JOURNAL WATCH

Does This Patient Have Medical Decision-Making Capacity?

Reference: ***JAMA. 2011; 306(4):420-427***
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Abstract

Context Evaluation of the capacity of a patient to make medical decisions should occur in the context of specific medical decisions when incapacity is considered.

Objective To determine the prevalence of incapacity and assessment accuracy in adult medicine patients without severe mental illnesses.

Data Sources MEDLINE and EMBASE (from their inception through April 2011) and bibliographies of retrieved articles.

Study Selection We included high-quality prospective studies (n = 43) of instruments that evaluated medical decision-making capacity for treatment decisions.

Data Extraction Two authors independently appraised study quality, extracted relevant data, and resolved disagreements by consensus.

Data Synthesis Incapacity was uncommon in healthy elderly control participants (2.8%; 95% confidence interval [CI], 1.7%-3.9%) compared with medicine inpatients (26%; 95% CI, 18%-35%). Clinicians accurately diagnosed incapacity (positive likelihood ratio [LR+] of 7.9; 95% CI, 2.7-13), although they recognized it in only 42% (95% CI, 30%-53%) of affected patients. Although not designed to assess incapacity, Mini-Mental State Examination (MMSE) scores less than 20 increased the likelihood of incapacity (LR, 6.3; 95% CI, 3.7-11), scores of 20 to 24 had no effect (LR, 0.87; 95% CI, 0.53-1.2), and scores greater than 24 significantly lowered the likelihood of incapacity (LR, 0.14; 95% CI, 0.06-0.34). Of 9 instruments compared with a gold standard, only 3 are easily performed and have useful test characteristics: the Aid to Capacity Evaluation (ACE) (LR+, 8.5; 95% CI, 3.9-19; negative LR [LR−], 0.21; 95% CI, 0.11-0.41), the Hopkins Competency Assessment Test (LR+, 54; 95% CI, 3.5-846; LR−, 0; 95% CI, 0.0-0.52), and the Understanding Treatment Disclosure (LR+, 6.0; 95% CI, 2.1-17; LR−, 0.16; 95% CI, 0.06-0.41). The ACE was validated in the largest study; it is freely available online and includes a training module.

Conclusions Incapacity is common and often not recognized. The MMSE is useful only at extreme scores. The ACE is the best available instrument to assist physicians in making assessments of medical decision-making capacity.

STRENGTHS:

- Extensive search strategy with large sample sizes, good methodology
- Covers a common topic where there is not much literature in non-psychiatric patients
- Summarizes and reviews the concepts of medical decision making capacity. Explains the importance of capacity for making informed decisions/consent and outlines 4 abilities that a patient must demonstrate to have capacity
- Provides easy to apply knowledge including which patients are more likely to be incapable, the relationship between cognition and incapacity and different methods we can assess capacity with

WEAKNESS:

- Not studied in a palliative care population
- Psychiatric illness studies such as for suicidal (severe) depression were excluded. Many palliative patients have co-existing psychiatric illnesses along with their terminal disease that may make interpreting decision-making capacity complex.
- ACE has only been validated in one study
- No comments on MMSE scores adjusted for age and education level

APPLICABILITY TO PALLIATIVE CARE:

- Palliative patients are frequently asked to make medical decisions including initiating, withholding and withdrawing treatments. Many palliative patients have cognitive deficits that may impair their capability to making informed decisions. Identifying patients who have incapacity can help with starting advance care planning earlier.
- This article provides some instruments for better assessing capacity including low MMSE scores increasing the likelihood of incapacity. Most palliative patients are assessed for cognition regularly. Scores <20 and especially <16 can help increase the suspicion for incapacity.
- They also review free and easy to administer tests like the ACE and suggesting that physicians can benefit from a standardized approach to assessing capacity. Discussions and designation of substitute decision makers / personal directives can be done earlier if the patient is deemed incapable earlier.