Geriatric Capacity Assessment

Patricia Bomba, M.D., F.A.C.P.
Vice President and Medical Director, Geriatrics
Director, Education for Physicians on End-of-life Care
Director, Honoring Patient Preferences, The Role of MOLST
Co-Director, Community-wide End-of-life/Palliative Care Initiative

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

Patricia.Bomba@lifethc.com

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

Goethe