

# CONSULTATION ON CODE OF PRACTICE FOR DESIGNATED HEALTHCARE REPRESENTATIVES



seirbhís tacaíochta  
cinnteoireachta  
decision support service

The present questionnaire relates to the *code of practice for designated healthcare representatives*.

The purpose of this code of practice is to provide guidance for those persons who will have statutory obligations in relation to “advance healthcare directives” under the Assisted Decision-Making (Capacity) Act 2015. 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.

A “designated healthcare representative” is somebody whom the person who makes the advance healthcare directive chooses to ensure that the terms of the directive are complied with. That designated healthcare representative will be required to provide direction to healthcare professionals and take steps to ensure full respect for the will and preferences of the person who made the directive.

Information on eligibility for appointment as a designated healthcare representative, guidance on how to make an advance healthcare directive, and further guidance for designated healthcare representatives can be found on the Decision Support Service website: [www.decisionsupportservice.ie](http://www.decisionsupportservice.ie)

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](mailto:dss@mhcirl.ie) or posted to

Codes of Practice Consultation Phase 1  
Decision Support Service  
Mental Health Commission  
Waterloo Exchange  
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## 1. ABOUT YOU

In this section we would like to learn a little about your reasons for participating in this consultation. This will help us to be more focused in how we deliver our services

### **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/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
- I am likely to be appointed as a designated healthcare representative
- Other

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

- |   |  |
|---|--|
| <input type="checkbox"/> Social media - LinkedIn            | <input type="checkbox"/> Newsletter -Mental Health Commission  |
| <input type="checkbox"/> Social media - Twitter             | <input type="checkbox"/> Newsletter - Decision Support Service |
| <input type="checkbox"/> Social media - Other               | <input type="checkbox"/> Newsletter - Other                    |
| <input type="checkbox"/> Website - Mental Health Commission | <input type="checkbox"/> Newspaper                             |
| <input type="checkbox"/> Website - Decision Support Service | <input type="checkbox"/> Other                                 |
| <input type="checkbox"/> 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. ABOUT THIS CODE OF PRACTICE

In this section we would like to obtain your overall opinion on this code. You will have an opportunity to comment on specific areas of the code in the next section. It may be helpful to have the code open while answering questions. You can access the code on the webpage <https://decisionsupportservice.ie/public-consultation/public-consultation-phase-1/consultation-code-practice-designated-healthcare-representatives>. 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.

**\*2(a)** Please indicate your level of agreement with the following statements (response required)

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
The language used in this code of practice is clear and easy to understand					
The structure of this code of practice is easy to follow					
The content of this code of practice is consistent with the Act					
This code provides sufficient clarity on the role of designated healthcare representatives in relation to the Act					

**2(b)** Having read this code of practice, do you foresee having to make changes to your work practices?

Yes                                      No                                      Not sure                                      Not applicable

If yes or not sure, please outline what these changes may include

**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 for 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-designated-healthcare-representatives>. 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

##### 1.1 Introduction to a designated healthcare representative

Does this section require any amendments?

Yes

No

If yes, please briefly outline suggested amendments

##### 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

Does this section require any amendments?

Yes

No

If yes, please briefly outline suggested amendments

## CHAPTER 3: COMPLAINTS AND INVESTIGATIONS

Does this section require any amendments?

Yes

No

If yes, please briefly outline suggested amendments

## 4. FINAL REMARKS

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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!**