Example 2

Miss K is an 89-year-old retired head teacher who lives alone, with no living relatives. She attends a day centre five days a week. She cooks light meals for herself and is independent in self-care; a cleaner comes three times a week.

She was admitted to hospital after a fall in the home when she was found after 12 hours by her cleaner lying on the bathroom floor. She refused to use a zimmer frame on the ward stating that she would stick to using a single walking stick, even though this was seen to make her gait poor and increase risk of falls when she moved from sitting to standing, or made sudden moves. In hospital she refused to undergo formal cognitive testing but she was observed to have poor short-term memory and to be disorientated in time and place. A CT scan showed general cortical atrophy.

The team (in the care of the Elderly ward in the general hospital) was concerned about her going back home where there were stairs (and a stair lift was not feasible). She refused a care alarm and additional care support, stating that she could manage without these. She stated that she was ready to die. She could move to a ground floor flat or to residential home but she refused to consider either. The social worker (with the support of other team members) assessed that she lacked capacity to make the decision as to whether she could go back to live in her home as she was not able to understand the risks explained to her and could not weigh up the different alternatives. The social worker had to decide whether or not it was in her best interests to return home, involving all those engaged in caring for her.

Staff at the day centre felt strongly that she could make her own decisions, but her cleaner was concerned about the risk of further falls which might leave her disabled. The social worker referred Miss K to an IMCA.

A best interests meeting was held, with the social worker, the keyworker from the day centre, the cleaner, the OT, the lead nurse and the IMCA attending. The following 'balance sheet' was drawn up:

Benefits of Staying at home	Disadvantages of Staying at home
Medical • Miss K might show improvements in her memory, as she would have familiar things around her • She might gain capacity to make decisions for herself • A return to her familiar environment might reduce her general decline, which could also reduce risk of death following an unwanted move	**Medical** • Miss K might suffer from serious falls, and any injury that might follow • It was also possible that she might die if she fell and was not discovered in time • Her diet and hygiene might be compromised if she were reluctant to allow further help in the house
Emotional • Miss K might feel calmer, as she would not have to deal with so many other people • Her wishes would be followed • She would feel more in control – she has always been very independent • She would have her memories around her • Miss K previously believed that you should cope on your own and never seek help from the state	**Emotional** • She might become more fearful of falling and isolate herself • She could become depressed and this would not be noticed easily • Miss K periodically asks when she can go home but doesn't seem distressed when told she can't yet go
Welfare/Social • She would be able to maintain some independence for longer • The home carer and day centre staff could continue to check up on her	**Welfare/Social** • She may have a reduced quality of life as she would not be able to leave the house without help

The decision was made that Miss K would return home with monitoring and review.
Working through the statutory checklist for Example 2:

Will the person regain capacity? If so, can the decision be put off until that time?
Miss K currently lacked the capacity to make the decision. The results of the CT scan suggested that the deterioration was significant. The care team felt it unlikely that Miss K would gain capacity to make this decision, even if she were in more familiar surroundings.

Does the decision concern life-sustaining treatment? If so, do not be motivated by a desire to bring about the person's death.
This decision was not in relation to life-sustaining treatment.

Avoid discriminating against the person by making the decision merely on the basis of her age or appearance, or a condition of her, or an aspect of her, behaviour which might lead others to make unjustified assumptions about what might be in her best interests.
The decision should not be based on an assumption that, because Miss K is old, frail and apparently cognitively impaired, she will be better off in residential care.

Consider all the relevant circumstances.
These include the pros and cons of Miss K returning home.

Permit and encourage the person to participate in the decision.
Miss K's primary nurse used written and pictorial materials to try and help her retain and understand the options.

Consider the person's past and present wishes and feelings (in particular, any written statement).
Miss K had not made any written statement, but had expressed her views very clearly to her key worker and to staff at the day centre she attended. She did not want to leave her home – she was ready to die, and wanted to die in her own home, with her familiar things about her. Whilst in hospital, she would periodically ask about when she was going home, but did not seem distressed when told that she could not go yet.

Consider the beliefs and values that would influence the person's decision if they had the capacity to take it.
Miss K had a strong self-identity as an autonomous person who was used to making difficult decisions on her own. Miss K had also always been fiercely independent, and was ashamed to ask the 'state' for help. She had managed by herself for her entire adult life, and this was important to her. She had worked hard to become a Head Teacher, and had said that being dependent was a sign of weakness.

Consider the other factors the person would be likely to consider if they could do so.
No other factors were identified.

Consider the views of anyone named by the person to be consulted (as to what would be in the person's best interests and for information about the person's wishes, feelings, beliefs etc).
Miss K had not named anyone to be consulted.

Consider the views of anyone engaged in caring for the person.
The social worker needed to consult Miss K's primary nurse, day centre staff, Miss K's cleaner and the OT. Her GP knew her well and should also be involved.

Consider the views of anyone interested in the person's welfare.
As Miss K had no family or friends and the decision was to do with whether or not she should go home, the social worker instructed an IMCA.

Consider the views of the donee of a lasting power of attorney or a court-appointed deputy.
Miss K had not made a power of attorney. No deputy had been appointed.