

Emergency Ambulance Refusal Policy

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Responsible Committee: Quality Committee

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Scope

This policy aims to guide and protect SELDOC duty doctors and patients in situations when patients decline a clinically indicated emergency ambulance for a potentially life threatening medical condition.

Background

It has become an increasingly common scenario in the Out of Hours (OOH) for patients to decline the clinical advice of a doctor to call an emergency ambulance for a potentially life threatening medical condition in order to take them to hospital for urgent medical treatment. It is important that doctors know how to react in this situation in order to protect themselves and keep their patients safe.

If a patient declines emergency medical advice the doctor must assess and document the patient's mental capacity in order to ascertain whether the patient has the ability to make this decision or not. If there is any doubt as to whether the patient has the mental capacity to make such an important decision then the doctor must act in the best interests of that patient and call for the ambulance.

Telephone Consultations

There is no clear guidance as to whether a capacity assessment must be carried out face-to-face or if this can be done over the telephone. This is the decision of the individual GP who is assessing the patient. Some GPs are of the opinion that it is difficult to assess a person's ability to understand, retain, use and communicate without actually seeing them to visually assess their behaviour and body language.

If a GP is clinically assessing a patient over the telephone and believes they require an emergency ambulance but the patient declines. If that GP believes that they are unable to carry out a thorough assessment of that patient's mental capacity over the phone then that GP should explain this to the patient and document this clearly in the medical notes. An ambulance should then be called by the GP who should explain that this is a potential life threatening emergency but the patient has declined an ambulance, however as the patient's mental capacity cannot be accurately assessed over the phone they are still requesting an ambulance. Paramedics are trained to assess a patient's mental capacity by following a mental capacity assessment tool if the patient continues to decline emergency medical help when the ambulance arrives.

If a GP is clinically assessing a patient over the telephone and believes they require an emergency ambulance but the patient declines. If that GP believes that they are able to carry out a thorough assessment of that patient's mental capacity over the phone then they should do this following the guidance below and ensuring that they document this process clearly in the medical notes.

Following this capacity assessment, if there is any suspicion that the patient may lack capacity then the GP should override the patient's request and act in the best interests of that patient and call for an ambulance.

If the GP assesses the patient's mental capacity over the phone and deems them capable of making the decision to decline emergency treatment, then SELDOC recommends that the GP seek support from a family member or friend of the patient who may be able to persuade the patient to accept the ambulance. If this is not possible or if the family member/friend is unable to persuade the patient then SELDOC recommends that the GP seeks support from a senior colleague by contacting the clinical on-call (via the team leader).

If a GP complies with a patient's wishes to not phone for an emergency ambulance, it is extremely important that the GP carries out and clearly documents a mental capacity assessment for that patient, deeming them capable of making that decision. They must also document the patient's wishes and the rationale for them along with any other conversations with the patient's family members or friends or the GP's colleagues. It is also important to make sure that all of these conversations are recorded on a SELDOC recorded telephone line.

Face-to-Face Consultations

If after a clinical face-to-face assessment, a GP deems that a patient requires an emergency ambulance for a potentially life-threatening medical condition, then the GP should inform the patient of this and then call an ambulance for the patient by phoning 999 or the direct number for the local ambulance service. The GP should call the ambulance themselves and not leave this to the patient as the GP can give the most accurate clinical information to the ambulance service.

If the patient then refuses this ambulance disposition, the GP must try to persuade the patient to accept this disposition by explaining why it is required, the possible consequences if they do not go to hospital (including death) and to explore the patient's reason for refusal by enquiring about their ideas, concerns and expectations. Often patients refuse an ambulance because they do not fully understand how serious their condition is or because they are a carer to a child or adult and they do not know how to arrange care for that person if they go into hospital. GPs must emphasise how serious their medical condition is and/or reassure the patient that if a relative or friend cannot help them care for the child or adult while they go into hospital, then social services can be called to do this.

However if after this discussion the patient still refuses this ambulance disposition, then the GP must perform a comprehensive mental capacity assessment of the patient following the guidance below and ensuring that they document this process clearly in the medical notes. If there is any doubt as to whether the patient has capacity or if it seems that they lack capacity, then an ambulance must be called.

If the GP is satisfied that the patient does have the capacity to make a decision to refuse potentially lifesaving treatment then SELDOC recommends that the GP seek support from a family member or friend of the patient who may be able to persuade the patient to accept the ambulance. If this is not possible or if the family

member/friend is unable to persuade the patient then SELDOC recommends that the GP seeks support from a senior colleague by contacting the clinical on-call (via the team leader).

