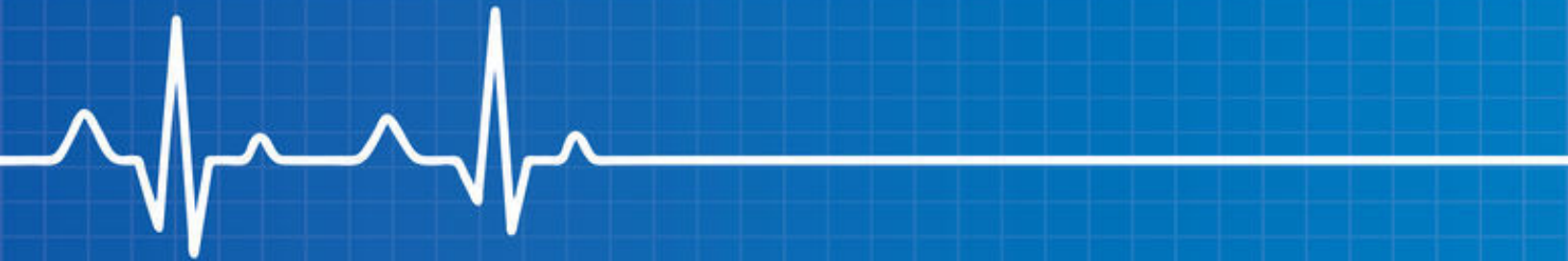


# Serious Medical Treatment Decisions



# Introduction

IMCAs must be instructed to support and represent a person who lacks the capacity to make decisions about serious medical treatment where they do not have anyone who can act in a consultee role.

This information booklet will explore what is serious medical treatment and the advocacy role in supporting and representing a person through the decision.

# What is SMT?

Serious medical treatment is defined in regulations as:

Providing, withdrawing or withholding treatment where there is either:

- a) a fine balance between the benefits and the burdens and risks of a single treatment,
- b) a choice of treatments which are finely balanced or
- c) what is proposed would be likely to involve serious consequences.

However this does not apply if the treatment is authorised under the Mental Health Act; that is, it is for a mental and not a physical illness.

# What are serious consequences?

The MCA Code of Practice says that 'serious consequences' may include treatment options which:

- Cause serious and prolonged pain, distress or side effects
- Have potentially major consequences for the patient (for examples major surgery or stopping life-sustaining treatment)
- Have a serious impact on the patient's future life choices

# Who decides if a decision is SMT?

It is the decisions maker's decision as to whether the treatment proposed, withheld or withdrawn meets the criteria of serious medical treatment. This could be the clinician, the GP or dentist depending on the decision.

**The role of the IMCA is to support and represent the person through the process. The IMCA will make sure the decision about medical treatment is taken in their best interests and takes into account their wishes and individual needs.**

# Supporting the person to make decisions

The first role of the IMCA is to try to work out what support the person might need to make decisions about the proposed treatment. You can do this by asking the decision maker how they have already provided information to the person and what support might be needed. This is likely to include:

- easy read information
- enough time to understand the information
- thinking about how the environment might impact on the person making choices
- thinking about who is best to support the person go through the information (for instance is there a trusted carer who is best placed to do this?)
- thinking about what experience they might need to make the decision (for instance is it appropriate to visit the hospital to see equipment or watch a video of the procedure/see pictures of the treatment room?)

# Gathering information

An important part of the IMCA role will be to gather information about the proposed treatment and the likely impact it will have on the individual. Remember you are not a medical expert so are not expected to hold any medical expertise in the medical options being considered. You should however ask questions that any person may reasonably ask as they decide what they should do.

A good litmus test would be to imagine you are asking questions and researching information on behalf of a loved one: what questions and information would you want to ask if this treatment was being proposed for your aunty/uncle/niece/nephew etc?



