CHICAGO STREET MEDICINE

Assessing Capacity: A Policy Proposal for Street Medicine Organizations

What is the Issue?

There is currently no protocol for the assessment of capacity when practicing Street Medicine.

Ethical Considerations:

Street Medicine organizations work to address the health and social service concerns of the unsheltered homeless by engaging individuals in their spaces of residence and gathering. This population consists of marginalized and vulnerable individuals, who despite living with more chronic illness than the general population, are less likely to utilize primary care or outpatient care services.[1,2,3] Additionally, this group is disproportionately affected by mental illness and substance use disorders. As such, caring for these patients and assessing capacity can be very complex. Persons experiencing homelessness, especially those with mental health disorders, are generally assumed to have diminished capacity, thus making them increasingly vulnerable to exploitation and manipulation.[4] Therefore, it is important to facilitate trust and to only escalate care against protest when medically appropriate.

Our Aim:

Many studies have highlighted the increased complexity of assessing decision-making capacity among individuals experiencing homelessness. However, no official protocols have been developed to address the complex needs of the population to ensure that appropriate medical care is given in a respectful manner. As such, our aim is to propose a streamlined protocol which could be used by street medicine practitioners to enhance the ability of providers to assess capacity and thus deliver higher quality health care.

Existing Protocols:

Chicago EMS Protocol[5]

When an adult patient who is alert, oriented, and able to communicate refuses care or transportation, it is the responsibility of the EMS provider to advise the patient of his/her medical condition and explain the necessity for care or transport. If the patient continues to express steadfast refusal, online medical control should be contacted while on scene, and all events should be documented.

Alternatively, if the patient demonstrates behavior and/or has a medical condition that impairs decision making capacity, EMS should continue treatment and transport in the best interest of patient. Patient capacity may be impaired in trauma, intoxication, hypoxia, dementia, and psychiatric or behavioral emergencies, including suicidality and inability to care for self.

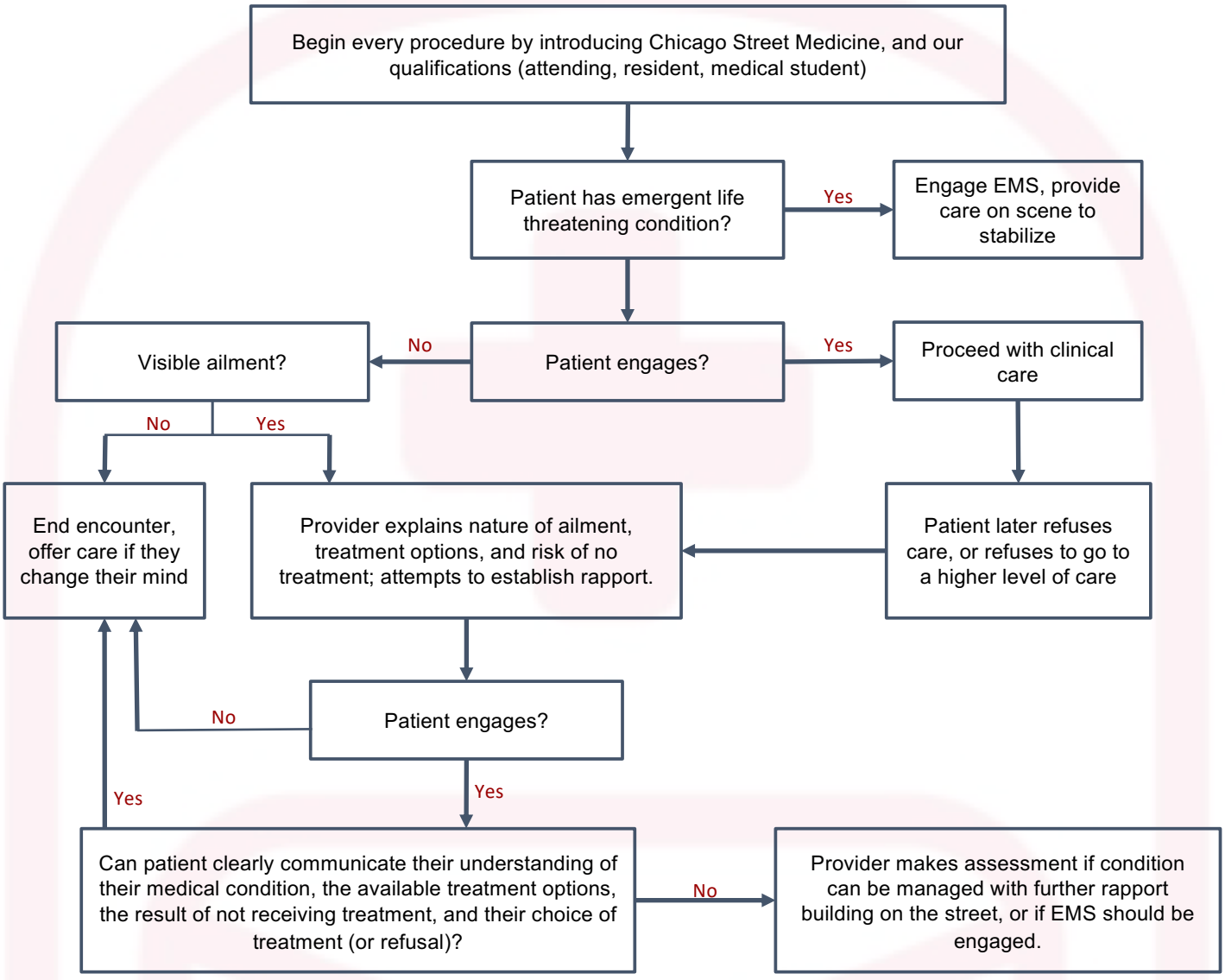
Inpatient Protocol[6]

