Ethical Decision-Making Aid for Patients with Diminished Capacity

Ethical Insight #1: Distinguishing Nature of Capacity in Decision-Making & Engaging Care

- Decisional capacity: Ability to decide to provide or refuse consent
- Executive capacity: Ability to manage the tasks for which the patient is responsible

Ethical Insight #2: Soliciting Input of Interdisciplinary Team to Determine Nature of Patient’s Capacity

Ethical Insight #3: Acknowledging Expression of Patient’s Will as Ethically Relevant Whether Passively Receiving or Actively Resisting Care

Ethical Insight #4: Respecting Patient Autonomy:
1) Minimizing interference with autonomous living; and
2) Maximizing patient’s ability to live autonomously.

Ethical Insight #5: Accounting for Nonmaleficence: Fulfilling duties to protect the patient and staff

Ethical Insight #6: Recognizing Limits of Beneficence: Ensuring feasibility of care plan; no one is obligated to do the impossible.

Ethical Insight #7: Considering Significance of Care Plan’s Impact on Patient Well-Being and Therapeutic Relationships

Ethical Insight #8: Being Objective by Not Generalizing from Anecdotal Experience

Ethical Insight #9: Anticipating Clinical Milestones to Know When to Re-Evaluate the Care Plan

Ethical Decision-Making Aid: The Voice of the Patient with Diminished Capacity

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* One author (JFT) presented an earlier version of this decision aid, which focused exclusively on patients with mental illness, during the Fourth International Conference on Clinical Ethics Consultation in Rijeka, Croatia, September 5, 2008. In addition, the work was invited for publication in the Journal of Hospital Ethics: John Tuohey and Jeffrey Young, "Ethical Considerations in the Risk-Benefit Analysis for Patients with Diminished Capacity," Journal of Hospital Ethics, Winter 2009, 1(3): 20-23.