THE ROLE OF THE MENTAL HEALTH PROFESSIONAL UNDER NEW YORK STATE'S MEDICAL AID IN DYING ACT

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INSTRUMENTS TO PERFORM CAPACITY ASSESSMENTS

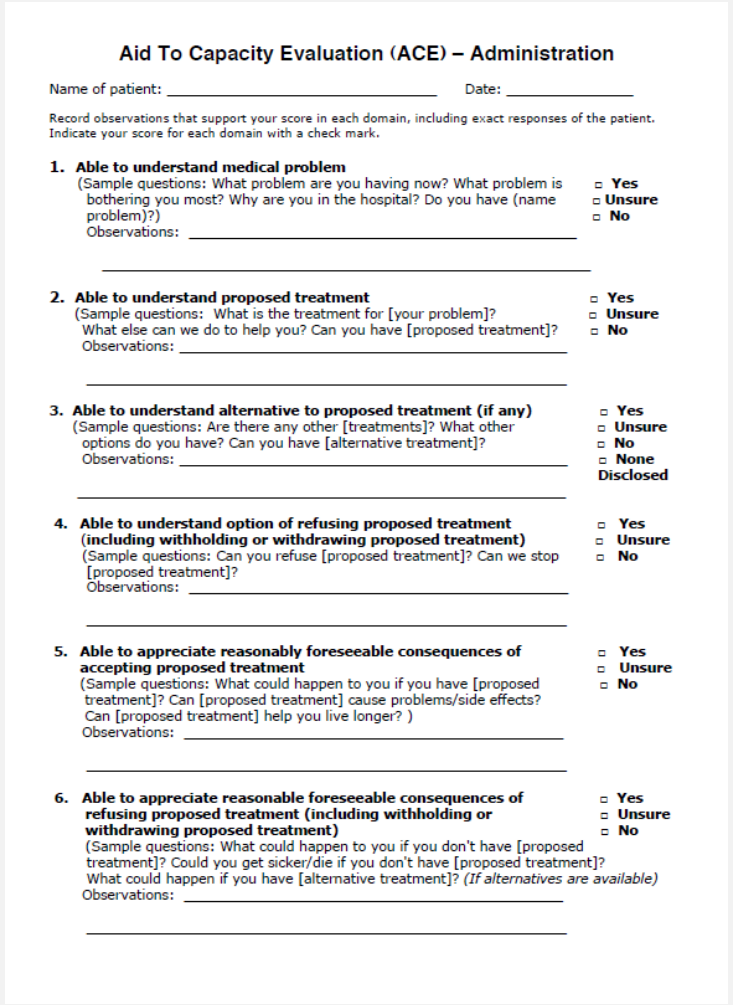
- MacCAT-T (MacArthur Competency Assessment Tool for Treatment)*
- Assessment of Capacity for Everyday Decisions (ACED)**
- Capacity To Consent to Treatment Interview (CCTI)
- Hopkins Competency Assessment Test (HCAT)
- Competency Interview Schedule (CIS)
- Capacity Assessment Guide (CAG)
- Aid to Capacity Evaluation (ACE)

*Probably most clinically applicable. Requires training for a small fee. Recording forms available from Amazon.
**Similar in structure to MacCAT-T and in public domain

MacArthur Competence Assessment Tool For Treatment (MacCAT-T)

Thomas Grisso and Paul S. Appelbaum

THE ACE
(AID TO CAPACITY EVALUATION)



Aid To Capacity Evaluation (ACE) – Administration

Name of patient: _____ Date: _____

Record observations that support your score in each domain, including exact responses of the patient. Indicate your score for each domain with a check mark.

1. Able to understand medical problem
(Sample questions: What problem are you having now? What problem is bothering you most? Why are you in the hospital? Do you have (name problem)?)
Observations: _____
_____
- ▫ **Yes**
- ▫ **Unsure**
- ▫ **No**

2. Able to understand proposed treatment
(Sample questions: What is the treatment for [your problem]? What else can we do to help you? Can you have [proposed treatment]?
Observations: _____
_____
- ▫ **Yes**
- ▫ **Unsure**
- ▫ **No**

3. Able to understand alternative to proposed treatment (if any)
(Sample questions: Are there any other [treatments]? What other options do you have? Can you have [alternative treatment]?
Observations: _____
_____
- ▫ **Yes**
- ▫ **Unsure**
- ▫ **No**
- ▫ **None Disclosed**

4. Able to understand option of refusing proposed treatment (including withholding or withdrawing proposed treatment)
(Sample questions: Can you refuse [proposed treatment]? Can we stop [proposed treatment]?
Observations: _____
_____
- ▫ **Yes**
- ▫ **Unsure**
- ▫ **No**

