

Adult Social Care Understanding Mental Capacity

How should someone's best interests be worked out when making decisions about life sustaining treatment



Coventry City Council

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Whether a treatment is life sustaining, depends on the type of treatment and on the particular circumstances in which it may be prescribed.

For example, in some situations giving antibiotics may be vital to sustain life, whereas in other circumstances they are used to treat a non-life threatening condition. It is up to the doctor or healthcare professional giving the treatment to assess whether the treatment is life sustaining in each situation.

All reasonable steps which are in the person's best interests should be taken to prolong their life. However, there are some cases – for example where someone has a terminal illness and is nearing the end of their life – where treatment would not be appropriate, as side effects may be too much to bear or there is no prospect of recovery.

In such circumstances, it may be that an assessment of the person's best interests concludes that it would be in their best interests to stop or not give life sustaining treatment, even though this may result in their death.

The decision must be based on the person's best interests. Decision makers must not be motivated by wanting the person to die for whatever reason, even if this is because they do not want them to suffer any longer.

As with all decisions, before deciding to withdraw or withhold life sustaining treatment, the decision maker must consider all treatment options available and work out which would be in the person's best interests



All the factors in the Best Interests Checklist should be considered, and the decision maker should consider any statements that the person previously made about their wishes and feelings about life sustaining treatment (see Leaflet 3 Best Interests)

This does not mean that doctors must provide, or to continue to provide, life sustaining treatment if that treatment is not in the person's best interests.

○ End of Life Care

If a person who now lacks capacity did make a written statement about medical treatments they would or would not want to receive, for instance being fed by a tube, when they had mental capacity these should be taken into account by the doctor in the same way as those made by a patient who still has the mental capacity to make such decisions.

Just because the person may be at the end of their life this does not necessarily mean that they do not have the capacity to make their own decisions. The same steps should be followed to assess someone's capacity at this time as at any other point in their life.

If the assessment shows that the adult lacks capacity, a Best Interests assessment should be conducted.



○ Do not resuscitate

Everyone has the right to refuse to be resuscitated. If the person has made a decision in advance it will be recorded on a specific form in their medical records. It is known as a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision, or a DNACPR order. A DNACPR order is not permanent; it can be changed at any time.

People's views and wishes may also be recorded in their Lasting Power of Attorney or Advanced Decision documents

If people do not have the mental capacity to decide about CPR when a decision needs to be made and have not made an advance decision to refuse treatment then a DNACPR decision can be made in the patient's best interests. If a Health and Welfare Deputy (LPA) is appointed they can act on the persons behalf, but in any event families and carers should be involved in the decision making process described and given the opportunity to understand the process, explain the persons wishes if known, and explain their wishes (see Leaflet 3. Best Interests)



○ Advance Decisions to Refuse Treatment

An advance decision (also known as an advance decision to refuse treatment / ADRT, or a living will) is a decision a person can make to refuse a specific type of treatment in the future.

It means that their family, carers and health professionals know about any treatment that they do not want to be given in the future if they lose their mental capacity and are unable to make or communicate those decisions themselves.

A person can refuse a treatment that could potentially keep them alive (life sustaining treatment), including being artificially ventilated and / or receiving cardio pulmonary resuscitation (CPR).

The treatments that the person decides they do not want must be named in their advance decision.

The Mental Capacity Act makes it clear that an advance decision will not apply to any treatment which a doctor considers necessary to sustain life unless:

- **the decision is made in writing**
- **it is signed by the person and witnessed**

and

- **states that the persons decision still stands “even if life is at risk”.**

The full set of Understanding Mental Capacity leaflets and further information is available at umccoventry.co.uk



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