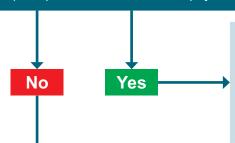
## Can your patient consent to treatment?

### 1. Is treatment required urgently\*?



\* Treatment that is necessary, as a matter of urgency to save the person's life, or prevent serious damage to the person's health, or to prevent the patient from suffering pain or distress. (exception: does not include psychiatric treatment or sterilisation)

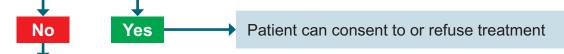


You may administer treatment unless aware of refusal of treatment in an Advance Health Directive (AHD) or Common Law Directive (CLD):

- Seek support and signature from a secondary practitioner.
- Document the rationale clearly in the medical record.

## 2. Does the patient have capacity to make this decision? Can they:

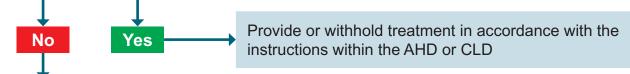
- Understand the information?
- Retain the information (even if only for a short time)?
- Use the information to make a decision?
- Communicate the decision (in any manner)?



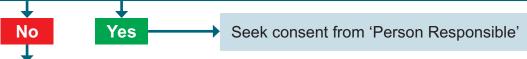
3. Can the decision be delayed until the patient regains decision-making capacity?



4. Does the patient have an AHD or CLD covering this decision?



5. Is there a 'Person Responsible' as per the <u>WA Hierarchy of Treatment Decision-Makers</u>, that is available and willing to make the decision?



#### 6. Consider making an application to the State Administrative Tribunal

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# WA Hierarchy of Treatment Decision-Makers

Where an Advance Health Directive does not exist or does not cover the treatment decision required, the health professional must obtain a decision for non-urgent treatment from the first person in the hierarchy who:

- is 18 years of age or older
- has full legal capacity
- is willing and available to make a decision

As a last resort if no one according to the hierarchy is available or willing, refer to the State Administration Tribunal

Adapted from the Office of the Public Advocate

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