A Survey of the Understanding of the Adults with Incapacity Act in an Edinburgh Teaching Hospital.
A Todd, T Russ, O Ogundipe

Citation

Abstract
Background: The Adults with Incapacity (Scotland) Act 2000 allows doctors and others to act on behalf of adult patients deemed incapable of making, communicating or understanding decisions, by reason of mental disorder or inability to communicate due to physical disability. Aims: We reviewed the knowledge and understanding of the Act in a sample of healthcare workers in a Teaching Hospital. Methods: A sample of healthcare workers working in acute Medicine of the Elderly wards in the Royal Infirmary of Edinburgh was surveyed between July and August 2009 with the aid of a questionnaire. Participants were then given a one-page information sheet about the Act, after which the questionnaire was repeated to assess learning. Results: Both questionnaires were analysed anonymously using paired t-tests. All eighteen doctors surveyed, twenty-one (87.5%) nurses and three (50%) auxiliaries were aware of the Act. The level of understanding and prior training in the Act varied amongst the groups. Specifically, knowledge regarding the role of relatives in decision making was poor in all groups. Perceived confidence levels in use of the Act were low. Provision of a simple information sheet significantly improved understanding of the Act in nurses \(p=0.0001\) and nursing auxiliaries \(p=0.0042\), but not in doctors \(p=0.1881\). Conclusions: Awareness of the Adults with Incapacity (Scotland) Act 2000 varied amongst staff groups in an acute Medicine of the Elderly ward with doctors being more aware than other groups. Provision of a simple information sheet improved understanding of the Act in nurses and nursing auxiliaries but not in doctors who had a higher baseline knowledge.

INTRODUCTION
The Adults with Incapacity (Scotland) Act 2000 allows doctors and others to act on behalf of adult patients deemed incapable of making, communicating or understanding decisions, by reason of mental disorder or inability to communicate due to physical disability\(^1\). Decisions should be in keeping with any known wishes of the patient and allow actions which are “reasonable in the circumstances to safeguard or promote the physical or mental health of the adult.” Any action must be intended to benefit the patient.

It is imperative for patient safety that those involved in the care of incapable adults are aware of the Adults with Incapacity Act, and that doctors authorising relevant forms in Scotland are fully aware of its indications and implications and their statutory responsibilities. In the authors’ experience, the Adults with Incapacity Act is not always well understood, and is sometimes confused with the Mental Health (Care & Treatment) (Scotland) Act 2003 which provides for the detention of people with a mental disorder.

Two years following the introduction of the Adults with Incapacity Act, a survey in the West of Scotland suggested that knowledge and understanding of the Act was poor\(^2\). Seven years later, we examined whether knowledge and understanding of the Adults with Incapacity (Scotland) Act has improved. We also examined whether the provision of an information sheet improved basic understanding of the Act amongst healthcare workers or not.

METHODS
The Royal Infirmary of Edinburgh is a tertiary hospital with teaching hospital status based in the South East of Scotland. Acute Medicine of the Elderly wards represent an area where the Adults with Incapacity (Scotland) Act 2000 was likely to be in use regularly, and so it was decided to survey this area.

A non-random selection of willing doctors, nurses and nursing auxiliaries working in the acute Medicine of the Elderly wards in the Royal Infirmary of Edinburgh was surveyed between July and August 2009. Each participant was asked to complete an anonymous questionnaire (see
Appendix 1). In brief, this asked if he/she had heard of the Act, what was understood by it (as a free-text question) and how confident each participant felt with its use. Four knowledge-based questions in a true or false format were also included (Table 1).

**Figure 1**

Table 1: Knowledge-based true/false statements

Following completion of the first questionnaire, participants were given a one page information sheet about the Adults with Incapacity Act (Appendix 2). They were then asked to submit a repeat questionnaire at their convenience. Questionnaires were anonymous but coded so as to allow paired analyses which were conducted using paired t-tests.

**RESULTS**

Who was aware of the Adults with Incapacity (Scotland) Act? Forty-eight people participated in the study, comprising eighteen doctors, twenty-four nurses and six nursing auxiliaries. All doctors, twenty-one nurses (87.5%) and three auxiliaries (50%) were aware of the Act (Figure 1, below).

**Figure 2**

Where had participants obtained their knowledge? Two doctors had received no training on the Act, and five reported they were self-taught. The remaining 11 doctors had all received face-to-face teaching, six from their Employer/Health Board and five at University.

