



**He must be incompetent because he is crazy**  
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**Case:** The patient was a 64 year old male admitted with severe chest pain. A subsequent cardiac catheterization demonstrates that he had severe three vessel blockage and open heart surgery is recommend. The patient had a history of bipolar disorder and psychosis, as well as diabetes, hypertension and obesity. During a psychotic episode five years ago the patient self-amputated his penis and testicles. The patient had changed his mind about whether he wanted surgery numerous times over the previous few days. He had long uncombed hair and appeared to be unkempt. A psychiatric consult was requested to assess his ability to grant informed consent. The psychiatric fellow was unsure if the patient had capacity to grant informed consent, especially given the patient's self-amputation five years prior. The fellow requested an ethics consult to clarify this issue.

**Discussion:** There are numerous books and articles on how to evaluate a patient's capacity to grant informed consent or refusal. In my viewpoint, the best method is a combination of several of these articles. Capacity to grant informed consent requires the following: the ability to relay and assimilate medical information, understanding the nature and severity of one's current medical situation, and being free of internal or external constraints to giving consent. For example an internal constraint could be active psychosis which interferes with judgment, and an external constraint could be manipulation or coercion of the patient. The final factor needed for the capacity to grant informed consent is the ability to render a decision based upon some reasonable value structure.

The ethics consultant interviewed the patient for several hours over two separate days, and eventually determined that the patient had the ability to grant consent. Despite the fact that the patient had self-amputated his penis and testicles, the patient could clearly explain his reason for the self-amputation and it was based upon his values, "I had terrible urges to do things to children," he said. "I love children and couldn't live with myself if I ever hurt a child, so I cut it off to make sure I would never do such bad things." He explained that he had been molested as a child and that this ruined his life and his ability to trust adults. He went on to explain that because this "event" ruined his life he could not allow himself to "hurt a child it that way."

Following this amputation the patient received much needed psychiatric help and has remained psychiatrically stable for many years. He presented himself as a somewhat eccentric man who had an interest in UFOs and "things that occur in outer space." He was alert, oriented X3 and satisfied all the requirements of capacity discussed in Applebaum, Lidz and Meisel, 1987; Faden and Beauchamp, 1986; Berg, Applebaum, Lidz and Parker, 1986 and finally in Grisso & Applebaum, 1998. With further investigation, the factor that was making him vacillate regarding his desire for open heart surgery was the fact that his mother had died on the operating room table having open heart surgery. The patient had many questions for the surgeon. The surgeon met with the patient once again and answered all of his questions. Once these questions were answered he was willing to undergo the surgery. He had a three vessel bypass and did well.

The assessment of capacity was difficult, because it required getting past the patient's psychotic act, his circular way of speaking, as well as his eccentricities in order to complete the capacity evaluation described above. It is not infrequent that a patient can have a psychotic break or some other internal constraint to giving informed consent. However, because capacity is ever changing and could vary with respect to which medical procedure is being contemplated, our assessments must be made constantly and with attention to the particular medical treatment at hand.

References:

1. Applebaum, Paul S., Charles W. Lidz and Alan Meisel. *Informed Consent: Legal Theory and Clinical Practice*. Oxford University Press, New York. 1987
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3. Faden, Ruth R., Tom L. Beauchamp in collaboration with Nancy M. P. King. *A History and Theory of Informed Consent*. Oxford University Press, New York. 1986.
4. Grisso, Thomas and Paul S. Applebaum: *Assessing Competence to Consent to Treatment: A Guide for Physicians and Other Health Professionals*. Oxford University Press, New York 1996.

For palliative care consultations please contact the *Palliative Care Program at PUH/MUH, 647-7243, beeper 8511, Shadyside Dept. of Medical Ethics and Palliative Care, beeper 412-647-7243 pager # 8513 or call 412-623-3008, Perioperative/ Trauma Pain 647-7243, beeper 7246, UPCI Cancer Pain Service, beeper 644-1724, Interventional Pain 784-4000, Magee Women's Hospital, beeper 412-647-7243 pager #: 8510, VA Palliative Care Program, 688-6178, beeper 296. Hillman Outpatient: 412-692-4724. For ethics consultations at UPMC Presbyterian-Montefiore, and Children's page 958-3844. With comments about "Case of the Month" call David Barnard at 647-5701.*