

Characterization of Decision-Type and Outcomes of Consultation for Decision-Making Capacity in Consultation-Liaison Psychiatry Service



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Introduction

- Decision-making capacity consults (DMCC) estimated 10-25% of psychiatric consults
- DMCC often involve decisions that pose high risk, little potential benefit (ex leaving hospital against medical advice (AMA))
- We aim to further characterize of capacity consults, their utilization, and their outcomes

Background

Authors	Results
Jourdan 1991	• Most common DMCC was for refusal of procedure (55.8%) followed by AMA discharge (27.4%); few (2.1%) for refusal of placement
Raymont 2004	• 31.4-47.8% randomly sampled medical inpatients deemed to lack decision-making capacity
Chandra 2023	• Surveyed hospitalists regarding motivation for placing DMCC • Most common reason cited was underlying neuro/psych diagnosis, others include beyond scope of practice, low confidence, legal protection, high stakes decision
Pesanti 2017	• Most common DMCC was for "capacity unspecified," followed by AMA discharge
Garrett 2023	• Racial Disparities in DMCC • DMCC disproportionately placed in: • Black patients (43% vs. 18% total admissions) • Hispanic patients (26% vs. 21% of admissions)

Methods

Retrospective chart review

240 charts identified based on provider identifying capacity assessment as reason for consult or service provided

44 eliminated no clear consult question or capacity assessment	196 charts included
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If more than one decision was evaluated, these were counted as separate capacity assessment decisions.

212 decisions included

Results

Patient Demographics (n=196)

Average Age	58.7 (41.5-75.9)
Male	109 (56%)
Female	87 (44%)
White	126 (64.3%)
African American	54 (27.6%)
Other	2 (1.5%)
Race/Ethnicity Data Not Reported	12 (6.1%)

CAPACITY CONSULTS BY DECISION TYPE

Disposition	39%
AMA Discharge	27%
Procedure/Surgery	16%
All other medical decisions	18%

ALL OTHER MEDICAL DECISIONS

Has Capacity	31%
Unable to Assess	16%
Lacks Capacity	53%

DISPOSITION/PLACEMENT

Has Capacity	63%
Lacks Capacity	32%
Unable to Assess	5%

AMA DISCHARGE

Has Capacity	22%
Lacks Capacity	59%
Unable to Assess	19%

SURGERY/PROCEDURE

Has Capacity	53%
Lacks Capacity	32%
Unable to Assess	15%

Additional Medical Decisions

Type	Number of Consults
Medication decisions	15
Diagnostic (Labs, Imaging)	9
Dialysis	5
Nutrition	4
Code Status	4
Designate Surrogate Decision-Maker	3
Other	3

Consults by Service

Internal / General Medicine	94 (48.0%)
Trauma Surgery	9 (4.6%)
Thoracic Surgery	8 (4.1%)
Pulmonary Medicine	7 (3.6%)
Physical Medicine and Rehabilitation	7 (3.6%)
Emergency Medicine / Toxicology	4 (2.0%)
Vascular Surgery	3 (1.5%)
Otolaryngology	3 (1.5%)
Orthopedic Surgery	3 (1.5%)
Colorectal Surgery	3 (1.5%)
Unspecified	15 (7.7%)
Critical Care Medicine	12 (6.1%)
General Surgery	11 (5.6%)
Cardiology	10 (5.1%)
Transplant Surgery	1 (0.5%)
Surgical Oncology	1 (0.5%)
Anesthesiology	1 (0.5%)

ADDITIONAL SERVICES PROVIDED DURING CONSULT

Medication Management/Reconciliation	24%
Education to Team/Staff	17%
Management of Delirium/Agitation	16%
Education to Patient/Family Regarding Diagnosis	12%
Education to Patient/Family Regarding Medications	10%
Collateral Obtained	10%
Bedside Psychotherapy	8%
Bedside Cognitive Testing	3%

Discussion

- Most frequently DMCC: disposition
- Least likely found to have capacity: AMA discharge (not unexpected as this decision is often high-risk, low-benefit)
- Additional services provided in 77.6%, increasing value-added
- Of note, consults examined were conducted in 2020, unclear to what extent the composition may differ given new challenges posed in healthcare by the Covid-19 pandemic.

Capacity Assessment: Implications and Benefits to Hospital and Patients

Capacity Decision Type	Benefits/Implications
AMA	<ul style="list-style-type: none"> Promote patient safety Promote patient autonomy Mitigate medicolegal risk
Disposition	<ul style="list-style-type: none"> Promote patient safety Promote patient autonomy Mitigate medicolegal risk
Surgery or Procedure	<ul style="list-style-type: none"> Ensuring appropriate consent Mitigate medicolegal risk
Other Medical	<ul style="list-style-type: none"> Promote patient safety Promote patient autonomy Mitigate medicolegal risk

Citations:

- Chandra MM, Caceda R, Cervoni C, et al. Why the Capacity Consult? The Perspective of Medicine Hospitalists on their Reasons for Consulting Psychiatry for Decision-Making Capacity. *Gen Hosp Psychiatry*. 2023;80:40-42. doi:10.1016/j.genhosppsych.2022.11.005
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