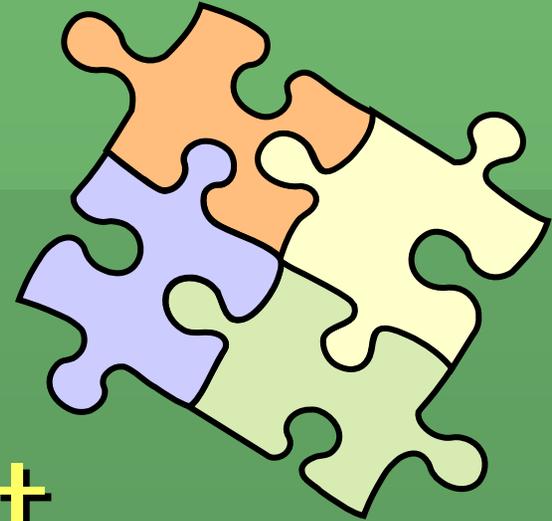


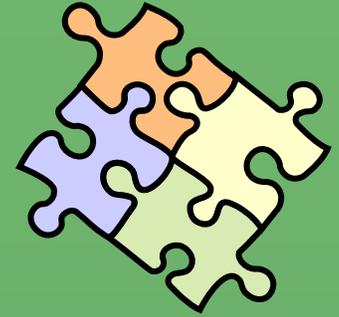
Capacity Assessment



Donna Scott
GIIC Resource Consultant
Parkwood Hospital, London

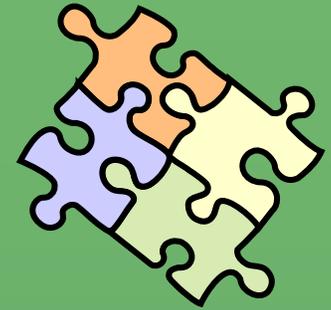


Learning Objectives



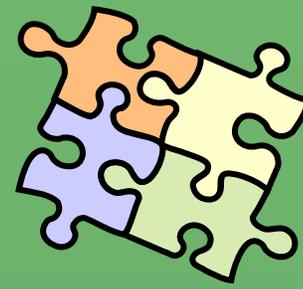
- At the completion of this module, the learner will be able to:
 - Describe the meaning of capacity assessment and its key elements.
 - Understand approaches to capacity assessment and risk identification.
 - Apply knowledge of capacity assessment using case studies.

Decisional Capacity Assessment



- Assessing a patient's decision-making capacity is a part of every patient encounter
- For the most part, the process is spontaneous & straight forward
 - Through dialogue, the clinician is able to confirm that the patient understands their health situation & options for care

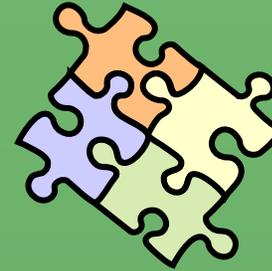
However.....



- Some important socio-demographic forces have made capacity assessment more prominent
 - Aging population and the prevalence of cognitive changes, dementia and co-morbidities have increased
- Cognitive & physical changes in our older adult population are linked with declines in every-day functioning that includes loss of decision-making skills

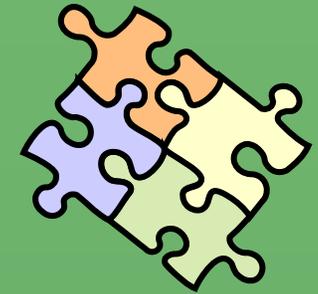
As a result....There are times when there is a need to access a patient's decision-making capacity more thoroughly.

Consider.....



- What should you do when an older adult patient, particularly one who is frail, vulnerable, dementing or eccentric, begins to make decisions that put themselves or others at risk OR that are inconsistent with that person's long-held values?
- At what point does decision-making that is affected by a disease process, no longer represent "competent" decision-making?

Capacity: What is it?



- Capacity is defined as the ability to both understand information relevant to a decision and to appreciate the consequences of a decision.