Five nurses reported having had no training on the Act, three were self-taught and two had been taught at University. The remaining 14 had received training from the Health Board/Employer, the majority in an electronic format. Half of the nursing auxiliaries were aware of the Act, but none had had any formal training.

What is understood by The Adults with Incapacity (Scotland) Act? Responses to this were variable. While some showed an accurate interpretation of the Act, the majority showed a more basic level of understanding. For example, one respondent answered:

“[The Act] allows treatments to be given to patients who lack capacity to make a decision regarding this.” (Doctor 1)

Some responses, however, suggested a poorer understanding, in addition to showing confusion with the Mental Health (Care & Treatment) (Scotland) Act 2003:

“[The Act is] a form signed to over-ride [patients who cannot make decisions] for their best interests so that health care professionals can make their decisions for them or detain them in hospital”. (Nurse 1)

“If adults don’t have capacity a doctor can fill in a form which lets a relative make decisions in the best interest of the patient”. (Nurse 2)

Knowledge-based assessment. The responses to the four knowledge-based true/false statements (listed in Table 1) are shown in Table 2. Knowledge was generally good amongst the doctors surveyed, with all participants recognising the important difference between the Adults with Incapacity (Scotland) Act and Mental Health (Care & Treatment) (Scotland) Act. Knowledge regarding the role of relatives in decision making was however poor for all groups, but particularly amongst the nurses surveyed.

**Figure 3**

Table 2: Responses to knowledge based questions

For doctors, did confidence levels correlate with knowledge? As shown in Figure 2 (below), all doctors who felt fully confident in using The Adults with Incapacity Act answered all questions correctly. Almost half of the doctors did not feel confident in using the Act despite answering all questions correctly. The two doctors who had only answered
two questions correctly recognised that they were not confident with the Act.

**Figure 4**

Did the information sheet make a difference to knowledge of the Act? Two doctors, three nurses and one nursing auxiliary did not complete the second questionnaire and so their initial results were excluded from the following results. This left a total of 42 participants, representing a return rate of 87.5% for the second questionnaire. Cumulative data is shown in Table 3 (and individual results in Appendix 3). Paired t-tests were then used to compare and assess significance between pre- and post- information sheet answers to the knowledge-based questions. For both nurses and nursing auxiliaries, the improvement in scores was highly significant with \( p=0.0001 \) and \( p=0.0042 \) respectively. There was no significant improvement for doctors (\( p=0.1881 \)), although it was recognised that their baseline knowledge was already high.

**Figure 5**

Table 3: Cumulative correct responses

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Cumulative number of questions answered correctly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Part 1</td>
</tr>
<tr>
<td>Doctor (n=16)</td>
<td>39</td>
</tr>
<tr>
<td>Nurse (n=21)</td>
<td>40</td>
</tr>
<tr>
<td>Nursing auxiliary (n=5)</td>
<td>5</td>
</tr>
</tbody>
</table>

**DISCUSSION**

The Adults with Incapacity (Scotland) Act 2000 allows doctors to be advocates for the health of patients who are deemed incapable according to the specifications of the Act. It is a legal framework and it is imperative that doctors authorising or completing relevant forms (e.g. section 47 being the most commonly used part in acute hospitals – see Information Sheet in Appendix 2), as well as healthcare professionals caring for patients under the Act, are well aware of its indications and implications. There have been concerns that many years after the introduction of the Act there still appear to be suboptimal understanding of its central components (in relation to routine clinical practice). There is no evidence to suggest that this limited understanding is restricted to any particular hospital(s), institution(s) or region(s) in Scotland.

Whilst all doctors were aware of the Act in this study, it is concerning that three trained staff nurses reported that they had never heard of the Adults with Incapacity (Scotland) Act. For both doctors and nurses, it was noted that some of those who reported that they were aware of the presence of the Act still appeared to misunderstand its use.

Most nurses who were aware of the Act had received training from their employer, delivered electronically in most cases. This compared with only one third of doctors who had received training from the Health Board/employer. An electronic format of training potentially could serve as an easy to access component of introductory training in the Act. However, as with all aspects of on-line learning, safeguards are needed to ensure the training is effective and tailored to the specific needs of staff undertaking it.

Reassuringly, most doctors had a good basic level of knowledge about the Act and those who were less sure did not have false confidence in their ability. One would hope that the latter, in recognising this limitation, would seek advice from more experienced doctors as appropriate. While there was little change in doctors’ knowledge following provision of the information sheet, baseline levels were acknowledged to have been higher than in the other survey subgroups (with a cumulative score of 59 out of a possible 64 amongst the doctors). Improvement in knowledge following the provision of the information sheet was highly statistically significant for nurses and nursing auxiliaries.

