

Hallucinations in the Emergency Room: Respectful Responses to Signs of Mental Illness and Treatment Refusals

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*This handout is meant to provide supplemental information only. You can find a copy of the poster on my professional website: <http://lauragg.com>.

NECESSARY COMPONENTS OF CAPACITY

- ♦ Communication
 - ♦ Has the patient communicated a stable choice that is intelligible?
- ♦ Understanding
 - ♦ Does the patient understand relevant information about the proposed treatment and alternatives?
- ♦ Reasoning
 - ♦ Does the patient provide strong justification for her/his choice?
 - ◇ Important not to insist on perfect rationality or reasons that happen to be accepted by the general public
 - ♦ Asking “Why?” (cf. Charland)
- ♦ Appreciation
 - ♦ Does the patient grasp the situation, risks, and benefits?
 - ♦ What are the relevant consequences and implications for this patient’s life with each of the available alternatives?
- ♦ Applying values
 - ♦ What are the various consequences in relation to this patient’s own values?

MODELS FOR CAPACITY DETERMINATION

Outcome model

- ♦ Only consider content or outcome of decision
- ♦ Patient well-being valued over self-determination
- ♦ External/substantive rationality

Minimal expression model

- ♦ Ability merely to express a preference is all that is required
- ♦ Patient well-being not part of assessment

Algorithm model

- ♦ Same questions asked, regardless of risks/benefits of proposed treatment (Jones & Holden)

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- ♦ Can the patient communicate a choice?
- ♦ Can the patient understand the essentials of informed consent?
- ♦ Can the patient assign personal values to the risks and benefits?
- ♦ Can the patient think rationally and logically?
- ♦ Is the patient's capacity stable over time?

Sliding scale model

- ♦ Risks/benefits determine the standard for competence (Buchanan & Brock, Drane)
 - ♦ Should be judged according to *patient's* relatively and minimally consistent aims and values
 - ♦ When the patient's values are unknown, "the risk/benefit assessment will balance the expected effects of a particular treatment option in achieving the general goals of health care" (Buchanan & Brock 52)
 - ♦ Balancing patient well-being and self-determination
 - ♦ Decision-specific, choice-specific
 - ♦ Theories of well-being and conceptions of self-determination are debatable, have significant implications in clinical practice.

REFERENCES

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- Powers, Madison & Ruth Faden. *Social Justice: The Moral Foundations of Public Health and Health Policy*. NY: Oxford University Press, 2006. [list under **Sliding Scale Model. Capacity** from pgs. 17-28]