



Decisions about
clinically-assisted
nutrition and
hydration for patients
who lack capacity

**Five things GPs
need to know**

Five things GPs need to know about decisions about clinically-assisted nutrition and hydration for adults who lack capacity (CANH)

Clinically-assisted nutrition and hydration is a form of medical treatment that should only be provided with consent or where it is in the best interests of a patient who lacks capacity to consent. Decisions about CANH for patients who lack capacity are amongst some of the most clinically, ethically, and professionally challenging decisions doctors face. For GPs who might only rarely come across patients who are receiving, or who might need, CANH, they can be particularly demanding.

Guidance from the BMA and the Royal College of Physicians sets out the legal and professional responsibilities of all clinicians in decision making, as well as providing practical guidance on how to approach these decisions. This document outlines how it applies to community settings.

1. You might come across patients in whom a decision about CANH is needed

Although decisions about CANH in previously healthy patients in a prolonged disorder of consciousness (PDOC) are the ones that normally grab the headlines, decisions about CANH are needed in a range of other patients – including those with neurodegenerative conditions, or those with multiple comorbidities or general frailty who have suffered a catastrophic stroke or other brain injury. Huge numbers of these patients receive care in the community, either at home or in a residential facility.

The decision needed can be to start or restart CANH (for example, if a feeding tube has perished, become blocked, or dislodged) but decisions are also needed about whether to continue or to stop providing it. Where the patient lacks capacity, these decisions all require careful consideration of what is in the best interests of the patient.

2. Decisions about CANH are likely to be your responsibility...but you are not expected to make them alone

Where there is not a valid and applicable advance decision to refuse treatment (ADRT) or a lasting power of attorney with the authority to make the decision, the aim should be to reach agreement amongst the whole of the treating team and those close to the patient. It is, however, important to clearly establish, at all times, who has formal decision-making responsibility. This will normally be the individual with overall clinical responsibility for the patient's care – so, in the community, the patient's GP.

If the patient is under the care of a secondary care team, the decisions should be made with support from them. If a patient is in a nursing home with NHS continuing care funding, there should be support available from a named individual (usually the case manager) identified by the CCG or Health Board to take on this role.

3. All decisions must be made on the basis of best interests

It is unlawful to provide CANH that is not in the best interests of a patient who lacks capacity. You must start from the strong presumption that it is in a patient's best interests to receive life-sustaining treatment – but this can be rebutted if there is clear evidence that a patient would not want CANH provided in the circumstances that have arisen. This involves consulting with those close to the patient and gathering enough information about the patient's wishes, values, beliefs and feelings to make an assessment of whether there is sufficient evidence to rebut the presumption that it will be in the patient's best interests to continue CANH.

If you are seeing a patient in whom a decision about CANH might be needed in the future, you should start to initiate discussions about their wishes - making them aware of their options (e.g. an ADRT) to record them formally.

4. The GMC requires you to seek a second opinion if the patient is not within hours or days of death

If there is agreement between the treating team and those close to the patient to withdraw or withhold CANH, and the patient is not within hours or days of death, you need to get a second clinical opinion. Our guidance strongly advocates that CCGs and Health Boards should identify and pay for the second opinion.

5. There is other support available to you

You should contact your CCG or Health Board to find out what support, advice or guidance they are able to offer you. You can also check whether there is a local or regional multi-disciplinary special interest group who might be able to help.

You can download the guidance and access other resources and supporting materials at www.bma.org.uk/CANH

CANH (Clinically-assisted nutrition and hydration)



The decision-making process

