

# QUICK CHECKLIST FOR STAFF CONSIDERING TREATMENT FOR A PERSON WHO CURRENTLY LACKS CAPACITY TO CONSENT OR REFUSE

Re-checked with the person requesting the procedure for alternatives?

Re-checked with the person requesting the procedure that it absolutely must happen?

Have we exhausted all other routes/options?

Can we evidence this in our documentation?

Have we remained consistently focused on a person-centred approach and following their directions

Where this has not been appropriate, can we provide evidence of the reasons why, and what else we have done in our documentation?

Have we pursued...

Legal Advice?

Best Interest Meeting?

Court Route?

Can we evidence this in our documentation?

Have we demonstrated the Mental Capacity Act 5 Key Principles (or equivalent) in our planning for this procedure?





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- We can demonstrate how we have supported the person around capacity & consent for the procedure
- Our Risk Assessment Addresses both the Benefits and Potential Risks of the Procedure
- Our Staff Have Has Training & Are Competent for the Procedure
- The Policy Covering this intervention is current and ratified for use in our organisation
- Any Best Interest Meetings or Planning Meetings for the procedure were following invites to all relevant parties
- We have adopted PBS & Desensitisation Programmes, where other external agencies think are appropriate
- Have we considered/planned...
  - Premedication     Location     Environment
  - Equipment needed     People Attending
  - These have all been recorded in the plan and risk assessment
  - We have a clear plan for both short-term and longer term support, recording and review that includes everyone present

While this quick checklist serves as a useful guide for staff when considering treatment for a person who lacks the capacity to consent or refuse, it is imperative to understand that each point requires thorough and comprehensive consideration. Simply ticking boxes on a list is insufficient; every decision must be backed by detailed evidence, clear documentation, and a strong commitment to a person-centred approach. Staff should engage in careful deliberation and ensure that all alternatives have been exhaustively explored and documented, demonstrating adherence to the legal & professional guidance for their country or in absence the principles of such documents worldwide.

*For Example*

*Assisted Decision-Making (Capacity) Bill 2013 (Ireland)*

*Mental Capacity Act (Northern Ireland) 2016*

*Codice civile (Italy)*

*Codice civile (Italy) Code civil (France)*

*Vertretungsbefugnis nächster Angehöriger (Austria)*

*Guardianship (Wilayah and Wasaya) (UAE & GCC Countries)*

