



Case Scenarios for Webinar 3: 27th April 2.00- 3.30

Positive risk-taking and 'unwise' decisions.

This webinar is structured around a panel discussion of the scenarios below which relate to the provision in the Assisted Decision-Making (Capacity) Act 2015 that a person has a right to make unwise decision, and explores how to support a person's will and preferences in the context of risk.

These scenarios were written by staff and received by the HSE National Office for Human Rights and Equality Policy in response to a survey of learning needs in November/December 2021.

A recording of the panel discussion will be available on www.assisteddecisionmaking.ie following the webinar.

1. Maureen has difficulty eating, drinking and swallowing and has had recurrent chest infections over the last year and has been noted to have particular difficulty with food like crunchy apples or raw carrots. She has consented to an assessment with a speech and language therapist (SLT). The SLT identified that Maureen has a risk of choking (possible death) on certain foods and of aspiration on fluids, and recommended that she avoid certain foods and thicken her drinks. Maureen is able to understand the risks, but is not happy with the outcome of the assessment. The SLT and Maureen's key worker have supported Maureen with education and information about the risks, and about alternative food options that would be safer but Maureen still wishes to eat against SLT guidance.
 - a. What should the service provider do while wishing to support person in their choices but cognizant of risks?
 - b. What does ADM offer at this intersection between a person's will and preference / a CORU registered professional's recommendation / HIQA expectation that the MDT recommendations are followed through with.
 - c. If Maureen requires assistance from staff to eat and drink? As a support worker how should I support the person? The service also has a duty to protect staff.
2. Brian has full capacity, he is in his 40s and has neurological condition that effects his mobility. He is currently in hospital, brought by ambulance following a fall in public, and wishes to be discharged home. He lives alone. His home is in very poor condition, no heating, damp, not secure etc. Brian has unsteady gait, and is at very high risk of falling. He has no family or other supporters involved. Staff are concerned that Brian may not be safe at home, however he insists on accepting the risk and continues to want to be discharged home.
 - a. Can the hospital discharge this patient home knowing that he may not be safe?
 - b. What is the advice for hospital staff in this case?
 - c. What is the advice for community services staff in this case?

3. Ciaran is an 82-year-old man, who has moderate cognitive impairment and mental health issues. He lives alone, and was brought to ED because he was found setting fire to his kitchen. Ciaran lacks insight into the action or the potential consequences of setting fire (e.g. neighbours house would burn down too, public lives at risk - not just his.) He refuses to be admitted to hospital, declines to engage with medical staff regarding further investigation or treatment. Ciaran is insisting on going back to his home - and will almost certainly set the place on fire. He has been medically cleared - no acute illness. Other options, family members etc. have been exhausted to no avail. His family wish him to be detained and treated.
 - a. How can we support an 'unwise decision' when there is a risk to other people?

4. Jose, a 67 year-old very obese person with type 2 diabetes, is living in the community with his son. Previously Jose worked for the council on the roads. He is now bed bound and hoist transfer due to obesity and has troublesome leg ulcers and diabetic retinopathy. His diabetic control has been poor for many years despite much input from the diabetes service and optimal medications. He has previously been labelled as having mild intellectual disability and having 'little insight into diabetes'. He watches television all day and eats only sweets and cereals: he demands them, and his son brings them to him. The GP and community staff feel at the end of their tether. They feel he should go to hospital for further treatment of his ulcers and to get his diabetes under control, but he refuses. They feel his lifestyle is so unwise that he may lack capacity to decide for himself.

What will ADM have to offer here?

5. Magda has Parkinson's disease and mild cognitive impairment. She lives alone in an isolated area and has now had several admissions with falls due to postural instability. There have also been several burglaries in her area and Magda says this makes her nervous. Sometimes she has forgotten to wear or to use her personal alarm. She has also forgotten to pay some utility bills recently. Her acute illness is now over, and she wishes to return home. Therapy staff note she remains at high risk for future falls. Magda accepts this and is willing to accept home supports, but few are available in her area. She is given the option of nursing home care but refuses noting that she has always had dogs and been a dog lover and she wants to return to her beloved dog who she says is pining for her. Her daughters are upset about the planned discharge and threaten to sue staff if their mother is injured.
 - a. Can Magda go home? Does she need a capacity assessment?
 - b. What if something goes wrong on discharge – will I be held responsible?

6. Carol is a middle aged lady who lives in a community home for people with disabilities and attends a disability day service 4 days a week. She has a moderate ID. Carol has been restricted in her activities and opportunity to gain independence as her family demand constant supervision by staff. Carol is therefore unable to walk with her peers into town, go out for lunch with them, etc. She is capable of all these activities but will agree with her family when they say she cannot go without staff.
How does the Act support a service to actively promote and encourage the Carol to develop her independence without the fear of repercussions should an incident arise?