

An advance directive refusing ECT

Manu has been sectioned under the Mental Health Act on several occasions. He was once given a series of electroconvulsive shock treatments without his consent. He does not remember much about the procedure, but did not like the fact that afterwards he experienced memory blanks.

He has read a lot of material about ECT and strongly believes he does not want to take the risk of experiencing further memory blanks. He also knows from experience that other treatment, as well as family support, will help prevent disabling depression.

It is now three months since Manu's last hospitalisation and, at his next outpatient appointment, he sits down with his psychiatrist to discuss a personal crisis plan. It is agreed that Manu will prepare an advance directive stating that he does not wish to receive ECT under any circumstances.

His crisis plan covers issues such as noticing early symptoms of depression and seeking help from the psychiatric team, as well as advice to his family about how best to support him. Manu is hopeful that even if he is sectioned again under the Act, the wishes he has expressed in his directive will be considered by his clinicians.

What options do I have if my advance directive is not followed?

If your advance directive about your future health care is not followed and you are not satisfied with the clinician's explanation, you can complain to the Health and Disability Commissioner.

What happens if I do not have an advance directive?

If you have a crisis and are considered incompetent to consent to treatment (and you're not being sectioned under the Mental Health Act), your clinician can still decide on your treatment, taking into account:

- your best interests; and
- your probable choice if you were competent to make it; or
- the views of other people who are interested in your welfare.

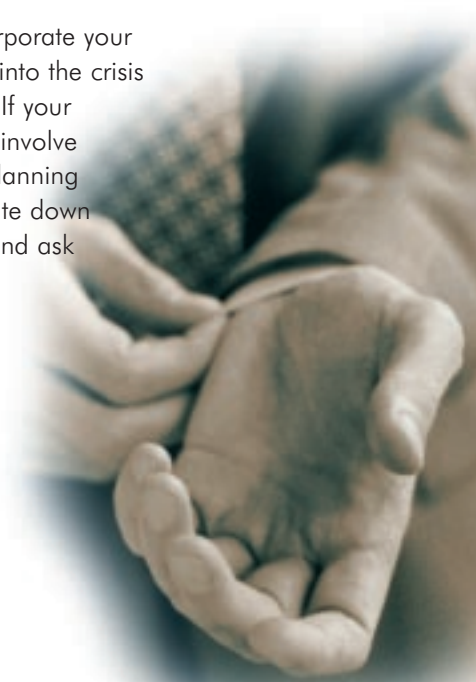
What about nominating someone to make decisions on my behalf?

In some countries your advance directive can include a nominated person to make decisions on your behalf. However, in New Zealand you need to appoint a person to be your Enduring Power of Attorney in relation to your personal care and welfare, through the Protection of Personal Property Rights Act 1988. If you wish, you can give this person the power to make health care decisions on your behalf when you are not competent to do so yourself. You should seek advice from a lawyer if you wish to appoint someone as your Enduring Power of Attorney.

What about decisions that don't relate to my health care?

There may be decisions not related to your health care that you wish to communicate in advance. One way to do this is through crisis planning. The people working in your mental health service should discuss your preferences with you in case you experience another crisis. Your crisis plan can record decisions such as who you would like to look after your children, or the names of family members you would like to be contacted while you are in hospital.

You can also incorporate your advance directive into the crisis planning process. If your clinician does not involve you in any crisis planning you can simply write down your own wishes and ask for them to be put in your file.



An Enduring Power of Attorney for informing family and friends

John is a young gay man who currently has a partner and a wide circle of friends who were really supportive when he had a mental health crisis last year. However, when his parents came to see him during the crisis they made things worse. They disapprove of John's lifestyle and tried to prevent his friends from seeing him. They didn't want him to go home to his flat, which he shares with his partner and a couple of other gay men. Although John wishes his parents to be informed if he is hospitalised, he wants decisions about his care to be made by his partner. For this reason, John, with help from his lawyer, has appointed his partner as an Enduring Power of Attorney for his personal care and welfare.

What is the best way to protect my wishes and interests?

An advance directive will help ensure your wishes and interests are respected in a crisis, but an Enduring Power of Attorney and a crisis plan will protect your wishes and interests even more.