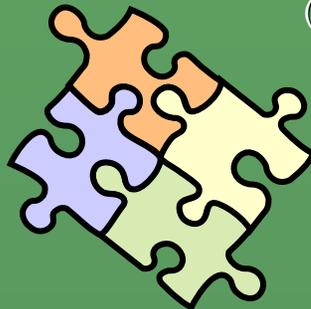
(Etchells et al, 1996, Gregory et al 2007, Ministry of the Attorney General 2005)

Understand

- Ability to focus on factual understanding
- Ability to cognitively grasp & retain information
- Ability to process information regarding available options & risks

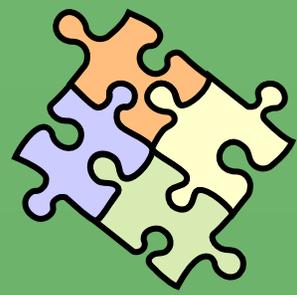
Appreciate

- Ability to reason and ability to attach personal meaning to decisions
- Ability to realistically appraise potential outcomes and ability to justify choices



(Etchells et al,1996, Gregory et al 2007, Ministry of the Attorney General 2005)

Required Decision-Making Abilities



There are four decision-making abilities that patients require to be able to demonstrate capacity:

1. Ability to understand relevant information
2. Ability to appreciate a situation & its consequences
3. Ability to reason
4. Ability to communicate & express a choice

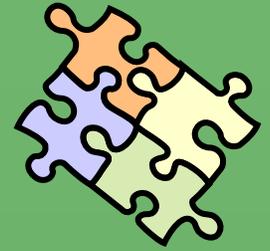
(Ganzini et al 2005, Lai & Karlawish 2007, Moye et al 2004, Qualls & Smyer 2007)

1. Ability to understand relevant information



Definition	Questions to determine
<p>This is the ability to comprehend basic information about a problem, its potential solutions, and the risks & benefits associated with those solutions.</p> <p>Factors influencing this ability include the patient's level of education and intelligence, and how information is presented.</p>	<p>What is your understanding of your condition?</p> <p>What options are available for your situation?</p> <p>What do you understand about the benefits of treatment?</p> <p>How will treatment help you?</p> <p>What do you think would happen if you decide not to have treatment?</p>

2. Ability to appreciate the situation & its consequences



Definition	Questions to determine
<p>This is the ability to recognize how a problem or solution pertains to one's own situation.</p> <p>Factors influencing this ability include the type of decision to be made and the complexity of the situation.</p>	<p>What do you believe is wrong with your health now?</p> <p>Do you believe that this treatment/diagnostic test</p> <ul style="list-style-type: none">- could benefit you?- could harm you? <p>We have talked about other treatments. Can you tell me what they are?</p> <p>What do you believe will happen if you decided not to have this treatment/diagnostic test?</p>

3. Ability to reason



Definition

This is the ability to consider potential solutions to problems by:

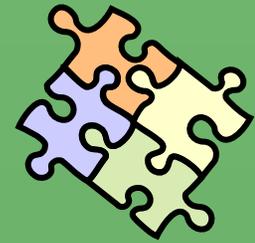
- describing how a solution would affect his/her everyday life
- demonstrating how one solution is better in comparison to another
- demonstrating logical thought processes in determining a choice

Questions to determine

Tell me how you reached your decision to have (or not have) this treatment / diagnostic test?

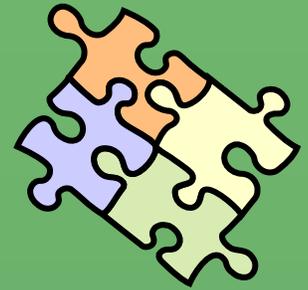
What things were important to you in making this decision?

4. Ability to communicate and express a choice



Definition	Questions to determine
<p>This is the ability to render a clear choice for the decision under consideration. This choice should be consistent with:</p> <ul style="list-style-type: none">→ expressed beliefs & values→ previous decisions & actions→ cultural or religious beliefs. <p>This ability is often preserved despite impairments in the other decision-making abilities.</p>	<p>You have been given a lot of information about your condition/situation. Have you decided which option is best for you?</p> <p>Have you made a decision about which treatment you want to proceed with?</p>

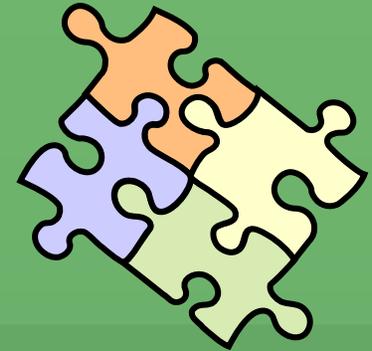
Patient Assessment



A critical conceptual & legal development has been the shift to consideration of these key abilities to determine capacity.

