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A SELECTION OF TEN READINGS ON TOPICS RELATED TO "THE MENTAL CAPACITY ACT"

Some are available as free full text, and in some payment is required

Selection of readings made by A/Prof Goh Lee Gan

READING 1. DOCTORS' LEVEL OF KNOWLEDGE RELATED TO ASSISTED DECISION-MAKING CAPACITY IN IRELAND

Curtis C,[1] Cullen A,[1] Fatoki O,[2] McGuire E.[3] Moving From 'Best Interests' to 'Will and Preference': A Study of Doctors' Level of Knowledge Relating to the Assisted Decision-Making (Capacity) Act 2015. Ir Med J. 2022 Apr 29;115(4):585. PMID: 35695800.

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ABSTRACT
AIMS. Irish decision-making capacity legislation is due to a fundamental change from 2022, with the commencement of the Assisted Decision-Making (Capacity) Act 2015, removing "best interests" decision-making and replacing it with a "will and preference" basis. This study aimed to investigate awareness amongst doctors regarding this Act, and specific knowledge relating to capacity assessment and advanced healthcare directives.

METHODS. The study utilised a cross-sectional anonymised self-report questionnaire within a second-tier hospital located in a rural part of Ireland.

RESULTS. Only 2 percent of doctors had received any formal training on the Act, 25 percent were unsure of their role, and 45 percent were unsure of a patient's role in decision-making. Thirty-seven percent believed that best interests was retained in decision-making. Fifty percent were unaware of their obligations in assessing capacity, 23 percent were unable to assess capacity correctly, and 47 percent were unsure of any consultative obligations in decision-making. Ninety percent were unaware of what constituted a valid Advanced Healthcare Directive.

CONCLUSION. Further training is urgently required if the Act is to be successfully implemented in 2022.

READING 2. FUNCTIONAL HEALTH INDEX OF INTRINSIC CAPACITY

Cheong CY,[1] Yap P,[1] Nyunt MSZ,[2] Ng TP,[2] Qi G,[2] Gwee X,[2] Wee SL,[3] Yap KB.[4] Functional health index of intrinsic capacity: multi-domain operationalisation and validation in the Singapore Longitudinal Ageing Study (SLAS2). Age Ageing. 2022 Mar 1;51(3):afac011. PMID: 35231090.

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ABSTRACT
BACKGROUND: Ad hoc approaches are used to create composite indexes of intrinsic capacity (IC) based on five domains recommended by the World Health Organization for healthy ageing. We examined how combinations of domain-specific measures determine measurement performances of composite IC indexes.

METHODS: In this population-based prospective cohort study, community-dwelling older persons (N = 2,906) aged 55 years and above were recruited. We used 12 domain-specific measures: cognition (Mini-Mental State Examination, MMSE), psychological (Geriatric Depression Scale, GDS), locomotion (Timed Up-and Go [TUG], GV, Knee Extension Strength Performance Orientated Mobility Assessment), sensory (logarithm of the Minimum Angle of Resolution [LogMAR] vision and Whisper Test hearing), and vitality (forced expiratory volume in 1 second pulmonary function, Elderly Nutritional Indicators for Geriatric Malnutrition Assessment [ENIGMA], Nutritional Screening Initiative) to derive 144 composite 2- to 5-domain functional health indexes (FHI), and evaluated their abilities to predict 9-year mortality and their associations with health determinants.

RESULTS: With 5-domain FHI, TUG, logMAR, and MMSE showed the largest factor loadings (0.65-0.75). All single-domain FHI were significantly associated with mortality risks. The area under the receiver operating characteristic curve (AUC) values of mortality prediction increased with the number of domains (from mean 0.615 for single-domain FHI to mean 0.705 for 5-domain FHI), but the difference between 3-domain versus 4-domain FHI (P = 0.082) or versus 5-domain FHI (P = 0.109) was not statistically significant. Highest AUCs (P < 0.001) of best performing FHI were single-domain TUG: 0.735; 2-domain TUG + ENIGMA: 0.743; 3-domain TUG + LogMAR + ENIGMA: 0.762; 4-domain TUG + MMSE + LogMAR + ENIGMA: 0.757; 5-domain TUG + MMSE + GDS + LogMAR + ENIGMA: 0.751. FHI showed excellent construct validity based on correlations with known health determinants.

