



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)

No

Yes

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)?

No

Yes

Patient can consent to or refuse treatment

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

No

Yes

Defer decision

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

No

Yes

Provide or withhold treatment in accordance with the instructions within the AHD or CLD

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

No

Yes

Seek consent from 'Person Responsible'

6. Consider making an application to the State Administrative Tribunal



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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