→ Depending on the complexity of the situation, a person's ability to render a decision should be judged on the presence of these abilities.

Key elements of capacity



A. Presumption of capacity

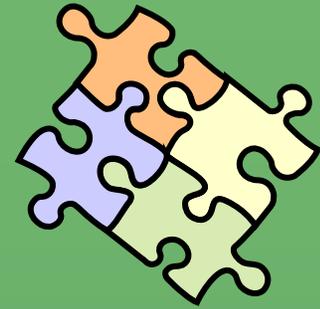
B. Capacity is:

→ domain-specific

→ decision-specific

(Etchells et al 1996, Ganzini et al 2003, Ganzini et al 2005, Ministry of the Attorney General 2005, Qualls & Smyer 2007)

Presumption of capacity



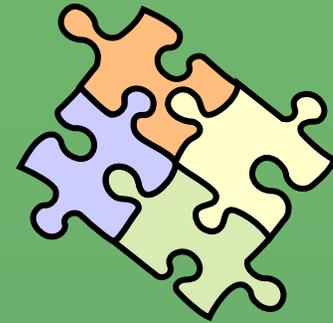
- People are presumed capable to make choices for themselves, unless proven otherwise
- Onus is on the clinician to prove incapacity
- Assessments should focus on enhancing independence and allowing people to make decisions where possible
 - Aim is to preserve autonomy as long as possible while ensuring patient vulnerability is protected

Presumption of capacity



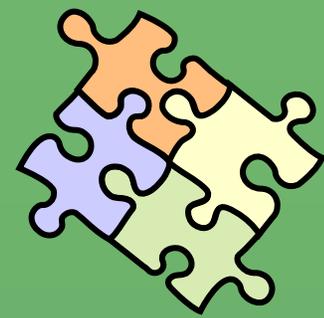
- **Important to note:** Illness can temporarily impair capacity
- If a person appears incapable, the clinician should determine whether reversible factors are present i.e. infection (pneumonia, UTI, influenza), endocrine disorder, cardiovascular disease, chronic pain
- Where loss of decision-making capacity is expected to be only temporary, important decisions should be delayed

Presumption of capacity



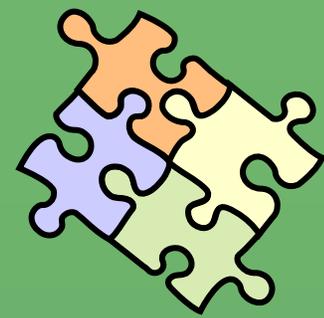
- Lack of adequate information should not be mistaken for lack of decision-making ability
- Clinicians need to provide clear & adequate information for the decision and to ensure that the information has been understood

Capacity is domain-specific



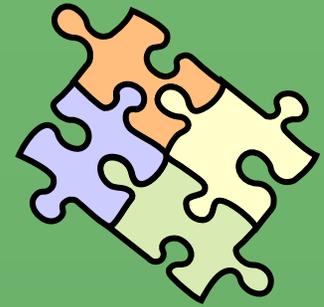
- Concept of global capacity - people considered capable or incapable for all decisions – is no longer held
- People may have capacity in one domain but lack capacity in another – each domain is tested separately

Capacity is domain-specific



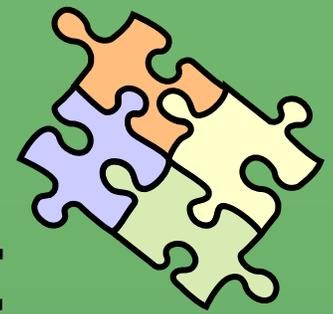
- For example, within personal care decision-making there are six domains: health care, nutrition, clothing, shelter, hygiene & safety
- Within each domain, there is a hierarchy of decisions that could be made from simple to complex
- Person may be capable of making simple decisions but incapable of making complex decisions
Eg. May be able to make simple grocery purchases but unable to handle banking activities
May be able to make decision re: receiving flu vaccine but unable to consent to surgery

Capacity is decision-specific



- Capacity assessment focuses on the specific abilities that an individual needs to make a decision regarding a specific situation
- Lack of capacity should not be taken to mean that the patient cannot participate in decision-making – they should be allowed to participate to the extent possible