CONCLUSIONS: Among Singaporean older adults, cognition, sensory, and locomotion are predominant IC domains. A multi-domain IC index performs better with more domain measures, but a minimalist 3-domain index performs just as robustly as a 4- or 5-domain index.

READING 3. MEASUREMENT OF INTRINSIC CAPACITY IN OLDER ADULTS

George PP,[1] Lun P, Ong SP, Lim WS. A Rapid Review of the Measurement of Intrinsic Capacity in Older Adults. J Nutr Health Aging. 2021;25(6):774-782. PMID: 34179933.

doi: 10.1007/s12603-021-1622-6. PMID: 34179933. Free full text.

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OBJECTIVES: This study aims to address the knowledge gap and summarise the measurement for intrinsic capacity for the five WHO domains across different populations. It specifically aims to identify measurement tools, methods used for computation of a composite intrinsic capacity index, and factors associated with intrinsic capacity among older adults.

METHODS: We performed literature review in Medline, including search terms "aged" or "elderly" and "intrinsic capacity" for articles published from 2000-2020 in English. Studies that assessed intrinsic capacity in the five WHO domains were included. Information pertaining to study setting, methods used for measuring the domains of intrinsic capacity, computation methods for composite intrinsic capacity index, and details on tool validation were extracted.

RESULTS: Seven articles fulfilling the inclusion criteria were included in the review. Of these, the majority were conducted in community settings (n=5) and were retrospective studies (n=6). The most commonly used tools for assessing intrinsic capacity were gait speed test and chair stand test (locomotion); handgrip-strength and mini-nutritional assessment (vitality); Mini-Mental State Examination (cognition); Geriatric Depression Scale (GDS) and Center for Epidemiological Studies Depression Scale (CES-D) (psychological); and self-reported vision and health questionnaires (sensory). Among the tools used to operationalise the domains, we found variations and non-concordance, especially in the vitality and psychological domains, which make inter-study comparison difficult. Validated scales were less commonly used for vitality and sensory domains. Biomarkers were used for locomotion, vitality, and sensory domains. Self-reported measures were mostly used in the psychological and sensory domains. Three studies operationalised a global score for intrinsic capacity, whereby scores from the individual domains were used to create a composite intrinsic capacity index, using two approaches: a) Structural equation modelling, and b) Sub-scores for each domain, which were combined either by arithmetic sum or average.

CONCLUSION: We identified considerable variations in measurement instruments and processes that are used to assess intrinsic capacity, especially among the vitality and psychological domains. A standardised intrinsic capacity composite score for clinical or community settings has not been operationalised yet. Further validation via prospective studies of the intrinsic capacity concept and computation of composite score using validated scales are needed.

READING 4. DIETARY TOTAL ANTIOXIDANT CAPACITY AND LATE-LIFE COGNITIVE IMPAIRMENT

Sheng LT,[1] Pan A,[1] Jiang YW,[1] Feng L,[2] Koh WP.[3] Dietary Total Antioxidant Capacity and Late-Life Cognitive Impairment: The Singapore Chinese Health Study. J Gerontol A Biol Sci Med Sci. 2022 Mar 3;77(3):561-569. PMID: 33245186.

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ABSTRACT
BACKGROUND: With the dramatically rapid rate of ageing worldwide, the maintenance of cognitive function in old age is a major public health priority. The association between total antioxidant capacity (TAC) of midlife diet and cognitive function in late life is still unclear.

