

Geriatric Capacity Assessment

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- These slides are part of a presentation prepared for elder abuse training on *Assessing the Vulnerable Elder: The Role of Health Care Professionals*
- The objective was to explain capacity, how it is determined and what can be done with capacity assessment.

Capacity

- Capacity is the ability to:
 - take in information,
 - understand its meaning and
 - make an informed decision using the information
- Capacity allows us to function independently
- Both medical and legal determination

What Constitutes Capacity

- Attention
- Memory
- Language
- Awareness
- Appreciation

What Constitutes Capacity

- Cluster of mental skills people use in everyday life
 - memory
 - logic
 - ability to calculate
 - “flexibility” to turn attention from 1 task to another
- Mental capacity assessment
 - complex process
 - not simply the MMSE

Capacity Assessment

- Contentious issue
- Difficult to determine
- Medical determination
- No standard “tool”
- Lack of capacity may lead one to live in squalor
- Honoring the wishes of person without capacity is a form of abandonment

**Capacity Assessment in
Early Dementia is critical**

Failure to Recognize Incapacity

- Can lead to increased disability
 - Complications of disease states
 - Death
 - Loss of independence
-

Executive Function

Executive functions include:

- Direction
- Planning
- Execution
- Sequencing
- Supervision of behavior
- Abstraction/ insight

Executive Function

- “The cognitive processes that orchestrate relatively simple ideas, movements or actions into goal directed behaviors”
- “Without executive functions, behaviors important for independent living can be expected to break down into their component parts”

Executive Dysfunction

Two major manifestations:

- Persons cannot use intent to guide behavior

 - Persons cannot inhibit irrelevant behaviors
-



**“Howard, I’m cold.
Put on two more cats.”**

How is capacity determined

Capacity Tests

- Psychiatric interview
- Hopkins Competency Assessment Test
- Competency Interview Schedule
- MacArthur Competency Assessment Test

Capacity Screening

- How Not To Screen for Capacity
 - ask someone else
 - just have a conversation
 - simply use expressions of a preference
 - apply a cutoff of the MMSE score
 - attribute abnormal answers as a lifestyle choice without evidence
 - disregard individual habits or standards of behavior
 - only use risky behavior as a marker

Capacity Assessment

- What capacity assessment should involve
 - detailed history from client
 - collateral History
 - physical Examination
 - cognitive, function and mood screen
 - tests to exclude reversible conditions

Capacity Assessment

- MMSE if very low
- Knowledge of risks and benefits
- Psychiatric interview
- Kels test
- Home visit
- Neuropsychiatric testing
- Forensic psychiatric consultation

Kohlman Evaluation of Living Skills

- Self-care
- Safety and health
- Money management
- Transportation and telephone
- Work and leisure

Neuropsychiatric Testing

- Intellectual functioning
 - Wechsler intelligence scales
- Executive functioning
 - clinical interpretation of the processes used
 - short category test (set development, maintenance, and shifting task)
 - Stroop
 - Wisconsin Card Sort (set development, maintenance, and shifting task)

Neuropsychiatric Testing

- Attention
 - Verbal Selective Attention Test (V-Sat)
 - 2 & 7 cancellation test (processing speed)
 - word reading and color naming subtests of the Stroop (processing speed)
- Learning
 - Wechsler Memory Scales subtests
 - rote verbal learning, as assessed by the ADAS
 - Hopkins Verbal Learning Test
 - California Verbal Learning Test

Ethical Considerations

- Autonomy
- Beneficence
- Parens patriae

Drane's Standards

- Cases where the medical decisions are not dangerous and objectively are in the patient's best interests.
- Cases of chronic illness where the treatment is more dangerous or of less benefit than in the case of standard one.
- Decisions concern very dangerous treatments or refusal of intervention and in these cases defy what a reasonable person would do.

Legal Considerations

- Capacity depends on ability to
 - understand the act or transaction
 - understand the consequences of taking or not taking action
 - understand the consequences of making or not making the transaction
 - understand and weigh choices
 - make a decision and commitment

Capacity Assessment

- Different capacities for different tasks
 - marrying or divorcing
 - choosing a health care “Agent”
 - agreeing to a medical procedure or treatment
 - agreeing to a new living situation
 - executing a will
 - making a donation

Assess: Ability to Consent

- **Consent**
 - someone accepts or agrees to something that somebody proposes
- **Legal and proper consent**
 - person consenting must have
 - sufficient mental capacity
 - understand implications and ramifications of his/her actions

Assess: Undue Influence

- **Undue Influence**

- an individual who is stronger or more powerful gets a weaker individual to do something that the weaker person would not have done otherwise

- **Techniques**

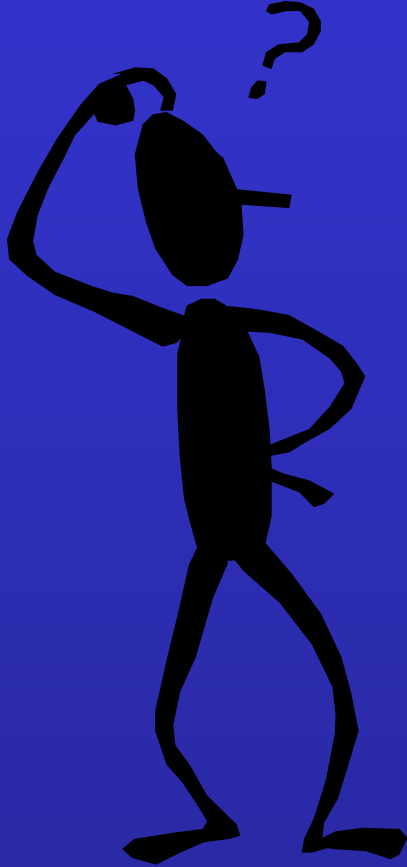
- isolate weaker person
- promote dependency
- induce fear or distrust

Vulnerability

- Undue influence and mental capacity are distinct
- Both raise question of whether individual acted freely
- Diminished capacity may contribute to a person's vulnerability to undue influence
- Cognitive assessment cannot identify undue influence
- Courts decide undue influence

Competence

“A competent person chooses to run risks...an incompetent person simply happens to run them.”



Questions?

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“Knowing is not enough; we must apply.
Willing is not enough; we must do.”

Goethe