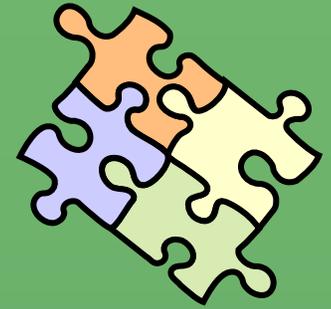
Relevance of Capacity Assessment



- Declaration of incapacity removes a fundamental freedom and right to make choices for oneself
- People should only be declared incapable when it has been firmly established that they lack the ability to make decisions or are at serious risk because of their incapacity

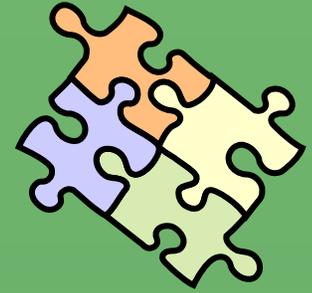
(Silberfeld & Fish 1994, Qualls & Smyer 2007)

Points to Remember



- Capacity deals with the process of decision-making and does not depend on the actual choice made
- Capacity is **not** a test result or a diagnosis
- Capacity is not a single ability that people have or not have – we use different abilities to make different kinds of choices – capacity is task-specific

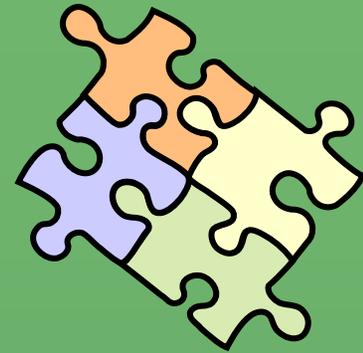
Points to Remember



- Assessing capacity requires a consideration of the whole person – need to balance autonomy (self-determination) and beneficence (protection)
- Capable people are able to make rational decisions, based on their values, goals, knowledge and understanding of the issues facing them – they have the ability to identify and accept risk

(Cooney et al 2004, Etchells et al 1996, Ganzini et al 2003, Moye & Marson 2007, Qualls & Smyer 2007)

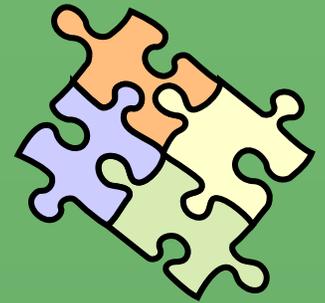
4 C's of Capacity



Another way of looking at capacity:

Context	Does the person understand the situation they are facing?
Choices	Does the person understand the options?
Consequences	Does the person understand the possible ramifications of choosing various options?
Consistency	Do they fluctuate in their understanding of choices?

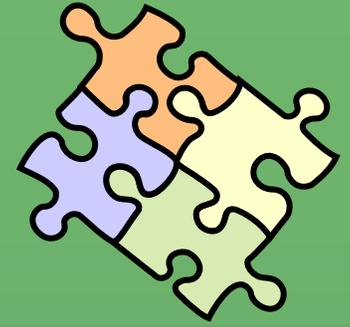
Measuring Capacity



- There is no single universally accepted test for determining decision-making capacity
- As a minimum, clinicians need a reliable and valid process as capacity is a multi-dimensional concept
- Decisional tools/aids can be helpful to guide the process
- There is no evidence that scores from standard tests of cognitive ability are reliable indicators of capacity – they are language-based and scores are influenced by education, culture and language

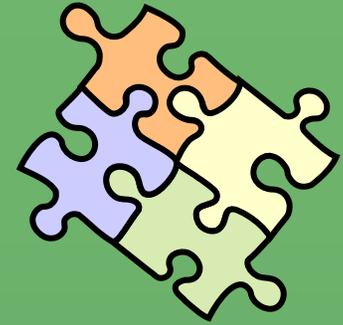
(Cooney et al 2004, Etchells et al 1996, Ganzini et al 2003, Gregory et al 2007)

Decision Tools/Aids



- Aid to Capacity Evaluation (ACE)
- Capacity Assessment Tool (CAT)
- Assessment of Capacity for Everyday Decision-Making (ACED)
- MacArthur Competence Assessment Tool – Treatment (MAC-CAT-T)

Aid to Capacity Evaluation (ACE)



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

(Note: for questions 7a and 7b, a "yes" answer means the person's decision is affected by depression or psychosis)

- 7a. The person's decision is affected by depression**
 (Sample questions: 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?)

