Aid to capacity evaluation

Name of patient: _____

Record observations that support your score in each domain, including exact responses of the patient. Indicate your score for each domain with a check mark.

1. Able to understand medical problem ☐ Yes

(Sample questions: What problem are you having right now? What problem is bothering you most? Why are you in the hospital? Do you have [name problem here]?) ☐ Unsure ☐ No

Observations: _____

_____

2. Able to understand proposed treatment ☐ Yes

(Sample questions: What is the treatment for [your problem]? What else can we do to help you? Can you have [proposed treatment]?) ☐ Unsure ☐ No

Observations: _____

_____

3. Able to understand alternative to proposed treatment (if any) ☐ Yes

(Sample questions: Are there any other [treatments]? What other options do you have? Can you have [alternative treatment]?) ☐ Unsure ☐ No ☐ None disclosed

Observations: _____

_____

4. Able to understand option of refusing proposed treatment (including withholding or withdrawing proposed treatment) ☐ Yes

(Sample questions: Can you refuse [proposed treatment]? Can we stop [proposed treatment]?) ☐ Unsure ☐ No

Observations: _____

_____

5. Able to appreciate reasonably foreseeable consequences of accepting proposed treatment ☐ Yes

(Sample questions: What could happen to you if you have [proposed treatment]? Can [proposed treatment] cause problems/side effects? Can [proposed treatment] help you live longer?) ☐ Unsure ☐ No

Observations: _____

_____

6. Able to appreciate reasonable foreseeable consequences of refusing proposed treatment (including withholding or withdrawing proposed treatment) ☐ Yes

(Sample questions: What could happen if you don't have [proposed treatment]? Could you get sicker/die if you don't have [proposed treatment]? What could happen if you have [alternative treatment]? [If alternatives are available]) ☐ Unsure ☐ No

Observations: _____

_____

NOTE: for questions 7a and 7b, a "yes" answer means the person's decision is affected by depression or psychosis.

7a. The person's decision is affected by depression. ☐ Yes

(Sample questions: Can you help me understand why you've decided to accept/refuse treatment? Do you feel that you're being punished? Do you think you're a bad person? Do you have any hope for the future? Do you deserve to be treated?) ☐ Unsure ☐ No

Observations: _____

_____

7b. The person's decision is affected by delusion/psychosis. ☐ Yes

(Sample questions: Can you help me understand why you've decided to accept/refuse treatment? Do you think anyone is trying to hurt/harm you? Do you trust your doctor/nurse?) ☐ Unsure ☐ No

Observations: _____

_____

FIGURE 2. Aid to capacity evaluation. *(continued)*

Overall impression

☐ Definitely capable	☐ Probably capable	☐ Probably incapable	☐ Definitely incapable

Comments
(For example: need for psychiatric assessment, further disclosure and discussion with patient or consultation with family)

_____

_____

_____

_____

_____

_____

The initial ACE assessment is the first step in the capacity assessment process. If the ACE is definitely or probably incapable, considerable treatable or reversible causes of incapacity (e.g., drug toxicity). Repeat the capacity assessment once these factors have been addressed. If the ACE result is probably incapable or probably capable, then take further steps to clarify the situation. For example, if you are unsure about the person's ability to understand the proposed treatment, then a further interview that specifically focuses on this area would be helpful. Similarly, consultation with family, cultural and religious figure, and/or a psychiatrist may clarify some areas of uncertainty.

Never base a finding of incapacity solely on your interpretation of domain 7a and 7b. Even if you are sure that the decision is based on a delusion or depression, you should always get an independent assessment.

Time taken to administer ACE: Minutes: _____

Date: Day: _____ **Month:** _____ **Year:** _____ **Hour:** _____

Assessor: _____

Instructions for scoring

1. Domains 1-4 evaluate whether the person understands his or her current medical problems, the proposed treatment and other options (including withholding or withdrawing treatment). Domains 5 and 6 evaluate whether the person appreciates the consequences of their decision (see sample questions above).

2. For domains 1-6, if the person responds appropriately to open-ended questions, score yes. If the patient needs repeated prompting by close-ended questions, score unsure. If the patient cannot respond appropriately despite repeated prompting, score no.

3. For domain 7, if the person appears depressed or psychotic, then decide if the decision is being affected by the depression or psychosis. For domain 7a, if the person appears depressed, determine if the decision is affected by depression. Look for the cognitive signs of depression such as hopelessness, worthlessness, guilt and punishment. For domain 7b, if the person may be psychotic, determine if the decision is affected by delusion/psychosis.

4. Record observations that support your score in each domain, including exact responses of the patient.

5. Remember that people are presumed capable. Therefore, for your overall impression, if you are uncertain, then err on the side of calling a person capable.

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FIGURE 2. Aid to capacity evaluation.

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