# MENTAL CAPACITY ACT (MCA) FLOWCHART

**PATIENT REQUIRED TO MAKE A DECISION**

**Follow the 5 Principles of the MCA**

1. Assume Capacity
2. Do everything possible to help patient have capacity
3. People are entitled to make unwise/eccentric decisions
4. Decisions made on behalf of someone else should be in his/her Best Interests
5. Anything done for or on behalf of a patient without capacity should be as least restrictive as possible

**IF CAPACITY TO MAKE A DECISION IS IN DOUBT – CAPACITY MUST BE ASSESSED**

*Is there an impairment or disturbance in the function of the mind or brain?* (permanent or temporary) e.g. a mental health disorder, significant learning disability, dementia, delirium, confusion, intoxication, unconscious

**No** → **Patient has capacity to make the decision End Assessment**

**Yes**

*Does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?*
**If the answer to any of the following questions is NO, then patient lacks capacity to make decision:**

1. *Can the patient understand the information given to them?*
2. *Can the patient retain the information?*
3. *Can the patient balance the information?*
4. *Can the patient communicate their decision (by any means)?*

For MCA/DoLS advice contact:
Jayne Holmes : 2746
Paul Hunter : 2750
Alternatively – discuss with matron / manager
See MCA Resource Folder also

In an emergency, act in best interests – unless LPA/AD in place

*Does capacity fluctuate?*

**No** → **Patient does not have capacity**
**Complete Mental Capacity Assessment Form (accessed on Staff Intranet)**
**Record in medical/nursing notes**

**Yes** → If the decision can wait, consider delay until patient regains capacity

*Is there a Registered Lasting Power of Attorney (LPA) or an Advance Decision (AD) in place to help inform decision?*

**Yes** → Act accordingly
Seek Legal Advice

**No** → Does the patient have any relatives, next-of-kin, un-paid carers to consult / act as an advocate?

**Yes** → Discuss Best Interests
Involve patient as much as possible
**Record in medical/nursing notes**

**No** → **IMCA Referral:**
**Tel: 0845 0175198**
**Email: imca@voiceability.org**