

CONSULTATION ON CODE OF PRACTICE ON ADVANCE HEALTHCARE DIRECTIVES FOR HEALTHCARE PROFESSIONALS



seirbhís tacaíochta
cinniteoireachta
decision support service

This questionnaire relates to the **code of practice for healthcare professionals dealing with advance healthcare directives**.

The purpose of this code of practice is to provide guidance to healthcare professionals regarding how to meet their statutory obligations under the Assisted Decision-Making (Capacity) Act 2015, specifically in respect of “advance healthcare directives”. Any person aged 18 or older with decision-making capacity can make an advance healthcare directive, sometimes also known as a “living will”, that will cover the type and extent of medical or surgical treatment they want in the future if they ever lack the capacity to make healthcare decisions for themselves. The code sets out the formalities relating to making, revoking and amending an advance healthcare directive. It provides direction for health professionals when interacting with persons who have drawn up advance healthcare directives as well as, where applicable, with their “designated healthcare representatives” (the persons chosen to ensure that the terms of advance healthcare directives are complied with). The code also describes where it may be appropriate for health professionals, as interveners under the Act, to discuss available options with patients or clients.

In this questionnaire we ask questions such as whether the code of practice in general and its various sections are easy to understand, helpful and comprehensive or, if not, how they could be improved. We would also like to find out what, if any, changes the code will bring about to work practices. All responses received will be taken into consideration in the formulation of the final text of the code of practice.

We look forward to receiving your comments.

This form can be emailed to dss@mhcirl.ie or posted to

Codes of Practice Consultation Phase 1
Decision Support Service
Mental Health Commission
Waterloo Exchange
Waterloo Road
Dublin 4
D04 E5W7

1. ABOUT YOU

1(a) Please select one of the following options (response required):

I am providing feedback as an individual

I am providing feedback on behalf of an organisation.

If you are providing feedback on behalf of an organisation, please provide the name of the organisation (and/or section within a large organisation) on behalf of which you are responding in the text box below

1(b) Please select one or more of the following options. If none describes your situation, please select “other” and provide details in the text box

I provide healthcare services or work in a service that provides healthcare services

I work in a service that supports people who have decision-making capacity challenges

I interact in a professional capacity (frequently or occasionally) with people who have decision-making capacity challenges

I am a family member or carer of a person who has decision-making capacity challenges

I am a person who has decision-making capacity challenges

Other

If you wish, you may provide further details of your role/interest in this consultation in the text box below.

1(c) How did you hear about this consultation. Please tick all that apply

Social media - LinkedIn

Newsletter -Mental Health Commission

Social media - Twitter

Newsletter - Decision Support Service

Social media - Other

Newsletter - Other

Website - Mental Health Commission

Newspaper

Website - Decision Support Service

Other

Website - Other

If you selected “other” in relation to any of the answers above please provide further details in the text box below . This will help us to better understand the most useful ways to reach our audiences for future engagement and consultation.

1(d) On a scale of 1 to 5, please indicate how familiar you are with the Assisted Decision Making Capacity Act 2015

Not at all
familiar

Expert

1

2

3

4

5

2(c) If applicable, please indicate in the text box below what is needed to support the implementation of this code in the service in which you work

3. SELECTED SECTIONS OF THE CODE OF PRACTICE

Please consider the following questions in respect of each section within this code of practice on which you wish to provide feedback:

- Are the issues covered in the section clear and easy to understand?
- Should any additional issues be included?
- Should anything be excluded?
- What would help to improve the section?

It may be helpful to have a copy of the code open while answering questions. You can click on the contents page at the beginning of the document in order to go directly to a specific part of the code. You can access the code on the webpage <https://decisionsupportservice.ie/public-consultation/public-consultation-phase-1/consultation-code-practice-advance-healthcare-directives-healthcare-professionals>. When providing feedback please bear in mind that the final code of practice must reflect the contents of the Act. The draft code includes a number of anticipated amendments to the Act.

CHAPTER 1: INTRODUCTION AND OVERVIEW

Section 1.1 Introduction to advance healthcare directives

Does this section require any amendments?

Yes

No

If yes, please briefly outline suggested amendments

Section 1.2 Purpose of this code of practice

Does this section require any amendments?

Yes

No

If yes, please briefly outline suggested amendments

CHAPTER 2: YOUR FUNCTIONS AND DUTIES

Section 2.1 Where an advance healthcare directive is or may be in place

Does this section require any amendments?

Yes

No

If yes, please briefly outline suggested amendments

Section 2.2 Validity and applicability of advance healthcare directives

Does this section require any amendments?

Yes

No

If yes, please briefly outline suggested amendments

Section 2.3 Advance healthcare directives outside the Act

Does this section require any amendments?

Yes No

If yes, please briefly outline suggested amendments

CHAPTER 3: MAKING, REVOKING OR AMENDING AN ADVANCE HEALTHCARE DIRECTIVE

Does this section require any amendments?

Yes No

If yes, please briefly outline suggested amendments

CHAPTER 4: FUNCTIONS AND SCOPE OF DESIGNATED HEALTHCARE REPRESENTATIVES

Does this section require any amendments?

Yes No

If yes, please briefly outline suggested amendments



CHAPTER 5: COMPLAINTS AND INVESTIGATIONS AGAINST HEALTHCARE PROFESSIONALS

Does this section require any amendments?

Yes

No

If yes, please briefly outline suggested amendments

CHAPTER 6: EMERGENCY AND URGENT SITUATIONS

Does this section require any amendments?

Yes

No

If yes, please briefly outline suggested amendments



4. FINAL REMARKS

If you wish to provide any additional feedback on this code of practice, please do so in the text box below

Thank you for responding to this consultation!