

An Interprofessional Approach to the Development and Implementation of a Decision-Making Capacity Clinical Pathway

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Introduction

Determination of an individual's medical decision-making capacity requires careful equipoise between the core ethical principles of autonomy and beneficence.

It requires the ability to navigate the risks and benefits of the decision and alternative paths in the individual's care. Each request for capacity assessment is unique with its own complexities. Although a clear interprofessional clinical pathway for decision-making capacity assessments and resulting sequelae is imperative to alleviate inconsistency and leads to a more efficient process to improve patient care and outcomes, **the larger academic health system at the University of Michigan does not have an existing standardized pathway for assessment.**

Methods

This interprofessional effort was conceptualized during discussion of capacity consults at a pediatric consult staff meeting. **Benchmarking efforts** included: review of extant literature, canvassing hospitals nationally and internationally, and review of internal policies/guidelines as well as currently published clinical practice guidelines. A **19-person, multidisciplinary group** from a range of specialties (emergency, adult and geriatric psychiatry, legal, ethics, emergency and internal medicine, palliative care, geriatrics and social work) were gathered for **bi-weekly meetings starting in February 2023**. Meetings outlined guiding principles, plan for process, current state practices internally, pertinent literature, practice gaps and project timeline. An outline was created and circulated amongst small groups for revision and incorporation. The CPG (Clinical Practice Guideline) draft will follow Office of Clinical Affairs template for practice guidelines. We anticipate that CPG draft will be finalized in Winter 2024.

Results

Our team will produce a multi-pathway capacity assessment guideline. Pathways will guide teams on pre-assessment steps, how to conduct capacity assessment and steps to take based on assessment outcome. **The guideline will provide accessible and easy-to-follow flowchart and exhibits and guidance on special situations, such as child assent issues, capacity concerns in parents of minors and eating disorder patients.** Sample documentation/dot phrases will be included in CPG for more consistent and standardized documentation. We will distribute educational materials (including guidelines or flowcharts) in person in practice settings. We may also distribute the guideline by e-mail. We hope to increase awareness through poster presentations and scholarly papers on the project. We will ask teams for feedback regarding the content and usability of the guideline and its associated materials.

Discussion

Given the complex and often time-sensitive nature of capacity assessments, development of an accessible, standardized, user-friendly guide will assist in mitigating uncertainty in assessment by care teams. **Our goal is to improve patient care by offering guidance, providing clarity, and reducing disparities and bias in care provision across the healthcare system.** Extant literature, most notably Paul Appelbaum's seminal 1988 paper¹ on capacity assessments, provides guidance on capacity assessments. **Areas we explored during the development of the CPG include:**

Rigor of application: The strictness in which capacity criteria are applied to a clinical situation is on a sliding scale which depends on the overall risks and benefits of the decision/intervention at hand. The greater the risk and lower the benefit of a specific decision, the more stringently criteria are applied to the clinical situation. This is known as the shifting standard approach.