Clinicians often have to assess for capacity while treating patients in an inpatient setting. The main principles guiding capacity assessment include obtaining informed consent prior to initiating treatment and ensuring that patients are able to make informed decisions for themselves. There are many tools to assess mental capacity including the Mini Mental Status Exam and MacArthur Competence Assessment Tool for Treatment. To demonstrate capacity, patients and clinicians must work together to establish that patients can:

1. Clearly communicate their understanding of their medical condition
2. Clearly communicate the available treatment options
3. Clearly communicate the result of not receiving treatment
4. Clearly communicate their choice of treatment (or refusal of treatment)

Patient refusal to participate in assessments is not an indication of the patient's capacity (or lack thereof), and efforts should be made to develop a trusting relationship, including engaging the patient's family and friends. If a medical cause of impairment is identified, it must be remedied prior to a clinical assessment of capacity. If a patient is judged to lack capacity, their surrogate decision maker must be identified to guide treatment decisions. Until they can be identified, care may be provided as any "reasonable person" would have consented to.

Protocol for Assessing Capacity in Street Medicine



This preliminary protocol is based on existing practices by emergency medical services and inpatient medical centers. It is tailored to the unique ethical and practical considerations in providing street medicine. As street medicine providers, we approach patients in their living spaces, as opposed to them seeking out care. Because they have no obligation to engage in a relationship with us, we must be more flexible in establishing capacity. It is imperative we both respect patient autonomy, while aggressively encouraging and building therapeutic relationships. *The protocol will evolve as we continue to confront new clinical scenarios in the practice of Street Medicine.*

Citations::
1. *Basic Facts About Homelessness: New York City - Coalition for the Homeless.* http://www.coalitionforthehomeless.org/basic-facts-about-homelessness-new-york-city/. Accessed 5 July 2018.
2. Jego, Maeva, et al. "Improving Health Care Management in Primary Care for Homeless People: A Literature Review." *International Journal of Environmental Research and Public Health*. vol 15, no. 2. Feb. 2018. p. 309. www.mdpi.com, doi:10.3390/ijerph15020309.
3. Nyamathi, A. M., et al. "Sheltered versus Nonsheltered Homeless Women Differences in Health, Behavior, Victimization, and Utilization of Care." *Journal of General Internal Medicine*, vol. 15, no. 8, Aug. 2000, pp. 565–72.
4. Taylor et al.: A brief tool to assess capacity to consent for medical care among homeless individuals with problematic substance use: study protocol. Archives of Public Health 2013 71:11.
5. Region XI Chicago EMS System Policies and Procedures. Chicago EMS Medical Directors Consortium, 2016, https://chicagoems.org/wp-content/uploads/sites/2/2017/08/2017-PP_APPROVED.pdf.
6. Assessment of Patients' Competence to Consent to Treatment | NEJM. https://www.nejm.org/doi/full/10.1056/NEJMcp074045. Accessed 18 Sept. 2018.