

CASE REPORT**You Need the Operation, Sign the Consent: A Case Report
on Mental Capacity Assessment**

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Abstract

Decision making capacity is the basis for medical decision making. A person's right to determine his or her own health care related decision has long been established and this forms the essence of medical treatment. This fundamental right extends to patients with mental health disorder who have the capacity to make such decisions. Where a mental disorder is evident, our experiences in the local settings suggested that clinicians are inclined to state that incapacity to decide for medical treatment is present without much assessment or exploration and explanation on the proposed treatment. Many patients with mental disorder in fact are capable at making decisions related to health care. Their rights to decide on medical treatment should be respected and not to be ignored.

Keywords: Assessment, Capacity, Consent, Schizophrenia

Introduction

Studies have shown that majority of psychiatric in-patients are capable of making health care related decisions. Many countries have introduced legislation to regulate decision making for people who lack capacity. For example, in England and Wales, there is this Mental Capacity Act (MCA) 2005¹. In Malaysia, we have the Mental Health Act 2001 but there is little guidance to help clinicians in the assessment of decision making capacity.

The case report below is an example of a scenario whereby a patient was thought to have incapacity to make health care related decision mainly because he has a chronic mental disorder. He was referred to psychiatry for capacity assessment. Some of the highlights of discussion in this case

report is the simple clinical assessment that can be easily performed at bedside by any clinicians that will improve clinicians' ability to identify patients who lack capacity.

Case report

Mr N is a 49 years old Malay man, who has underlying Schizophrenia for the past 30 years. He was recently diagnosed with uncontrolled diabetes mellitus when he presented with non healing toe ulcer. He was admitted to the orthopedic ward for an infected right big toe. He was referred to psychiatry for assessment of capacity to give consent for an operation; disarticulation of right big toe.

Mr N. had several admissions to psychiatry ward in the past and his latest admission was 20 years ago. He is on

medications and regular follow up at a government clinic near his house. He is single and lives with his brother. He works as part-time gardener for his sister, earning approximately RM 100 a month. He had residual auditory hallucinations of derogatory in nature that happened occasionally. There were no significant mood symptoms.

Mr. N was able to understand what was being told to him by the orthopedic doctor. He knew that they wanted to cut his right big toe because it has pus in it. He was able to retain the information given by the orthopedic doctor. He understood that the infection may spread if he does not go for the operation and that it could be life threatening if infection spread to the rest of the body. However, he was fearful about the pain that he might experience if he agreed for the operation and was not keen for the operation.

Discussion

There are situations where mental disorder may lead to a patient unable to have the capacity to make a decision about treatment because it impairs the patient's ability to understand, retain or use the relevant information or to communicate the decision. Studies that looked into mental incapacity among psychiatric population found that patients with dementia, psychosis and mania are much more likely to have lack decision making capacity than those with depression or personality disorder¹. Severity of symptoms, involuntary admission and treatment refusal were some factors found to be strong risk factors for incapacity in a systematic review done on mental capacity in psychiatric patients².

From our assessment, Mr. N was found to have a stable mental state. His schizophrenia was in partial remission and he was compliant to treatment. There were minimal residual auditory hallucinations

but it did not disturb his functioning. There was no history of psychiatric admissions for the last 20 years. In terms of capacity assessment, we generally looked into these five aspects; the patient's understanding, appreciation, ability to retain relevant information, reasoning and communicating own choices. Mr. N was able to understand what was explained to him by the orthopedic doctors which was they want to cut his toe because it contained pus in it. He was able to appreciate the severity of the toe infection. He knew that the infection might spread further up to his foot and understood that it is potentially life threatening if the infection spread to the rest of his body. He was able to retain the relevant information given to him and use the information to weigh up the risks and benefits of going for the procedure. However, he conveyed his wishes that he did not want to go for the operation because he was afraid of the pain postoperative as he has never undergo any operation before. It was clear to us that no one had discussed this issue with him before. Our team provided him with some basic information about analgesic use intraoperative and postoperative in a simple manner that he can understand. He seemed to find some relieved after knowing it. Nevertheless, we suggested that he discussed about it again with the orthopedic team to know more about the pain control. Before leaving, we spoke to his orthopedic doctor in charge to let the managing team know what was happening and the reason behind the patient's refusing the procedure. Mr N had decided to proceed with the proposed procedure after another discussion with the orthopedic team doctors.

There are a variety of validated tools exists to aid the assessment of decision making capacity among patients with suspected lack of capacity to give consent. MacArthur Competence Assessment Tools for Treatment (MacCAT-T) is regarded as a specific capacity assessment tool with

excellent reliability³. However, MacCAT-T requires training for its administration and interpretation of result limiting its clinical applicability in our daily practice. Familiarizing ourselves with a simple clinical assessment that touched the core aspects of capacity such as understanding, appreciation, ability to retain relevant information, reasoning and communicating choices most often provides sufficient capacity evaluation.

Other key messages from this case report were that we must start with the presumption that the patient has capacity to make the decision in question and we should not allow assumptions about the patient's underlying mental disorder to affect our judgment in this matter. We also need to help the patient to understand the proposed procedure and address patient's concern. We should involve appropriate parties in the discussion to help support

the patient in making the decision.

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