

QC40 Capacity Assessment Training and Advance Health Directives

Chris: Scenario four	
Speaker:	<p>We are now going to work on discussing and developing an advance health directive. This scenario will include taking a collaborative approach to making an advance health directive that is adequate, and meets the person's views, wishes, and preferences about their treatment. In this scenario, we are following up with Chris from the capacity module. If you remember, Chris had a depressive episode, and upon presentation to the emergency department, he was initially assessed as not having capacity to consent to treatment.</p> <p>He was treated as an inpatient, which included a course of ECT. During subsequent consultations, Chris's mental state improved significantly, and he was reassessed as having regained capacity. This is an ideal time to look at his future health care plan. Today, Chris meets with William again.</p>
William:	Hi, Chris. Thanks for coming in today.
Chris:	Yeah. No worries.
William:	Chris, I wanted to check in on how you were going with your treatment.
Chris:	I'm doing a lot better, I think. My wife says so as well. I feel less tired. And I've been sleeping better, which is really good.
William:	And how about your mood? On a scale of 1 to 10, with 10 being really happy. Where would you rate yourself today?
Chris:	I'd say about a six, which is pretty good for me I have to say. I wasn't really happy at the time about having ECT. But I can see now that it was what had to happen. I was pretty unwell. And it seemed to work.
William:	Chris, I'm glad you're doing better. I'd like to take this opportunity to talk to you about a thing called an advance health directive. Have you heard of them before?
Chris:	No.
William:	Well the advance health directive, or AHD, is a plan to give you more say in your mental health care. In the AHD, you can write down decisions that you want made about your treatment in the future.
Chris:	Like when I had to be taken to ED?
William:	That's right. In the AHD we can write down any preferences for treatment that you might have. So there might be times when you might have a depressive episode. And you're unable to communicate those choices clearly to people supporting you and the health staff that are helping you.

Chris:	Well there are things I wanted to happen differently. But I wasn't really sure if I had a say in that.
William:	Well, Chris, we found that making a plan like this helps people to have control in their recovery. It also helps with letting your family know what your wishes are. And it lets health professionals know what you like and what you don't like about your treatment.
Chris:	So if we make this plan now when I'm feeling well, it can be used at times when I'm feeling unwell and will let people know what I want.
William:	That's right, Chris. The AHD will outline the sort of treatment that you're consenting to receive. It will also contain your views and wishes and preferences about your health care. So if you're unable to make a decision for yourself at a future time, a health professional will use the AHD to guide their treatment approach. It gets kept on an electronic database. So wherever you end up in Queensland, whoever is looking after you, they can look up your details and know what you have in your AHD.
Chris:	OK. That sounds pretty good. So is that just my mental health or can it be about my diabetes as well?
William:	For sure. The plan can include information about health conditions other than your mental health, as well. There are a lot of benefits in having an AHD. It gives you greater control over your future health care. I do need to let you know that while it may cover the majority of situations, it may not cover everything. So in these instances, we do have other options to ensure that you're provided with treatment. This might include the use of the Mental Health Act. As much as possible, though, we want to make sure that you're receiving the health care that you prefer for your recovery. Does that make sense to you, Chris?
Chris:	Yeah. I think so. I guess the best laid plans don't always cover everything. But I do like the idea of having more say about how I'm treated if I'm not in my right mind.
William:	That's great, Chris. How about we have a look at the AHD?
Chris:	OK. Sure.
William:	In completing the AHD, it's important that you fully understand what each of the sections refers to. I'll do my best to explain them to you. So feel free to ask any questions and I'll check in with you about your understanding as well. Is that OK?
Chris:	Yeah. That's fine. Did you want me to check if my personal details are correct?
William:	Yes, please. So the next section is about consent to health care and getting your views, wishes, and preferences about your treatment. What are your thoughts about your treatment options?

Chris:	Well I used to take Luvox. It definitely helped. But it gave me stomach cramps and diarrhoea. So then they put me on this Lexapro. And that's been much better actually.
William:	Well, Chris, we can write in the AHD that you do not consent to being prescribed Luvox because of its side effects. So if we put it under consent to health care, it makes it clear that you don't give your permission for it to be used. We can also note that you prefer to use Lexapro as your medication. And we can put this under your views, wishes, and preferences. Are you happy with that?
Chris:	Yeah. OK. I'm happy to do that.
William:	OK. You've also recently had ECT. Did you find this to be helpful for you?
Chris:	Well I think in the beginning I was pretty angry about it. I didn't really understand what it involved. But it has actually helped. Can we just leave it out for now and if I need it my wife can just consent for me to have it?
William:	ECT falls under the category of what they call special health matters. Therefore, your wife won't be able to give consent. If your preference is not to have ECT, then we will document that.
Chris:	I mean, I'd prefer not to have ECT. But if it's going to help me when I'm really unwell, let's just use it as a last resort.
William:	So just to clarify, your first preference is medication to see if that makes you feel better. And then if that doesn't work, we can use ECT. So we can write that you consent to ECT only if other treatments are not working. Is that correct?
Chris:	Yep. You can put that down. Also, if I have a mental health episode like last time, I prefer to be given my usual treatment at home and not to be admitted.
William:	OK. Let's make a note of that.
Chris:	Can I tell you about what I'd like for my diabetes as well?
William:	Sure, Chris. We can talk about that next. We could also chat with your GP. Is that Doctor Annette? about your preferences and make sure that she has a copy of your AHD for future reference.
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