

THE MENTAL CAPACITY ACT

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An individual may lose or have reduced mental capacity for various reasons, such as stroke, traumatic brain injury, or dementia. In 2015, the Well-being of the Singapore Elderly (WiSE) nationwide study found that around one in 10 people aged 60 and above in Singapore suffered from dementia.¹ With Singapore's increasing life expectancy and rapidly ageing population, the number of persons living with dementia is expected to rise to 150,000 by 2030.² As clinicians will be managing an increasing number of patients with reduced mental capacity, a good working knowledge of the Mental Capacity Act (MCA) will enable them to better serve as their patients' advocates.

The MCA was passed in 2008 and came into effect in 2010 to allow Singaporeans to appoint persons whom they can trust to make decisions on their behalf in the event that they become mentally incapacitated (Lasting Power of Attorney [LPA]) and allows the court to appoint "deputies" for those who did not make an LPA. There are three key ideas behind the MCA: 1) Respect the choices of a person who has mental capacity; 2) Family is the first line of support while the community has its part to play; and 3) the State protects individuals who lack capacity from abuse or exploitation. The MCA has resulted in an increased formalisation of capacity law and assessment, and has also increased the need for training, education, awareness, and understanding of the code of practice and advanced decisions.

In 2016, the Mental Capacity (Amendment) Bill 2016 was passed to better protect the mentally incapacitated through: 1) Responding to the emerging need for professional donees and deputies; 2) Better protect individuals who lack mental capacity from abuse and exploitation by their donees or deputies; 3) Facilitating the use of LPAs by donees to transact with third parties; and 4) Improving the operations of the Office of Public Guardian.

Clinicians are frequently faced with decisions about mental capacity and an important part of their role is assessing mental capacity. The Mental Capacity Act can aid clinicians in making such decisions so as to better uphold the best interests of the individual.

This issue will provide an update on the MCA.

In Unit 1, Adjunct Professor Ruby Lee offers a concise overview of the proxy decision-makers under the MCA, and the roles of the general practitioner as a certificate issuer and provider of the medical report for activation of the LPA. She also provides a guide on certification and preparation of the medical report.

In Unit 2, Dr Peter Chow discusses the key instruments in both the MCA and the Code of Practice and reviews their updates.

In Unit 3, Dr Giles Tan provides a framework to assessing mental capacity in an individual and how this may be applied in the primary care setting.

In this issue, A/Prof Goh Lee Gan has selected 10 current readings pertaining to the Mental Capacity Act. These readings include articles on decision-making capacity, treatment-related decisions, and the intrinsic capacity of older adults.

REFERENCES

1. Subramaniam M, Chong SA, Vaingankar JA, Abidin E, Chua BY, Chua HC, Eng GK, Heng D, Hia SB, Huang W, Jeyagurunathan A. Prevalence of dementia in people aged 60 years and above: results from the WiSE study. *Journal of Alzheimer's Disease*. 2015 Jan 1;45(4):1127-38.
2. All about dementia [Internet]. Agency for Integrated Care. [cited 4th Oct 2022]. Available from: <https://www.aic.sg/body-mind/about-dementia>