

Aid to Capacity Evaluation (ACE)

Record observations that support your score in each domain, including the patient's exact responses.

<p>1. Able to understand medical problem Sample questions: <i>What problem are you having now? What problem is bothering you most? Why are you in the hospital? Do you have [name problem]?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No</p>
<p>2. Able to understand proposed treatment Sample questions: <i>What is the treatment for [your problem]? What else can we do to help you? Can you have [proposed treatment]?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No</p>
<p>3. Able to understand alternative to proposed treatment (if any) Sample questions: <i>Are there any other [treatments]? What other options do you have? Can you have [alternative treatment]?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No</p>
<p>4. Able to understand option of refusing proposed treatment (including withholding or withdrawing proposed treatment) Sample questions: <i>Can you refuse [proposed treatment]? Can we stop [proposed treatment]?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No</p>
<p>5. Able to appreciate reasonably foreseeable consequences of accepting proposed treatment Sample questions: <i>What could happen to you if you have [proposed treatment]? Can [proposed treatment] cause problems/side effects? Can [proposed treatment] help you live longer?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No</p>
<p>6. Able to appreciate reasonably foreseeable consequences of refusing proposed treatment (including withholding or withdrawing proposed treatment) Sample questions: <i>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)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No</p>
<p><i>Note: For questions 7a and 7b, a "yes" answer means the person's decision is affected by depression or psychosis.</i></p>	
<p>7a. The person's decision is affected by depression Sample questions: <i>Can you help me understand why you've decided to accept/refuse treatment? Do you feel that you're being punished? Do you think you're a bad person? Do you have any hope for the future? Do you deserve to be treated?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No</p>
<p>7b. The person's decision is affected by psychosis Sample questions: <i>Can you help me understand why you've decided to accept/refuse treatment? Do you think anyone is trying to hurt/harm you? Do you trust your doctor/nurse?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No</p>

Source: www.healthcare.uiowa.edu/familymedicine/fpinfo/Docs/ACE.pdf

From the Expert Q&A:
"Decisional Capacity"
with Erick Cheung, MD
www.thecarlatreport.com

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