**Mental Capacity Act 2005 Section 4**

**Best Interests Assessment (Form B)**

|  |  |  |  |
| --- | --- | --- | --- |
| **This form should be used where the person lacks capacity to consent**  **to or refuse significant health or social care interventions** | | | |
| **Name of Person:** | | **Date:** | |
| The **health or social care issue** that needs a **specific decision**: | | | |
| **Medical treatment decisions:**  Does the person have a valid advance decision to refuse treatment that relates to the above decision? Please select/circle . If yes, then stop this assessment and follow the advance decision. | | | |
| Is there a **lasting power of attorney**, **deputy** or **Court of Protection order** in relation to the decision?  If yes, then best interest decisions will be made by these people or stated in the court order. | | | |
| **The statutory checklist (Section 4 MCA 2005) requires that the following issues are taken into account, as far as is reasonably ascertainable, in deciding best interests.**  Please confirm (X) you have given due regard to and **give detail** in each box as appropriate: | | | |
| As far as reasonably practicable, have you encouraged and permitted the person to participate in the decision? How so? | | |  |
| The relevant circumstances (clinical opinion, history etc): | | |  |
| The person regaining capacity and if so, can the decision be delayed until then: | | |  |
| The person’s past and present wishes and feelings (written or oral): | | |  |
| The person’s beliefs and values that would be likely to influence the decision: | | |  |
| Any other factors the person would take into account: | | |  |
| Where practical and appropriate, you must consult with and take account of the views of anyone previously named by the person as someone to consult with:  Name and View: | | |  |
| Anyone involved in caring for the person:  Name(s) and view(s): | | |  |
| Anyone interested in their welfare (family, close relatives or existing advocate):  Name(s) and view(s): | | |  |
| An attorney named in a valid and applicable LPoA or Deputy appointed by the Court of Protection:  Name(s) and view(s): | | |  |
| An Independent Mental Capacity Advocate. An IMCA **must** be appointed when serious medical treatment or a change in accommodation is at issue, and there is no-one else to support the person, other than paid staff. This is a statutory requirement subject to audit. **Dorset Advocacy** provide IMCAs and they can be contacted on **08453891762.**  IMCA view: | | |  |
| Have you considered less restrictive options that may be available in terms of the person’s rights and freedom of action?  List options considered: | | |  |
| **Reasonable Belief.**  (Section 4(9) of the MCA 2005 confirms that if someone acts or makes a decision in the reasonable belief that what they are doing is in the best interests of the person who lacks capacity, then provided they have followed the checklist (above) they will have complied with the best interests principle set out in the Act.  Guidance on good practice, when making significant best interests decisions on behalf of someone lacking capacity (for the relevant decision), recommends using a ‘balance sheet’ approach in weighing up the relevant factors ‘for and against’ any planned interventions.  **Medical Aspects**  Not just the outcome, but what will be the burden and benefit of the treatment?  **Welfare Aspects**  How will this impact (for better or worse) on the way the person lives their life?  **Social Aspects**  What will this do to the person’s relationships etc?  **Emotional Aspects**  How will this person feel or react?  **Ethical Issues**  Are there any specific ethical issues that require separate consideration?  Having regard to all the above, please document below:   * How the decision about the person’s best interests was reached; * Why the decision is in the person’s best interests; * Who was consulted to help work out best interests; * What particular factors were taken into account; * Note any conflicts or disagreements regarding the decision. If there is an ongoing dispute or disagreement with the person lacking capacity, or their family, over the best interests decision, then consideration must be given to whether the case should be referred to the Court of Protection (i.e: possible Infringements of Article 8 ECHR ‘Right to Privacy & family life) * If there are less restrictive options available, give details and explain why these are not being implemented.   **Summary & Outcome of Best Interests Assessment.** | | | |
| **Decision Maker** | | | |
| Name: | Signed: | Position: | |