Is the patient competent to make medical decisions?

Clinical Case

A 60-year-old man was evaluated at home by his family physician because he had been having melaena and dizziness for two days. Blood tests were performed and his hemoglobin was 7.8 g/dL. The physician discussed with him the possibility of admission to the hospital and made him aware of the risks of remaining at home with bleeding and a low hemoglobin level, but the patient reiterated his refusal to be admitted. He has had severe alcoholism for more than 30 years and has no family support. He has been offered on multiple occasions to go to specialized detoxification centers, but he has always refused. He has only accepted two hospital admissions coinciding with acute respiratory processes (pneumonia). For the last two years he has hardly been outdoors and in the last 5 months he has started to eat less, showing severe malnutrition. Enteral administrations have been prepared for him, but he refuses to ingest them; however, he does take the prescribed medication. When asked why he takes the medication but does not eat, he replies, "to prolong my agony." Currently, his alcohol intake is one bottle of whiskey and two liters of beer per day. Previously, there was a referral for him to be evaluated for forced psychiatric admission by the Mental Health Services however this was ruled out, given the foreseeable ineffectiveness of this measure. Due to his current situation, the family physician tells him that he needs to be transferred to the hospital, but the patient repeatedly states that he does not want to be admitted to the hospital.

What should we do with this patient? Is he/she competent at this time to make medical decisions? And, if so, do we have to respect their decision?

Ethical Analysis of This Case

The principle of autonomy implies respecting the free and voluntary decision of a patient who is competent to self-determination, meaning- the right to make decisions about their own life without the interference of others. For a patient to be considered competent, he or she must understand the information given (in this case, the possible consequences of not being admitted), be able to weigh out that decision, based on their values, the different options presented , and choose between them. However, along with the principle of autonomy, there are other important principles and values that must be taken into account: the patient's life and the duty of care. The duty of care, obliges medical staff to seek what is most beneficial for the patient and is the foundation of medical professionalism.

In cases where we face a conflict between the principle of autonomy and the duty of care- the protection of life on the part of the medical professionals, it is essential to assess in-depth (if there is no risk of harm to third parties),whether the patient's decision is truly autonomous. Therefore, it is important that the physician invests time in thoroughly informing the patient, and

that they adequately explain the expected consequences of each decision and assess whether the patient is competent to make said decisions. If the patient is considered competent and reiterates his or her decision, he or she should be offered other possible alternatives, to avoid abandonment of care. The actions of the healthcare professionals in accordance with the patient's preferences make it possible to maintain a sincere and trusting healthcare relationship, which is beneficial for the patient.

Possible Courses of Action

- Leave the patient alone at home, because they are free to self-determination and have refused the prescribed treatment.
- Confirm whether the information given to the patient is sufficient and adequate enough to make such a decision. If not, expand further on the information given to the patient.
- Assess whether the patient is competent to decide on current admission and future detoxification.
- In order to obtain the patient´s consent condition, it is advisable to examine the intervention of mental health professionals, who can assess the patient´s condition not only in terms of competency but also for therapeutic intervention
- If the patient is competent, respect their decision and offer other available alternatives (e.g., home follow-up, outpatient testing and treatment).
- If the patient is not competent, a substitute decision should be made in the patient's best interest.
- Admit the patient against their will and, once admitted, take whatever measures the physician deems appropriate.

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Recommended Courses of Action

- Confirm whether the information given to the patient is sufficient and adequate enough to make such a decision. If not, expand further on the information given to the patient. We are faced with a case of refusal of treatment, but in which there are doubts about the patient's competence to decide since the patient has a pathology that can alter his judgment (alcoholism) and is rejecting the option that can benefit him most from a medical standpoint (admission for gastrointestinal bleeding with anemia). Before making a decision, it is essential to check whether the patient has been well informed and that the refusal is not due to insufficient or unsatisfactory information.

- Assess whether the patient is competent to decide on current admission and future withdrawal. Health care providers should respect patients' decisions as long as they make them freely, voluntarily and are competent to do so. The patient's competence is assessed for a specific situation: for that moment and for the procedure to be performed. If there are doubts regarding competency, a full assessment of the patient must be made in order to determine if they are competent. To do so, the following steps must be followed:

- 1) confirm the patient's level of understanding: the physician must ensure that the patient understands the nature of the procedure, the risks, alternatives and possible health consequences of their decision;
- 2) verify the patient's reasoning: he/she must be able to reason and justify their decision based on their values, beliefs and life goals;
- 3) assess the patient's expressive capacity: they must be able to express and articulate their decision, and it is not essential that this be verbal;
- 4) if, after a thorough interview, the physician still has doubts about the patient's competency, then it would be necessary to use a specific tool to assess the patient like, for example the Mc-Arthur Competence Assessment Test (M-CAT);
- 5) if doubts about the patient's competency persist, an assessment by a psychiatrist may be requested;
- 6) if the patient is determined not competent, efforts should be made to improve his competency so that he can decide autonomously (if, for example, the incompetence is a consequence of anemia, transfusion could be given, or if it is due to an alcohol deprivation syndrome, withdrawal should be treated).

- Patient's world of values must also be taken into account.

- Once competency has been assessed, and if the patient is finally determined to be competent, his or her decision must be respected and he or she must be offered the best available alternatives. The refusal does not have to be all encompassing, i.e., the patient may refuse admission but not the blood transfusion, endoscopy or medical treatment (omeprazole, ferrotherapy, etc.), therefore, even if not admitted, the possibility of a transfusion and subsequent medical treatment-follow-up should be considered.

- Once competency has been assessed, if the patient is determined to be not competent, a surrogate decision maker should be put into place in the patient's best interest. When choosing a health care proxy, it is important to respect the patient's values, in order to do so we must first find out whether the patient has left any prior indications as to what he or she would want in such a situation (advance directive document or other information on how he or she would have wanted the situation to be handled). If no such information is available, it is the next of kin who decide what is best for the patient. In this case, there are no next of kin, so it is the doctors who must decide what is in the best interest of the patient's health. It is desirable that additional health care providers from the community, such as social workers, should also take part in this decision.