5. Able to appreciate reasonably foreseeable consequences of accepting proposed treatment
(Sample questions: What could happen to you if you have [proposed treatment]? Can [proposed treatment] cause problems/side effects? Can [proposed treatment] help you live longer?)
Observations: _____
_____
- ▫ **Yes**
- ▫ **Unsure**
- ▫ **No**

6. Able to appreciate reasonable foreseeable consequences of refusing proposed treatment (including withholding or withdrawing proposed treatment)
(Sample questions: What could happen to you if you don't have [proposed treatment]? Could you get sicker/die if you don't have [proposed treatment]? What could happen if you have [alternative treatment]? *(If alternatives are available)*
Observations: _____
_____
- ▫ **Yes**
- ▫ **Unsure**
- ▫ **No**

https://tinyurl.com/mtv85a4

Etchells E, Sharpe G, Elliott C, Singer PA. Bioethics for clinicians: 3. Capacity. *CMAJ.* 1996;155:657–61

MOOD SCREENER: PHQ-9

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ **DATE:** _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems? *(use "✓" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
add columns:		+	+	
TOTAL:				

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

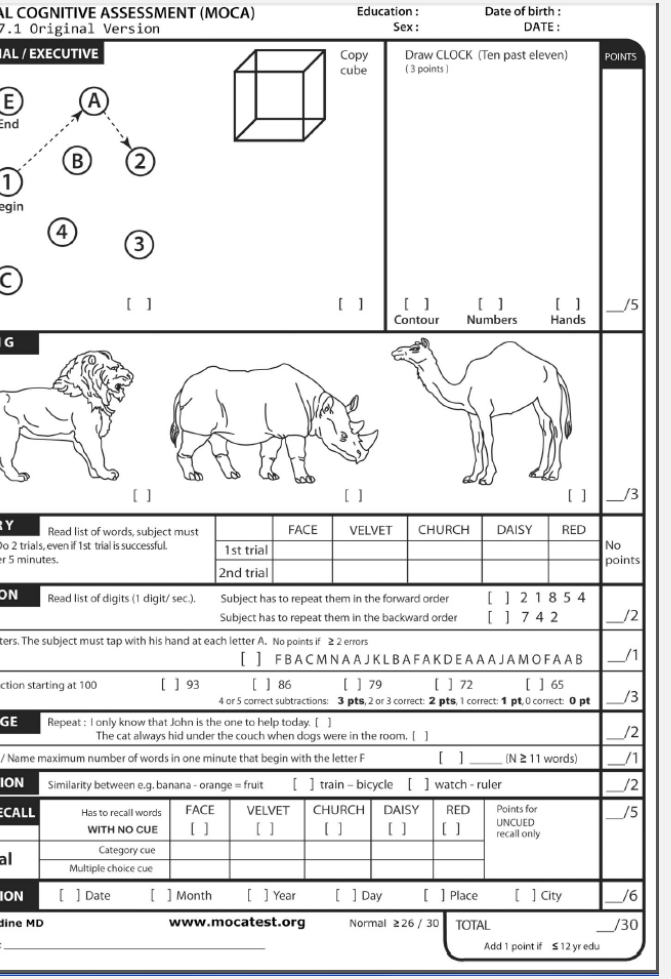
- **Not difficult at all** _____
- **Somewhat difficult** _____
- **Very difficult** _____
- **Extremely difficult** _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at *http://www.pfizer.com*. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

https://tinyurl.com/2xx49z54

COGNITIVE SCREENER

http://www.mocatest.org/paper-tests/moca-test-full/



MONTREAL COGNITIVE ASSESSMENT (MOCA)
Version 7.1 Original Version

Education :
Sex :
Date of birth :
DATE :

VISUOSPATIAL / EXECUTIVE — Copy cube; Draw CLOCK (Ten past eleven) (3 points) — POINTS

[ ] [ ] [ ] Contour [ ] Numbers [ ] Hands __/5

NAMING __/3

MEMORY Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No points

ATTENTION Read list of digits (1 digit/ sec.). Subject has to repeat them in the forward order [ ] 2 1 8 5 4. Subject has to repeat them in the backward order [ ] 7 4 2 __/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors [ ] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B __/1

Serial 7 subtraction starting at 100 [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65 — 4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt** __/3

LANGUAGE Repeat : I only know that John is the one to help today. [ ] The cat always hid under the couch when dogs were in the room. [ ] __/2

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] _____ (N ≥ 11 words) __/1

ABSTRACTION Similarity between e.g. banana - orange = fruit [ ] train – bicycle [ ] watch - ruler __/2

DELAYED RECALL __/5

	Has to recall words WITH NO CUE	FACE	VELVET	CHURCH	DAISY	RED	Points for UNCUED recall only
		[ ]	[ ]	[ ]	[ ]	[ ]	
Optional	Category cue						
	Multiple choice cue						

ORIENTATION [ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City __/6

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TOTAL __/30

Add 1 point if ≤ 12 yr edu

Administered by: _____