Covid-19: public urged to consider advance healthcare planning

Options available to ensure healthcare professionals are aware of patients’ will and preferences concerning treatment, says Director of Decision Support Service (DSS)

In the context of Covid-19, the director of a new support service is urging the public to consider advance healthcare planning that will enable everyone to articulate their wishes with regard to future medical treatment.

Áine Flynn, who is the Director of the Decision Support Service (DSS) -an essential new service currently being implemented for all adults who have difficulties with decision-making capacity – says the pandemic has focused people’s minds as they contemplate their own health and watch many in their community becoming ill or dying.

The DSS was established under the Assisted Decision Making (Capacity) Act 2015, a significant piece of human rights-based legislation that provides statutory tools to allow people to plan ahead in case their decision-making becomes impaired. Ms. Flynn explained that although the 2015 Act is not yet operational and work to prepare for commencement of the legislation is ongoing, advance healthcare planning can be undertaken now.

“In the current high-pressure climate, decisions around medical interventions are even more poignant and pressing,” she said. “We all have a right to be involved in decisions about our healthcare and treatment choices but when people become incapacitated, healthcare professionals administering acute care may have little knowledge of their wishes regarding treatment. This situation is further exacerbated due to the necessary distancing measures. Tragically, at their most vulnerable, people may be isolated from their usual support network, and from friends or family who can advocate for them and promote their wishes.

Ms Flynn pointed out that there is a well-established misapprehension that a person’s ‘next of kin’ has some status as a substitute decision-maker and can legally give or refuse consent on behalf of someone who lacks capacity. She said that this is incorrect.

“Although the new capacity legislation is not operational, it is already possible to make an advance healthcare directive setting out one’s wishes with regard to medical treatment,” she explained. “The courts have held that such statements should be respected if capacity is lost. It is important to have conversations about treatment options and to make our wishes known to our family and to healthcare professionals when we are still well and able to do so.

“Opportunities for advance care planning should apply equally to everyone. Everyone should be supported as far as possible to set out their will and preferences with the help of trusted friends and family and/or key workers. This means that information about treatment choices and likely outcomes must be available in an accessible way. It is important to talk about what the options are if the person needs to go to hospital and what the person would want if invasive life-sustaining measures are proposed. People must be assisted to communicate and record their wishes effectively.

“Time may be short and emotions high when these decisions become critical. Advance planning allows us to express our wishes free of pressure and to ensure that our voice is heard and respected if we become unable to make or communicate decisions.”
“Due to Covid-19, there has been some renewed attention on the making of wills. It is always important to plan for the disposal of our property after we are gone but we should be just as concerned about treatment decisions which arise when we are still in this world,” added Ms. Flynn.

“All adults should think about taking the time to have the conversation with family and friends and to document their care priorities, whether their wish is to receive all available measures, supportive, or palliative care. There is evidence that planning ahead in this way improves the care experience for the person and reduces the stress experienced by their loved ones and by healthcare professionals.

“The challenges that we are experiencing in healthcare are unprecedented. Advance healthcare planning can help to reducing the challenge and to ensure that we retain control at all stages of our lives over the treatment decisions that affect us”.

Ends

Notes to the Editor

**What is the Decision Support Service (DSS)?**

The DSS is an essential service for all adults who have difficulties with decision-making capacity. This may include people with an intellectual disability, mental illness or acquired brain injury, as well as people with age-related conditions who may need supports to make decisions.

The DSS is provided for under the Assisted Decision Making (Capacity) Act 2015. The 2015 Act is a significant piece of reforming human rights legislation which provides a modern statutory framework for supported decision-making. The supports provided for, and monitored by the DSS, will help to ensure that people are afforded the fundamental human rights to make their own decisions as far as possible about their personal welfare, property and affairs and finances.

Estimates suggest that there could be as many as 220,000 people living in Ireland who have capacity-related difficulties and who may become users of the DSS. Based on the above figure, it is estimated that one in 20 adults could have an active arrangement registered with the DSS, and that one in every two people will interact with the DSS in their lifetime.

**What is the relation of the DSS to the Mental Health Commission?**

Under the provisions of the 2015 Act, the remit of the Mental Health Commission was extended to include the establishment of the DSS.

The DSS is now one of four functions of the Commission. Although it is not confined to mental health, the DSS has found a natural home in the Commission as it (the Commission) has vital experience of setting up innovative structures under reforming legislation to deliver on a human rights agenda. The Director of the DSS, Áine Flynn, sits on the Executive (SMT) of the Commission.