Observations: _____

Yes
 Unsure
 No
- 7b. The person's decision is affected by psychosis**
 (Sample questions: 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?)

Observations: _____

Yes
 Unsure
 No

Overall Impression

Definitely capable Probably capable Probably incapable Definitely incapable

Comments:
 (for example: need for psychiatric assessment, further disclosure and discussion with patient or consultation with family)

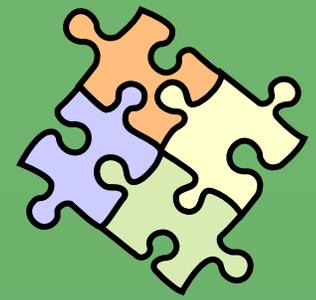
The initial ACE assessment is the first step in the capacity assessment process. If the ACE is definitely or probably incapable, considerable treatable or reversible causes of incapacity. Repeat the capacity assessment once these factors have been addressed. If the ACE result is probably incapable or probably capable, then take further steps to clarify the situation. For example, if you are unsure about the person's ability to understand the proposed treatment, then a further interview which specifically focuses on this area would be helpful. Similarly, consultation with family, cultural and religious figure and/or psychiatrist, may clarify some areas of uncertainty. Never base a finding of incapacity solely on your interpretation of domain 7a and 7b. Even if you are sure that the decision is based on a delusion or depression, we suggest that you always get an independent assessment.

Time taken to administer ACE: _____ minutes

Date: _____

Assessor: _____

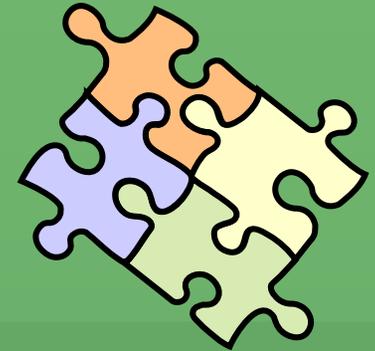
Assessment may fail to find capacity because ..



- It is not present
- Process used was inadequate
- Person applying the process failed to understand, appreciate or apply the process properly.

(Ganzine et al 2003)

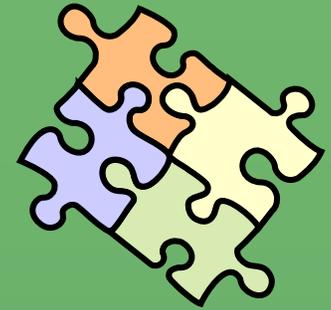
Risk vs Capacity



- Embedded in a capacity assessment is a risk assessment
- “At risk” means there is a chance of suffering or injury
- The issues that triggered the capacity assessment need to be addressed regardless of assessment outcome

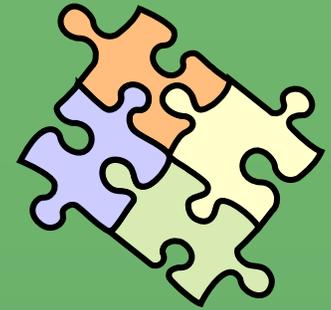
(Qualls & Smyer 2007, Silberfeld & Fish 1994)

Risk vs Capacity



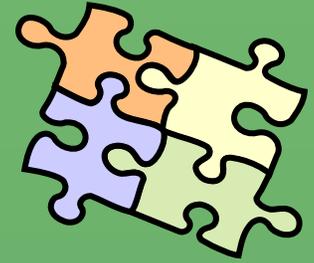
- Look for behaviour that is:
 - new and not consistent with past behaviour
 - causing harm
- Important to remember: a person can choose to engage in risky behaviour despite being aware of the consequences – competent people do sometimes choose to live at risk
- Need to distinguish tolerable risks vs. intolerable risks

Identifying Risk



- Questions to consider in identifying risk include:
 - Is there concrete evidence to suggest a person is at risk of harm to themselves or others?
 - Is the risk actual (is the problem happening now?) or potential (could the problem happen in the future)?