Limitations of the study: This study used a relatively small sample size and was performed in one particular division of the hospital so may therefore not reflect the hospital as a whole. Although junior and senior medical and nursing staff were represented in the survey, we did not officially record the grade of subjects to encourage participation. In an ideal situation participants would have completed the second questionnaire several days after having been given the information sheet, so as better to assess retention of the information. Due to time constraints this was not possible, and we relied on asking participants to complete the second questionnaire in their own time before returning the form. Future work could be done to re-assess whether participants in a similar study retain the information over the
Conclusions and Further Thoughts: Understanding and knowledge levels of the Adults with Incapacity (Scotland) Act are variable amongst healthcare professionals. It is important that all nurses and doctors working within Medicine of the Elderly divisions (and indeed other clinical medical and surgical areas of practise that care for individuals that may be required to use the Act on a regular basis) have adequate understanding of relevant areas of the Act that relate to their clinical practice. The provision of a simple information sheet appears to be a useful tool in improving the knowledge and understanding of the basic principles of the Act amongst healthcare workers. Following this finding, an electronic package, easily accessible to all professions might be an ideal, cost-effective format for the delivery of initial basic training. Finally, it should be considered a duty for health professionals to be able to communicate accurate information about the Act to patients and their relatives.

Figure 6
Appendix 1: The questionnaire

1. Have you heard of the Adults with Incapacity Act? (please circle)
   Yes  No
   If yes, 
   2. Can you briefly explain what you understand by the Act?

3. Have you had any training in the Act?
   Not taught  Face to face teaching  Electronic teaching format  Self taught
   Other (please specify)

4. If you have had formal training, where from?
   University/college  Employee/trust  Other (please specify)

5. Would you be confident to use the Adults with Incapacity Act?
   Fully confident  Reasonably confident  Aware but not confident  Unaware
   of how to use it

6. An incapable patient's family member can consent for them to an operation or endoscopy.
   True  False  Unsure

7. The Adults with Incapacity Act does not cover non-emergency treatment in an incapable adult.
   True  False  Unsure

8. The Adults with Incapacity Act form must be completed before performing life saving treatment on an incapable adult.
   True  False  Unsure

9. The Adults with Incapacity Act can be used to hospitalise a patient for treatment of a mental disorder against their will.
   True  False  Unsure

For doctors only:
10. Have you ever signed an incapacity form?
   Yes, more than five times  Yes, fewer than five times  Never

Figure 7
Appendix 2: The information sheet

Adults with Incapacity (Scotland) Act 2000

The Act defines an adult as being unable to do any of the following acts: making decisions, communicating decisions, understanding decisions or retaining the memory of decisions. For an adult to apply this should be due to mental disorder or a physical disability that affects communication, as long as this can't be helped by medicine or mechanical aid. People are assumed to have capacity in practice, capacity is rarely entirely absent or absent and must be considered in relation to specific decisions. Also, if not claimed to diagnostic, it is perfectly possible to have dementia and have capacity regarding a decision.

General principles of the Act:
- Any action or decision must benefit the person
- The action or decision should be the least restrictive option
- If possible, the person's wishes should be taken into account

Section 47 is the most commonly used part in acute hospitals. It allows medical treatment to be given to someone who they are incapable to relate to a decision about the treatment. Completing the appropriate form gives authority to the signing practitioner and anyone acting on his behalf under the instructions of or with his approval or agreement to treat the patient in the way(s) specified on the form e.g. medical treatment, annotations for an infection or any procedure or treatment designed to safeguard or promote physical or mental health. (April 1991). It does not authorize force or detention or placing an adult in hospital for the treatment of mental disorder against his will. In situations of life-saving treatment, as with any patient, the doctrine of common law would apply.

Other important areas of the Act are:

Part 1: Powers of attorney – an individual with capacity can nominate someone they trust to act as their continuing (financial) and/or welfare guardian if they were to lose capacity.

Part 2: Access to funds scheme – to meet the individual’s living costs.

Part 3: Management of (care home/hospital) resident’s funds.

Part 4: Medical treatment (see above) and consent to research.

Part 5: Financial welfare guardianship or intervention order (single instance). Both are granted by the sheriff.
Figure 8
Appendix 3: Responses to knowledge-based questions before (Part 1) and after (Part 2) provision of the information sheet.

References
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