If a GP complies with a patient's wishes to not phone for an emergency ambulance, it is extremely important that the GP carries out and clearly documents a mental capacity assessment for that patient, deeming them capable of making that decision. They must also document the patient's wishes and the rationale for them along with any other conversations with the patient's family members or friends or the GP's colleagues.

Dealing with someone other than the patient

Child

No one can decline an ambulance on behalf of a child. If the patient is a child then an ambulance should always be sent, immediately. A doctor must always act in the best interests of a child and a parent cannot consent to withholding lifesaving treatment for a child.

Adult

If an adult is declining an ambulance on behalf of another adult, the GP must try to speak to the adult who is the patient to get their own opinion and assess their mental capacity. If they are unable to do this then they must call for an ambulance.

Power of Attorney

If an adult has power of attorney over another adult who lacks capacity and they are declining emergency treatment on behalf of the patient then SELDOC advises that an ambulance is still called if this is a telephone assessment as this power of attorney will need to be verified.

If this happens during a face-to-face assessment and the power of attorney was verified then SELDOC advises that the GP seeks support via the clinical on-call (available via the team-leader). All of these conversations must be clearly documented in the medical notes.

The Mental Capacity Act

The Mental Capacity Act 2005 states that a patient lacks capacity if they are unable to make a specific decision, at a specific time, because of an impairment of, or disturbance, in the functioning of mind or brain.

Mental capacity is the ability to make a decision. If a patient lacks capacity, they have an impairment or disturbance that leaves them unable to make a decision.

The loss of capacity could be partial or temporary. It is possible for a patient to lack capacity to make one specific decision but not about another.

The reasons for questioning if a patient has capacity to make a decision at a particular time may be that:

- The patient's behaviour or circumstances raise doubt as to whether they have the capacity to make a decision.
- Concerns about a patient's capacity have been raised by someone else; for example, a family member or a healthcare worker.
- The patient has previously been diagnosed with a condition causing an impairment to the performance of their mind or brain, and it has already been shown that they lack capacity to make other decisions.

If a GP suspects that an individual lacks capacity, they need to be able to demonstrate it to show that it is more likely than not – ie, a balance of probability – that the patient lacks the capacity to make a specific decision when they need to.

An assessment that a patient lacks capacity to make decisions should never be based simply on the patient's age, appearance, assumptions about their condition (includes physical disabilities, learning difficulties and temporary conditions (eg, drunkenness or unconsciousness), or any aspect of their behaviour.

It is important to document any decisions that are made when assessing a patient's capacity, and any reasons for the clinical judgment.

Decision Making

The starting assumption should always be that a patient has capacity. The Mental Capacity Act details a two-stage test of capacity:

1. Does the patient have an impairment, or a disturbance in the functioning, of their mind or brain? This can include, for example, conditions associated with mental illness, concussion, or symptoms of drug or alcohol abuse.

2. Does the impairment or disturbance mean that the patient is unable to make a specific decision when they need to? All appropriate and practical support should be offered in order to achieve this before applying this stage of the test.

Assessing a Patient's Mental Capacity

To be able to make a decision a patient should be able to do 4 things (as stated below).

A GP must demonstrate and clearly document these 4 points when carrying out a mental capacity assessment of a patient.

The patient needs to:

1. Understand the decision to be made and the information provided about the decision. **The consequences of making a decision must be included in the information given.**

2. Retain the information – a patient should be able to retain the information given for long enough to make the decision. If information can only be retained for short periods of time, it should not automatically be assumed that the patient lacks capacity. Notebooks, for example, could be used to record information which may help that patient to retain it.

3. Use that information in making the decision – a patient should be able to **weigh up the pros and cons of making the decision.**

4. Communicate their decision – if a patient cannot communicate their decision – for example, if they are in a coma – the Mental Capacity Act specifies that they should be treated as if they lack capacity. All efforts should be made in order to help the patient communicate their decision before deciding that they cannot.

SELDOC recommends that GPs use these 4 headings as a guide when assessing and documenting a patient's mental capacity.

- 1. Understand**
- 2. Retain**
- 3. Use**
- 4. Communicate**

A mental capacity assessment should always be performed and documented on any patient who declines urgent or emergency medical treatment.

References

http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_common_law.asp#Refusal

<https://www.legislation.gov.uk/ukpga/2005/9/contents>

<https://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/mental-capacity.aspx>

<https://www.mentalhealth.org.uk/a-to-z/m/mental-capacity>

<http://www.medicalprotection.org/uk/resources/factsheets/england/england-factsheets/uk-assessing-capacity>