional proposing treatment

I have assessed and documented the reasons why the patient lacks capacity to give consent for this procedure.

I have/have not sought a second opinion.

Where possible and appropriate I have discussed the patient's condition with those close to him/her and taken their knowledge of the patient's views and beliefs into account in determining his/her best interests.

Name:..... Date:.....
Signature:..... Job title:.....

If a second opinion has been sought, she/he should sign below to confirm agreement

Name:..... Date:.....
Signature:..... Job title:.....

I) Lasting power of attorney or court of protection deputy

*If a lasting power of attorney or a court appointed deputy has been authorised to make decisions about the patient's health, the attorney or deputy will have the final responsibility for determining whether this procedure is in the patient's best interest and **must sign below.***

Signature of attorney or deputy

I have been authorised to make decisions about the procedure in question under an enduring/lasting power of attorney/as a court appointed deputy (delete as appropriate).

I have considered the relevant circumstances relating to the decision in question (see section C) and believe the procedure to be in the patient's best interest.

Any other comments (including the circumstances considered in assessing the patient's best interest):

.....
.....

Name:..... Relationship to patient:.....
Signature:..... Date:.....
Address if different to patient:

J) Independent Mental Capacity Advocate (IMCA)

Please provide details if an IMCA has been appointed. The IMCA should also sign below.

Details:

Name:..... Date:.....
Signature:.....

K) Best Interest Meeting

A best interest meeting may not need to be held if all interested parties agree and it is clearly documented that the proposed treatment is in the best interests of the patient. However, if there is a dispute or the case is particularly complex it may be useful to hold a meeting to discuss the best

Affix patient label

interest's decision and plan the admission.

Best interest meeting required? Yes No If yes, date of meeting:.....

Please ensure minutes of any best interest meetings are filed alongside this consent form in the patient's notes.

(to be read in conjunction with the consent policy)

This form should only be used where it would be usual to seek written consent but an adult patient (18 or older) 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, it may not be feasible to fill in a form at that time, but you should document your clinical decision appropriately. If treatment is being provided under the authority of Part IV of the Mental Health Act 1983, different legal provisions apply and you are required to fill in more specific forms. If the adult now lacks capacity but has clearly refused particular treatments in advance of the loss of their capacity, then you must abide by that refusal if it was validly made and is applicable.

When treatment can be given to a patient who is unable to consent

For treatment to be given to a patient who is unable to consent, the following must apply:

- The patient must lack the capacity to give or withhold consent to this procedure AND
- The procedure must be in the patient's best interest

Capacity

A patient will lack capacity to consent to interventions if he or she is;

- Unable to comprehend and retain information relevant to the decision especially as to the consequences
- Unable to use and weigh this information in the decision making

Before making a judgement that a patient lacks capacity you must take all reasonable steps to assist the patient in making their own decision. This may involve explaining what is involved in very simple language, utilising pictures and communication aids as appropriate. Utilise friends and family to help as well as specialist professionals such as the learning disability team, independent advocates or supporters. Capacity is decision specific: a patient lacks capacity to make a particular complex decision but can make other more straight forward decisions and part of decisions.

Best interests

A patient's best interests are not limited to their best medical interests. Other factors which form part of the best interest decision include:

- The wishes and beliefs of the patient when competent
- Their current wishes
- Their general well-being
- Their spiritual and religious welfare

Unless the patient has clearly indicated that particular individuals should not be involved in their care or the urgency of the situation prevents it. Individuals close to the patient should be involved such as carers, friends, family or advocates. These individuals can provide valuable information about the patient's wishes and values.

Second opinion and court involvement

Where treatment is complex and/or people close to the patient express doubts about the proposed treatment, a second opinion should be sought, unless the urgency of the patient's conditions prevents this.