Making Medical Decisions for Another

Decisions for yourself

When making medical decisions for yourself, there are two main steps. The first is to find out as much as you can about your health condition, what investigations or treatments are proposed, and the potential benefits and risks of each. This includes understanding what would happen if you did nothing.

Having obtained this information, you then need to consider what all the options would mean for you, taking into consideration what is most important to you.

The health practitioners generally have the most knowledge about healthcare and what would be suitable for your condition. You have the most knowledge about yourself and what you value.

Bringing these two sets of knowledge together enables you to make the decision that would be best for you and that you would be willing to consent to. Someone else may choose differently if they value different things to what you do.

This process is known as ‘Shared decision-making’.

Decisions for a person who lacks capacity

If you lack the ability (capacity) to make medical decisions for yourself, then someone else will need to do this – this is your Medical Treatment Decision Maker (MTDM). You would want that person to make the best decisions that they can for you – decisions that would be similar to the ones you would make, if you were able.

Like you, the MTDM also needs to find out as much as they can about what makes you unwell and what investigations and possible treatments might be suitable. This means understanding the potential benefits and risks of each option, including doing nothing.

The job of your MTDM is not to make the decision that they want. Rather, they need to try to think like you and make the decision that they believe you would make if you could do so.

When making decisions for you, your MTDM should:
Consent to treatment they believe you would consent to;
and
Refuse treatment they believe you would refuse.

This means that the MTDM also has to know about you – what you value with regard to your health and what you might fear. For example, some people are very fearful of losing their thinking ability, but others may not see this as the most important thing.

You can help your MTDM know what is important to you by telling them. This is what Advance Care Planning is.

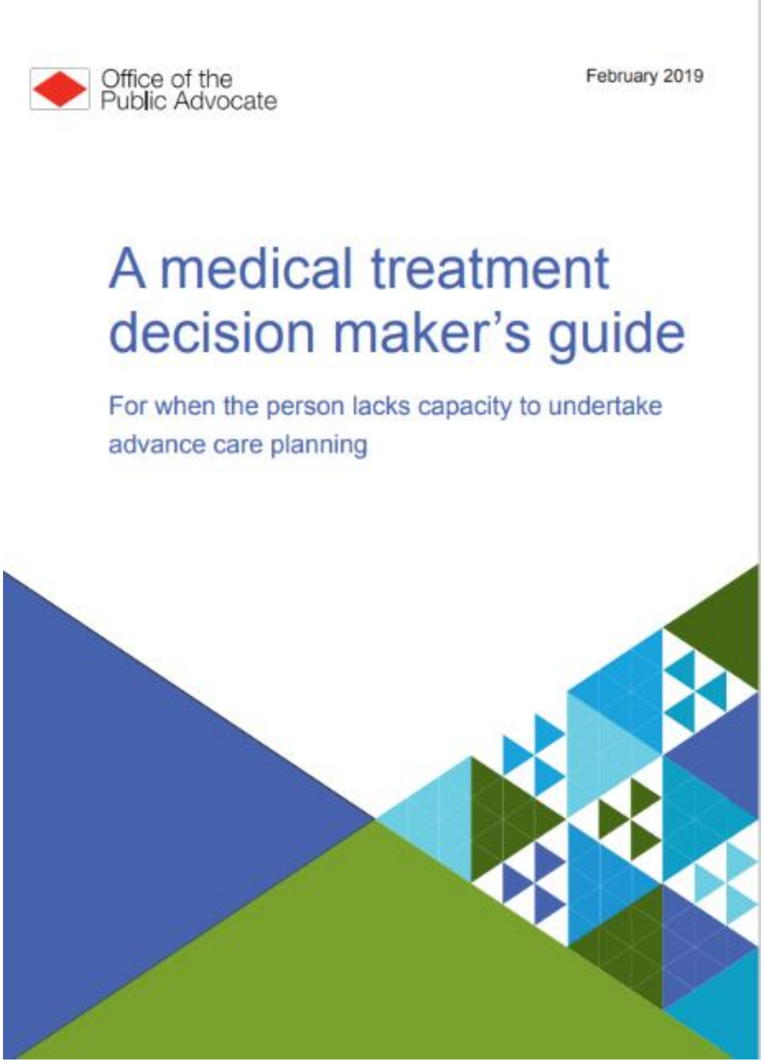
i. Ensuring you have the best MTDM to make decisions;
ii. Talking to them about what is important to you;
iii. Maybe writing down some of this information to help them remember and for them to be able to show your Health Practitioner.

It can be stressful to make medical decisions for another person. The more you know about how they would make the decision, the easier it is, and the more confident you can be about the decisions you make for them.

Don’t hesitate to ask questions if you don’t understand the information.

Note: An Advance Care Directive or other Advance Care Planning Document describes what the person would be willing to consent to out of the treatments that are being offered as suitable for their condition. Sometimes, the MTDM misunderstands and thinks that the Health Practitioner must provide the patient with whatever they have asked for on their Advance Care Directive, even if it is not suitable or can’t help. Doctors should not provide inappropriate treatment or ineffective treatment, even if it is not suitable – doing this would mean that the patient would receive all the burdens or harms of the treatment without any likely benefit.

A medical treatment decision-maker’s guide for when the person lacks capacity to undertake advance care planning



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