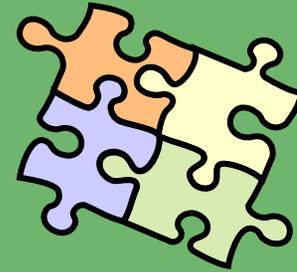
Factors that Affect Capacity and Risk



- Supports (human & physical) that alleviate or contribute to the risk
- Patient's ability & willingness to use these supports
- Patient's values, beliefs and tolerance level for various risks
- Caregiver's values, beliefs and tolerance for various risks

(Silberfeld & Fish 1994)

Level of Risk



Nutrition



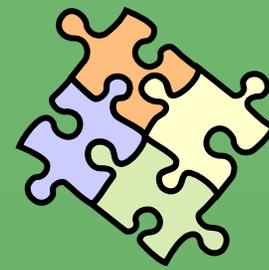
Forgetting to eat
Rotten food
Unable to access food
----- threshold for risk
Inappropriate food
Eats in restaurant

Medication Compliance



Congestive heart failure
Diabetes
----- threshold for risk
Hypertension
Arthritis
Vitamins

Worksheets to Identify Risk





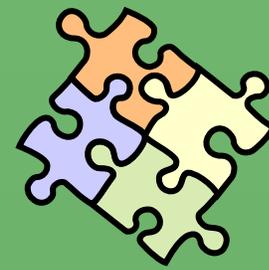


Capacity Assessment Worksheets : Identifying Risks

Key: **S** – satisfactory : fully independent or compensates for personal limitations (appreciates need and accepts assistance)
M – marginal: could be a problem depending on availability and acceptance of supports
U - unsatisfactory: no assistance available or refusing assistance, resulting in unmet need
N/A – skill is not required to manage personal care requirements

Personal Care			
A. Nutrition	Self report	Informant	Behavioural evidence
Able to store, prepare food	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
Able to arrange for purchase of food	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
Able to eat unassisted	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
Knowledge of special dietary needs	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
Knows what to eat/has rudimentary knowledge of nutrition	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
Other:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
B. Clothing	Self report	Informant	Behavioural evidence
Able to dress/undress	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
Clothes are adequate for weather	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
Other:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
C. Hygiene	Self report	Informant	Behavioural evidence
Able to wash/bathe	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
Able to use bathroom	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
Deals effectively with incontinence	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
Keeps clothes clean	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
Keeps living environment clean	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
Personal grooming: teeth, hair, shaves	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
Other:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
D. Safety	Self report	Informant	Behavioural evidence
Sufficient mobility to meet needs/ Circumstances	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	
Does not exhibit life-threatening behaviour (wandering, driving recklessly, provoking others, medication abuse)	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A	

Risk Framework

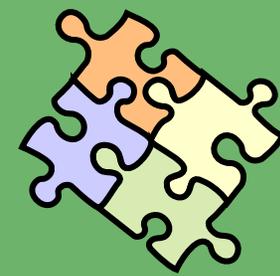


Patient Risk Assessment Framework

Patient Name: _____ Date: _____

Is there a disorder that might affect decision-making ability?	If no - STOP	Diagnosis: MMSE: /30 Other information:		
What are the <u>actual</u> current risks?	List	Old or new? Imminent risk?	What have been the consequences?	What least restrictive means have been tried?
Are the risks intolerable? a) Risk has increased due to recent changes b) Person has suffered actual harm c) Person engaging in risky behaviour they would normally have avoided d) Exposes others to risk of harm		Explain:		

Risk Framework

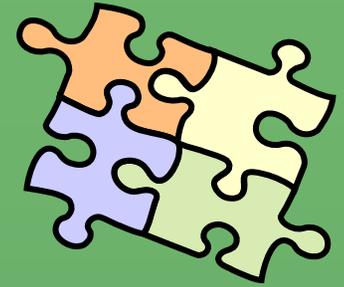


Whose interests are being served?	Patient's view:	Advanced directives / Power of Attorney	Caregivers / SDM
What intervention is recommended to deal with risk?			
Is formal capacity assessment required?	Type:	Expected results:	

Patient Care Resources and Duration/Nature of Contact
 (family or other caregiver, formal caregiver – CCAC, physician, assessments – SGS)

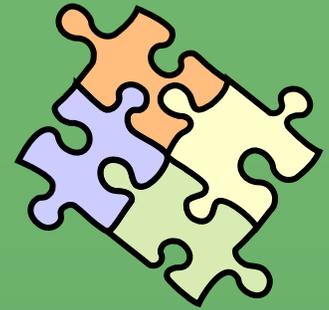
- 1.
- 2.
- 3.
- 4.
- 5.

