Scenario 1

A family in the waiting room get up to enter the GP’s room. The daughter, who has mental health problems, hurries her elderly parents along by knocking the back of her legs with her walking stick.

Don’t ignore minor signs of physical abuse, this can be a symptom of more serious issues at home. Also situations like inattention pushing a wheelchair so a person’s elbow is hit on a door frame or foot trails along the ground can be a sign of tiredness and frustration in the carer. The patient’s GP needs to know and may need to focus on the health of the carer or a period of respite to improve the situation for the whole family.

Scenario 2

Mrs. S. is 76 years old and lives in residential care. She has asthma and dementia and her capacity fluctuates. She is brought into a bust flu clinic at the surgery and shouts that she wants to go home and why is the Practice Nurse taking off her coat.

The decision here is about a flu jab, the nurse administering the vaccine needs to assess Mrs S’s mental capacity. It may be she doesn’t have capacity on that day, in that setting. However attempting again after the carers have explained what the jab is for, why it is offered and asking the district nurse to visit at the residential home, Mrs S may have capacity at a later time. The nurse should not treat Ms S as being unable to make the decision herself until all practicable steps to help and support her to make it have been taken, without success (principle 2 of the Mental Capacity Act).

Scenario 3

The District Nurse visits the residential home of Mrs. S. above, and each time asks if Mrs. S. is in a good mood to discuss a flu jab. It seems that Mrs. S. has had a general deterioration, not just from a simple infection. In relation to the decision that needs to be made, the District Nurse should decide on the balance of probabilities whether Mrs. S. is able to:

- Understand relevant information about the decision
- Retain that information in her mind long enough to make the decision herself
- Use, or weigh up, that information as part of the decision-making process

If Ms S cannot do any of these three things, she is treated as being unable to make the decision. The district nurse decides that Ms S lacks capacity to make a decision about receiving a flu vaccination and clearly records her assessment with reasons. Using best in-terests decision making (principle 4 mental capacity act) the decision is taken that in view of her age and asthma, it would be in her best interests to receive the vaccination.

Adapted from a case study accessed on 2/3/13 at: http://www.scie.org.uk/publications/ataglance/ataglance05.asp

Scenario 4

Mr. Y. tells the receptionist that, with all the appointments to get his INR in range, it is costing him a fortune paying his neighbour to drive him to the surgery.

It maybe Mr Y has got capacity and fully understands the mutual relation-ship he has set up with his neighbour. However Financial Abuse, which can be stealing from, defrauding someone of, or coercing someone to part with, goods and/or property, is more common than we realise and is a crime. The receptionist should report this to the practice manager or safeguarding lead GP to notify adult social care or the police as appropriate. It may be that Mr Y does not wish to take this forwards. If Mr Y has capacity, it may be worth chatting through other poss-ble alternatives, but his choice should be respected. If however a third party may be affected – so if this was a carer, and other vulnerable adults may be at risk, the safeguarding lead will need to report this and hence breach Mr Y’s confidentiality, explaining to him the reason.