An advance directive refusing a specific drug

When Bill was hospitalised he was given a high dose of the drug X and had a very severe reaction to it. Bill discussed his medication with his psychiatrist and they decided that it would be better to avoid drug X altogether, especially as a suitable alternative had been found. Bill has family in different parts of New Zealand, and often travels around. He decided it would be a good idea to carry with him an advance directive to safeguard against being given the drug if he required admission to a different mental health service that did not have his records. He also felt it would be helpful to record the names of both drug X and his current medication, as when he is unwell he sometimes gets confused and can't remember the names.

ADVANCE DIRECTIVES IN MENTAL HEALTH CARE AND TREATMENT

**Information for mental
health service users**



**Mental
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Do you want more control over what happens in a crisis?

If you do, an advance directive could be a good way for you to gain more control over the treatment and care you are given in a future episode. Past episodes will have helped you understand what treatments and care work for you and what don't. You have the right, under the Code of Health and Disability Services Consumers' Rights, to use an advance directive to make your wishes known about the treatments and care you receive during a future episode.

What is an advance directive?

In simple terms, an advance directive is the giving or refusing of consent to treatment in the future. It is a statement to others, usually in writing, setting out your treatment preferences if you experience another episode of mental illness that leaves you unable to decide or communicate your preferences at the time.

Under the New Zealand Code, advance directives relate only to the type of health care and treatment you want. In some countries advance directives can include decisions not directly related to your health care, but in New Zealand different processes are needed to make these wishes known.

An advance directive requesting a specific drug

Sally knows that when she starts to feel a certain way, it's really important to begin treatment with a low dose of drug X. During her first episodes of mental illness she became very unwell and was hospitalised. Recently she shifted to a new city and is unsure whether her new doctor really respects her own knowledge of her condition. She decided to prepare an advance directive, which states that if she has another episode she wishes to be prescribed drug X by her GP, rather than waiting for psychiatric referral. While Sally's request will be respected by her clinicians, the drug will be provided only if clinically appropriate at the time.

Who can make an advance directive?

The Code of Health and Disability Services Consumers' Rights gives any person who is legally competent to make a health care choice the right to make an advance directive.

What can I make an advance directive about?

Advance directives should focus on treatment and care. For example, you could state:

- the treatments you do or don't want to be given when you are in a crisis, including drugs or ECT
- the places you would prefer to receive services when in crisis, such as hospital, home or a crisis house.



How do I go about making an advance directive?

It's not difficult to make an advance directive. You don't need a lawyer. In fact, you have the right to make an advance directive without involving anyone else in its preparation. However, taking the following steps will help ensure that your advance directive is respected, and the decisions contained within it acknowledged and acted upon.

- If possible, make your advance directive in writing rather than verbally. State your preferences as clearly as you can, then sign and date it.
- If you prepare your advance directive with the help of your clinician or another health worker, he or she can verify that you are competent and sufficiently informed about your stated preferences, and can help you clarify the type of situation you intend your directive to cover.
- If you involve your family or whanau in preparing your advance directive, or at least inform them of it, they will be better equipped to support you and to advocate for your wishes in a crisis.
- Regularly review and update your advance directive so that it reflects any changes in your condition or your preferences, and is viewed by clinicians as still representing your wishes.
- Keep a copy of your advance directive yourself, and give copies to your family or support persons, and the clinicians most often involved in your care.



Will my advance directive always be followed?

No. When deciding whether or not to follow your advance directive, your clinician will consider five questions:

- Were you competent to make the decision when you made the advance directive?
- Did you make the decision of your own free will?
- Were you sufficiently informed to make the decision?
- Did you intend your directive to apply to the present circumstances, which may be different from those anticipated?
- Is the advance directive out of date?

The Code of Health and Disability Services Consumers' Rights sets out your right to be fully informed, make an informed choice, and give informed consent. However, your advance directive will not override the ability of your clinician to authorise compulsory treatment if you are subject to a compulsory treatment order under the Mental Health (Compulsory Assessment and Treatment) Act 1992. The Mental Health Act also directs the responsible clinician to attempt to get your consent to treatment even though he or she may give you treatment without your consent.

It may still be worth having an advance directive if you are subject to a compulsory treatment order because it will give your clinician an indication of your wishes.



Example of an advance directive refusing drug X.

I _____ do not wish to receive drug X under any circumstances. I have discussed this decision with my psychiatrist, Dr _____, who has explained my treatment options and the expected benefits, risks and side effects of drug X. I confirm that I have made this decision of my own free will and that, unless revoked by me, it is to apply for the next _____ years.

Date _____

Signature _____

I confirm that _____ is competent at the time of making this advance directive.

Date _____

Clinician _____



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