METHOD: The study included 16,703 participants from a prospective cohort study in Singapore. Dietary intakes and selected supplementary use were assessed with a validated 165-item food frequency questionnaire at baseline (1993-1998). Two dietary TACs were calculated from the intake of antioxidant nutrients: the Comprehensive Dietary Antioxidant Index (CDAI) and the Vitamin C Equivalent Antioxidant Capacity (VCEAC). Cognitive function was assessed 20.2 years later using a Singapore-modified version of the Mini-Mental State Examination when subjects were 61-96 years old. Cognitive impairment was defined using education-specific cutoffs. Multivariable logistic regression models were utilised to estimate the associations between dietary TACs, component nutrients, and cognitive impairment.

RESULTS: A total of 2,392 participants (14.3 percent) were defined to have cognitive impairment. Both CDAI and VCEAC scores were inversely associated with odds of cognitive impairment in a dose-dependent manner. The odds ratio (95 percent confidence interval; p-trend) comparing the highest with the lowest quartile was 0.84 (0.73, 0.96; p-trend = 0.003) for the CDAI and 0.75 (0.66, 0.86; p-trend <0.001) for the VCEAC. Higher intakes of vitamin C, vitamin E, carotenoids, and flavonoids were all inversely associated with cognitive impairment

CONCLUSION: Higher dietary TAC was associated with lower odds of cognitive impairment in later life in a Chinese population in Singapore.

READING 5. INCLUSION OF PEOPLE UNDER THE MENTAL CAPACITY ACT, ENGLAND AND WALES

Ryan H,[1] Heywood R,[1] Jimoh O,[1] Killett A,[1] Bunning K,[1] Langdon PE,[1,2] Shiggins C.[1,3,4] Inclusion under the Mental Capacity Act (2005): A review of research policy guidance and governance structures in England and Wales. Health Expect. 2021 Feb;24(1):152-164. PMID: 33245186.

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ABSTRACT
OBJECTIVE: To investigate how people with communication and understanding difficulties, associated with conditions such as dementia, autism, and intellectual disability, are represented in research guidance supplementary to the Mental Capacity Act (MCA: 2005) in England and Wales.

METHODS: A documentary survey was conducted. The sample comprised the MCA Code of Practice (CoP: 2007) and 14 multi-authored advisory documents that were publicly available on the Health Research Authority website. A textual review of key words was conducted followed by summative content analysis.

RESULTS: Representation of people with communication and understanding difficulties was confined to procedural information and position statements that focused mainly on risk management and protection. Whilst a need to engage potential participants was recognised, guidance provided was imprecise.

CONCLUSIONS: Tensions exist between the protection versus empowerment of people with communication and understanding difficulties in research. The development of structured, evidence-based guidance is indicated.

PATIENT OR PUBLIC CONTRIBUTION: People with communication and understanding difficulties and carers participated in a working group to explore, discuss and interpret the findings.

READING 6. RETHINKING DECISION-MAKING CAPACITY AND TREATMENT-RELATED DECISIONS

Kan JYL.[1] Rethinking the Assessment of Decision-Making Capacity and Making Treatment-Related Decisions. J Clin Ethics. 2020 Spring;31(1):60-67. PMID: 32213692.

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ABSTRACT
An accurate determination of an individual's decision-making capacity is fundamental to obtaining informed consent for medical treatment, as it allows clinicians to balance respect for patients' autonomy with the best interests of patients. Despite the increasing demand for assessments of patients' capacity, healthcare professionals find this task complex and challenging. Currently, assessments are largely based on patients' cognitive ability and do not sufficiently take into account other factors that influence patients' judgement. Furthermore, it is important to assess for and treat modifiable factors that impair decision-making capabilities, and to have guidance on when it is appropriate to delay treatment-related decisions. This article will review current methods for assessing capacity, highlight other factors to consider in the decision-making process, and propose an enhanced framework to guide clinicians in making timely and prudent treatment-related decisions for patients with impaired capacity.