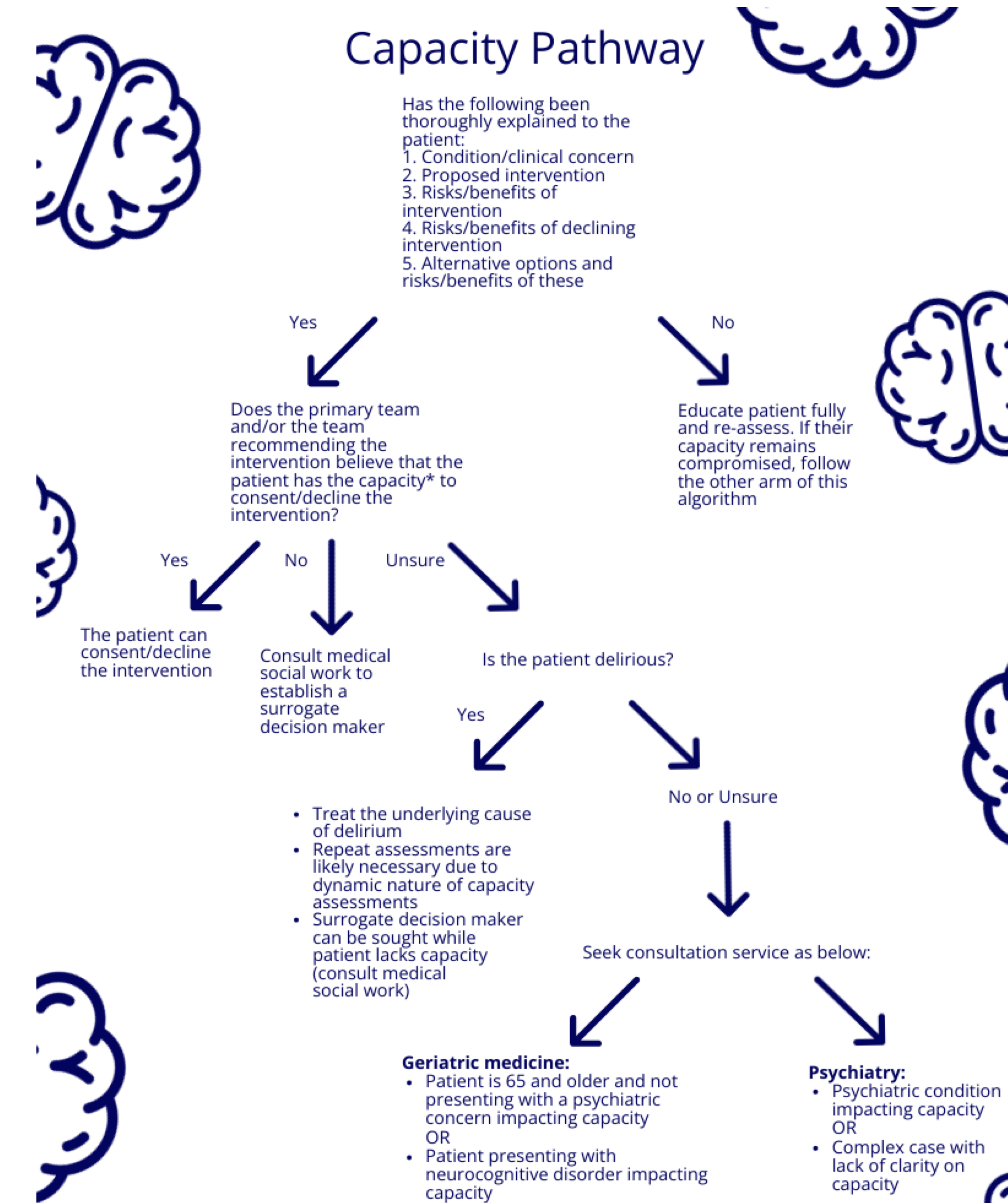
Consent vs Assent: Age, understanding, and legal standards impact an individual's clinical decision-making ability². Consent refers to the voluntary agreement of an individual who has the legal capacity to give consent, providing permission for something to occur. Assent refers to the agreement/willingness to participate expressed by persons too young to provide consent. Assent requires consent by parents or guardian.

Confounding issues and future directions: Complex issues that may impact clinical capacity assessment will require further development. For example, how are capacity concerns managed in parents of a minor? And how/when are individuals identified as requiring guardianship?

Conclusion: The development of a decision-making capacity clinical pathway will foster delivery of evidence-based, efficient, and equitable care. Its use will improve care outcomes and the experience of patients, families and care teams, and provide guidance for special populations.

References

1. Appelbaum PS. Assessment of Patients' Competence to Consent to Treatment. *N Engl J Med*. 2007;357(18):1834-1840. doi:10.1056/NEJMcp074045
2. Geist, R., & Opler, S. E. (2010). A guide for health care practitioners in the assessment of young people's capacity to consent to treatment. *Clinical pediatrics*, 49(9), 834-839.



*Capacity criteria (the strictness with which the criteria are applied **depends on overall risks/benefits of the decision**):

1. Patient needs to communicate a choice. The choice must be free from coercion and consistent across time and/or across different assessors
2. Patient needs to demonstrate understanding of the relevant information
3. Patient needs to demonstrate appreciation of the situation and its consequences
4. Patient needs to demonstrate the ability to reason with the relevant information

- For next steps regarding specific interventions (for example consent, restraints and leaving the hospital against medical advice) consult the section 5 of the Capacity CPG if the patient lacks capacity
- UMHS Delirium Guidelines: <https://michmed-clinical.policystat.com/policy/9755827/latest>