# Gathering information

When working out the likely (or potential) impact any course of treatment (or the withholding of treatment) could have on an individual you will need to explore the likely views and wishes of the person. This will involve you:

- meeting with the person!
- providing accessible information to help them understand what is being proposed and why
- researching past choices
- checking if the person has made advance statements or has an advance decision to refuse treatment in place which is applicable to this particular situation

# Gathering information

As part of your role in gathering information (and when using non instructed advocacy) you may also want to explore:

- what are the views of professionals/carers
- are there any alternatives available to the treatment being proposed
- what are the risks associated with the treatment
- what are the benefits and/or burdens of the proposed treatment
- is the proposed treatment in line with current identified best practice
- is the person likely to experience pain/discomfort and how this will be managed
- what is the likely impact if the treatment is not provided?
- is it likely the person may resist treatment?
- what aftercare and support will be needed and the potential impact this could have on the individual

# Getting a second opinion

The IMCA can use their right under the Act to seek a second medical opinion on behalf of the person they are representing.

Requesting a second medical opinion is not something that IMCAs will routinely do, however you should request a second medical opinion if there is:

- uncertainty about the diagnosis or prognosis
- a fine balance between benefits and burdens (for instance if the benefit means extending a person's life by a few months but the burdens are a significant lowering of the person's quality of life)
- a fine balance between treatments being proposed
- strong evidence that what is being proposed may not be in the person's best interests
- concerns about the proposed treatment or decision not to treat

# Getting a second opinion

If you want to request a second medical opinion, you should talk to the consultant who may be well placed to suggest a specialist consultant (although responsibility for finding a suitable consultant to provide a second medical opinion rests with the persons referring GP).

# DNACPR

DNACPR stands for "Do not attempt cardiopulmonary resuscitation"

CPR is a treatment that can be given when the person stops breathing (respiratory arrest) or your heart stops beating (cardiac arrest). CPR tries to get the person breathing and heart going again.

CPR can involve:

- pressing down hard on the chest repeatedly (chest compressions)
- a machine to stimulate the heart using electrical shocks (sometimes more than once)
- equipment that helps move oxygen around the body (artificial ventilation)
- giving medicine by injection

# DNACPR

CPR can sometimes get the heart and breathing going again. But the actions used in CPR, such as chest compressions, can cause bruising, break ribs and puncture lungs.

Overall, CPR restarts the heart and/or breathing for between 1 and 2 in 10 people whose heart or breathing have stopped. The chances of CPR starting the heart and/or breathing are lower if the person's lungs, heart or other organs are struggling to work before CPR is needed. This might be because the person:

- has previous organ damage
- has a serious long-term condition (this is not the same as a disability)
- have current severe illness
- are frail
- are approaching end of life

# DNACPR

The decision to place a DNACPR order will be appropriate:

- Where the clinical team believe the resuscitation attempt will fail
- Where the burdens of a resuscitation attempt outweigh the benefits (ie it is very likely the person will be left with a degree of brain damage or CPR would only prolong suffering as opposed to prolonging life)
- Where CPR is against the express wishes of a competent patient or not in accordance with a valid and applicable advance decision to refuse life sustaining treatment

If none of these are judged to be relevant, you should expect that a DNACPR will *not* be applied. If it is, you should raise concerns about this.

# IMCAs and DNACPR

If there is a decision about placing a DNACPR onto a person's record then you should consider the following actions:

- checking the person lacks capacity to make this decision
- providing easy to read information about DNACPR
- seeing if the person can express a view about CPR (and DNACPR)
- looking at past choices or views that might shine a light on what they might want to happen
- ask *why* DNACPR is medically relevant
- check that DNACPR is not being considered simply because the person has a disability or because of their age
- check that assumptions are not being made about the person's impairment or quality of life



# Accessing Records

An IMCA has a right to access any records that are relevant to the decision they are supporting and representing the person through. This means you may want to access records relating to past medical treatment decisions - and any evidence of the persons past choices or needs.

# Exploring Options

Part of the IMCA's role within serious medical treatment decisions is to ask questions to ensure that all appropriate options for that person have been explored.

The choice may be a simple one between one treatment or no treatment, but in many cases there may be a variety of options which range in effectiveness but offer different risks and burdens to the individual.

Your role is not to decide which one is best - but to explore the likely impact of each one from the perspective of your partner.

Please return to your  
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learning