READING 7. MEDICAL TREATMENT AND DECISIONS ACT 2016, VICTORIA, AUSTRALIA

Hempton C,[1] Bhatia N.[2] Deciding For When You Can't Decide: The Medical Treatment Planning and Decisions Act 2016 (Vic). J Bioeth Inq. 2020 Mar;17(1):109-120. PMID: 32056125.

doi: 10.1007/s11673-020-09960-3. PMID: 32056125. Payment required.

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ABSTRACT
The Australian state of Victoria introduced new legislation regulating medical treatment and associated decision-making in March 2018. In this article, we provide an overview of the new Medical Treatment Planning and Decisions Act 2016 (Vic) and compare it to the former (now repealed) Medical Treatment Act 1988 (Vic). Most substantially, the new Act provides for persons with relevant decision-making capacity to make decisions in advance regarding their potential future medical care, to take effect in the event they themselves do not have decision-making capacity. *Prima facie*, the new Act enshrines autonomy as the pre-eminent value underlying the state's approach to medical treatment decision-making and associated surrogate decision-making. However, we contend that the intention of the Act may not accord with implementation of the Act to date if members of the community are not aware of the Act's provisions or are not engaged in advance care planning. There is a need for further research, robust community advocacy, and wider engagement for the intention of the Act-the promotion of "precedent autonomy" in respect to surrogate medical treatment decision-making being fully realised.

READING 8. IN THE PATIENT'S BEST INTEREST

Siddiqui S,[1,2] Chuan VT.[2] In the patient's best interest: appraising social network site information for surrogate decision making. J Med Ethics. 2018 Dec;44(12):851-856. PMID: 29954875.

doi: 10.1136/medethics-2016-104084. PMID: 29954875. Payment required.

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ABSTRACT
This paper will discuss why and how social network sites ought to be used in surrogate decision making (SDM), with focus on a context like Singapore in which substituted judgement is incorporated as part of best interest assessment for SDM, as guided by the Code of Practice for making decisions for those lacking mental capacity under the Mental Capacity Act (2008). Specifically, the paper will argue that the Code of Practice already supports an ethical obligation, as part of a patient-centred care approach, to look for and appraise social network sites (SNS) as a source of information for best interest decision-making. As an important preliminary, the paper will draw on Berg's arguments to support the use of SNS information as a resource for SDM. It will also supplement her account for how SNS information ought to be weighed against or considered alongside other evidence of patient preference or wishes, such as advance directives and anecdotal accounts by relatives.

READING 9. ASSESSING MENTAL CAPACITY AND WRITING MEDICAL REPORTS FOR DEPUTY APPLICATIONS

Lim HM,[1] Goh LG,[2] Thirumoorthy T.[3,4] Legal medicine: assessing mental capacity and writing medical reports for deputy applications. Singapore Med J. 2017 Jan;58(1):18-23. PMID: 27752705.

doi: 10.11622/smedj.2016171. PMID: 27752705. Free full text.

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ABSTRACT
Medical reports are required to support court applications to appoint a deputy to make decisions on behalf of a person who has lost mental capacity. The doctor writing such a medical report needs to be able to systematically assess the mental capacity of the person in question, in order to gather the necessary evidence for the court to make a decision. If the medical report is not adequate, the application will be rejected and the appointment of the deputy delayed. This article sets out best practices for performing the assessment and writing the medical report, common errors, and issues of concern.

READING 10. MENTAL HEALTH LEGISLATION IN SINGAPORE

Ho RC,[1] Ho CS,[2] Khan N,[3] Kua EH.[4] An overview of mental health legislation in Singapore. BJPsych Int. 2015 May 1;12(2):42-44. PMID: 29093849.

doi: 10.1192/s2056474000000283. PMID: 29093849. Free full text.

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ABSTRACT
This article summarises the development of mental health legislation in Singapore in three distinctive periods: pre-1965; 1965-2007; and 2007 onwards. It highlights the origin of mental health legislation and the relationship between mental health services and legislation in Singapore. The Mental Health (Care and Treatment) Act 2008 and Mental Capacity Act 2008 are described in detail.