Assessing Decision Making Capacity (DMC)

For adult patients, most routine decisions about Decision Making Capacity (DMC) can be made by any fully-trained physician. Psychiatrists, ethicists, and/or the courts are only needed in problematic cases. Ideally, providers should assess DMC any time they engage patients in discussion about a treatment, not just when a patient disagrees with the treatment plan. Fast facts about DMC:

1) Patients who have DMC have an **absolute and fundamental right to make their own medical decisions,** whether or not others agree with their decisions, **even if** the decisions lead to bad outcomes (including death).
2) That said, health care providers have a duty to help patients make informed decisions, which includes understanding consequences and options.
3) **"Capacity"** refers to a patient's mental ability to participate in decision-making, can wax and wane, and is determined by healthcare providers at the bedside. **"Competency"** is a legal term, refers to a long-standing, global condition, and is determined by a judge (usualy with advice from physicians).
4) The reason to assess DMC is to answer the question: **"should we allow this patient to make this medical decision, under these circumstances?"** The focus is NOT global capacity, but the patient's ability to decide about a particular proposed intervention or treatment under particular conditions and circumstances.
5) There is no one way to assess DMC. In general however, we say a patient has DMC if:
   a) he or she understands the situation and the consequences of the decision, *and*
   b) the person's reasoning is consistent with his/her values and preferences

(over)

PennState College of Medicine

Ethics Committee
Penn State Milton S. Hershey Medical Center
Phone: (717) 531-8778 • Fax: (717) 531-3894

Four Questions to Assess Decision Making Capacity:

1) **Can the patient demonstrate the ability to communicate a choice?**
   "Have you decided whether to go along with your doctor's suggestions?"
2) **Does the patient understand his or her medical condition and the relevant facts?**
   "Please tell me in your own words what your doctor told you about your condition, his or her recommendation, the risks and benefits of the proposed intervention, and the alternatives."
3) **Does the patient understand the available options and the consequences of his or her decision?**
   "What do you think will happen to you if you are not treated? What do you think will happen if you are treated? Why do you think your doctor has recommend (x) to you?"
4) **Is the decision based on reasoning consistent with the patient's values/preferences?**
   "How did you reach your decision? What factors were important to you in reaching the decision?" Make sure the conclusions follow logically from the premises.

Recognize that specific physical or mental diagnoses, e.g.,schizophrenia, stroke, depression, or Alzheimer's do not **necessarily** mean that a patient lacks DMC to make a specific decision.

The greater the risk of the intervention, the more important to ensure that patients have DMC before accepting their decision.

Want more information?

Check HMC policy: *Informed Consent, L-07 HAM.*
See Appelbaum & Grisso (1988). Assessing patients' capacity to consent to treatment. *NEJM*, 319: 1635-1638.

Questions? Call the operator (ext.8521) and ask for the ethicist on-call.