Relevant Legislation



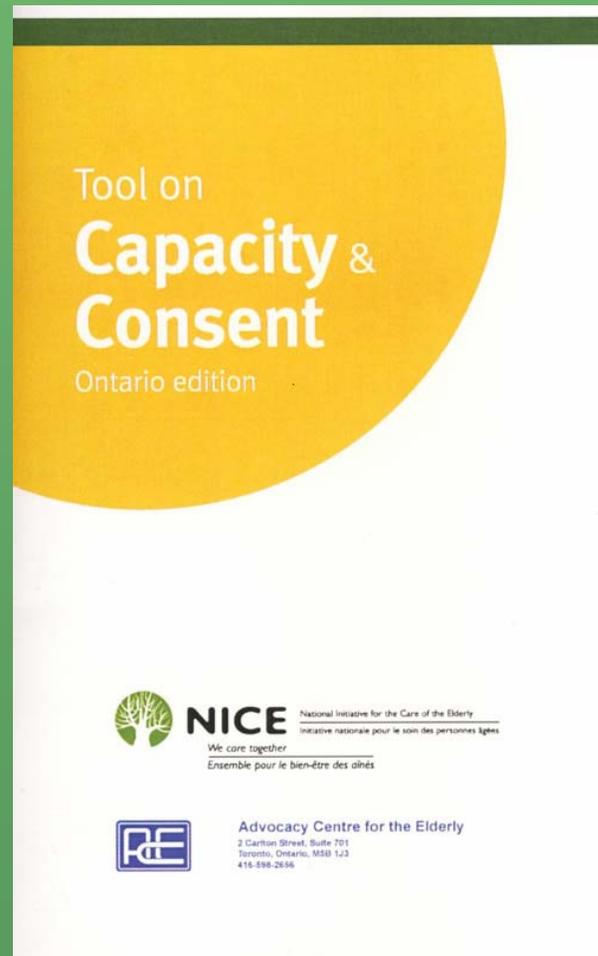
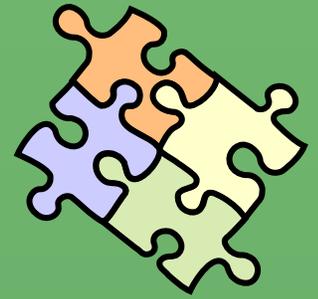
- Health Care Consent Act
 - Consent to Treatment
 - Admission to LTCH
 - Designation of SDM
- Substitute Decisions Act
 - Allows for designation of POA
- Mental Health Act
 - Governs fair and equal treatment for persons who require mental health services

Formal Capacity Assessment

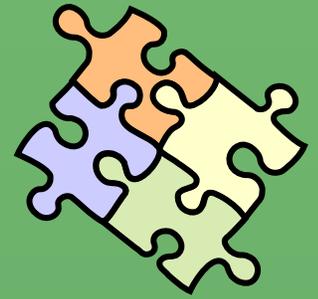


- completed by an assessor trained through the Ministry of the Attorney General
- most common reason:
 - When there is no family and a guardian must be appointed
 - Conflict within a family
 - When a specific financial transaction must occur

Additional Resources



Additional Resources



 Ontario

Ministry of the Attorney General

***THE CAPACITY ASSESSMENT
OFFICE***

Questions and Answers

Available:

www.attorneygeneral.jus.gov.on.ca/english/family/pgt/capacityoffice.pdf

**A Practical Guide to Capacity and Consent Law
of Ontario for Health Practitioners Working
with People with Alzheimer Disease**

Available:

www.alzheimerott.org/graphics/center/consentlawe.pdf



The
Dementia Network
of Ottawa

G2C Case Studies

Regional Geriatric Programs of Ontario
GiiC Initiative for FHTs and CHCs

think

Geriatrics
Interprofessional
Interorganizational
Collaborative Care

Check your understanding:

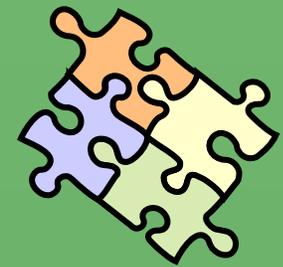
- Cecil Fields
- Clara Gray

Collaborating for better
patient outcomes . . .

- ◆ Is the patient capable?
- ◆ What are the risks?

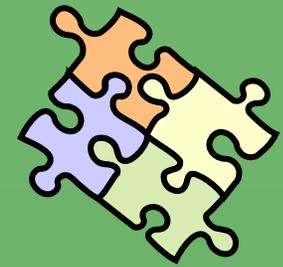


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