

Equality Impact Assessment Summary

Name: Jill Down Head of Customer Affairs
Policy/Service: Advance Decisions to Refuse Treatment

Background

- Description of the aims of the policy
- Context in which the policy operates
- Who was involved in the Equality Impact Assessment

This guidance is based on the guidance set out in the Mental Capacity Act Code of Practice (the Code) which provides guidance and information about how the Mental Capacity Act 2005 works in practice.

The Code has statutory force which means that certain categories of people (including those with a duty to care) have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

It is a general principle of law and medical practice that people have a right to consent to or refuse treatment. The Courts have recognised that adults have the right to say in advance that they want to refuse treatment if they lose capacity in the future – even if this results in their death. A valid and applicable advance decision to refuse treatment has the same force as a contemporaneous decision. This has been a fundamental principle of Common Law for many years and now has statutory force through the Mental Capacity Act 2005 (the Act).

Methodology

- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

This Policy reflects the statutory framework for patients wishing to make an advance decision to refuse treatment.

The effects of the Policy were fully assessed as part of the legislative process.

The Trust has a legal duty to have regard for the legislation and Code of Practice.

Key Findings

- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

No adverse or potentially adverse impacts for any equalities groups noted.

The Trust has a legal duty to have regard for the Mental Capacity Act Code of Practice and a healthcare professional must follow an advance decision if it is valid and applies to the

Volume 8 Patient Care		First Ratified July 2007	Reviewed November 2010	Issue 2	Page 11 of 12
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particular circumstances of the patient at a given time.
<p>Conclusion</p> <ul style="list-style-type: none"> • Provide a summary of the overall conclusions
<p>The Policy summarises the statutory framework and requirements of the Mental Capacity Act Code of Practice.</p> <p>Healthcare professionals must follow an advance decision if it is valid (as defined by the Code of Practice) and applies to the particular circumstances of the patient.</p>
<p>Recommendations</p> <ul style="list-style-type: none"> • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
No recommendations made.

Guidance on Equalities Groups

Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	Religion or belief (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	Sexual orientation including lesbian, gay and bisexual people (consider whether the policy/service promotes a culture of openness and takes account of individual needs)
Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	Age (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)
Culture (consider dietary requirements, family relationships and individual care needs)	Social class (consider ability to access services and information, for example, is information provided in plain English?)