

End-of-life decision-making capacity in older people with serious mental illness

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Background

End-of-life care is associated with important decisions that can give rise to many ethical dilemmas and discussions.¹ Despite having reduced life expectancies and higher rates of physical illness than the general population, people with serious mental illness do not commonly access palliative care services.² Healthcare practitioners may neglect to discuss end-of-life care with these patients because of erroneous assumptions about how mental illness impairs healthcare decision making.³ This study's main aim was to assess the end-of-life decision-making capacity and health-related values of older people with serious mental illness.

Method

A cross-sectional, observational study was done at Weskoppies Psychiatric Hospital, Gauteng Province, South Africa that included 100 adults older than 60 years of age and diagnosed with serious mental illness. Socio-demographic, diagnostic, and treatment data were collected before administration of the Mini-Cog and a semi-structured clinical assessment of end-of-life decision-making capacity. Finally, the standardized interview, Assessment of Capacity to Consent to Treatment, was administered which uses a hypothetical vignette to assess decision-making capacity and explores healthcare-related values.⁴

Results

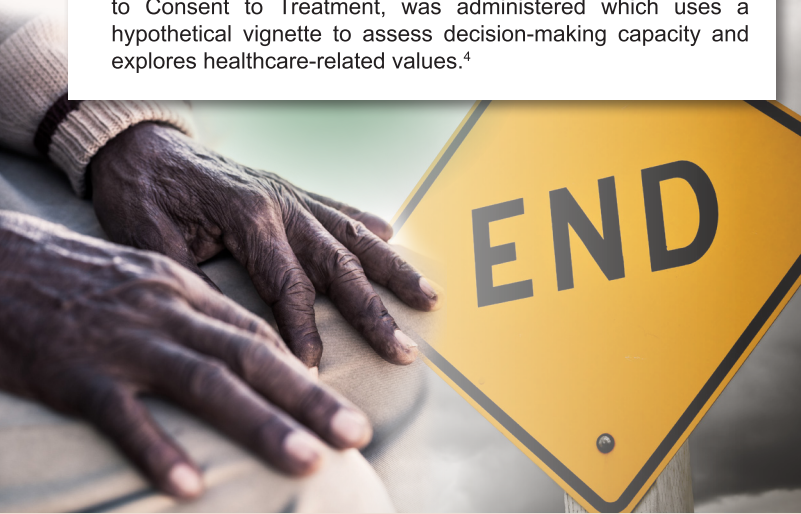
The most frequently chosen health-related value was to be able to take care of oneself. According to the semi-structured decision-making capacity assessment, 65% of participants had decision-making capacity for end-of-life decisions. The Assessment of Capacity to Consent to Treatment scores were significantly related ($p < 0.001$) to decision-making capacity. Significant correlations with impaired decision-making capacity included: lower scores on the Mini-Cog ($p < 0.001$); a duration of serious mental illness of 30-39 years ($p = 0.0025$); having a diagnosis of schizophrenia spectrum disorders ($p = 0.0007$); and being admitted involuntarily ($p < 0.0001$).

Conclusions

Caring for elderly patients with serious mental illness can pose many challenges, and these can be exacerbated by a life-threatening medical condition.⁵ In this study, two thirds of older people with serious mental illness were able to engage in end-of-life care discussions and to make decisions about preferred care. Healthcare providers have a duty to initiate advance care discussions, to optimise decision-making capacity, and protect autonomous decision-making. Evidence-based approaches to optimize autonomous decision-making capacity include:

- doing the assessment in a quiet environment with limited distractions,
- doing it at opportune times when the patient is comfortable and well rested,
- simplification and repetition of information,
- allow enough time according to the patients' needs, especially for those with slow processing speeds,
- clarifying terminology

encouragement and shared decision making are also considered essential to allow the patient to make an autonomous decision.^{5,6} Chronological age or diagnostic categories should never be used as reasons for discrimination, and older people with serious mental illness should receive end-of-life care in keeping with their preferences and values.



References

1. Kamik S, Kanekar A. Ethical issues surrounding end-of-life care: A narrative review. *Healthcare* (2016) 4(2):1-6.
2. Butler H, O'Brien AJ. Access to specialist palliative care services by people with severe and persistent mental illness: A retrospective cohort study. *Int J Ment Health Nurs* (2018) 27(2):737-46.
3. Foti ME, Bartel SJ, van Citters AD, Merriman MP, Fletcher KE. End-of-Life treatment preferences of persons with serious mental illness. *Psychiatr Serv* (2005) 56(5):585-91.
4. Moyer J, Karel M, Edelstein B, Hicken B, Armesto J, Gurrera R. Assessment of Capacity to Consent to Treatment. *Clin Gerontol* (2007) 31(3):37-66.
5. Tannou T, Koeberlé Sv, Aubry Rg, Haffen E. How does decisional capacity evolve with normal cognitive aging: systematic review of the literature. *Eur Geriatr Med* (2019) 11(1):117-29.
6. Calcedo-Barba A, Fructuoso A, Martínez-Raga J, Paz S, Sánchez de Carmona M, Vicens E. A meta-review of literature reviews assessing the capacity of patients with severe mental disorders to make decisions about their healthcare. *BMC Psychiatry* (2020) 20(1):339-53.

