



MHA131A

Mental Health Act 2014
Section 94A (1)(b)

MHA 131A
Informed consent to
ECT by medical treatment decision maker

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Mental Health Statewide UR Number

Local Patient Identifier																			
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FAMILY NAME

GIVEN NAMES

DATE OF BIRTH

SEX

Place patient identification label above

Instructions to complete this form

- This form may be used to obtain informed consent from a person's medical treatment decision maker (see notes 1 and 2 over page) to the performance of ECT on the person at a designated mental health service or private mental health service. This form can only be used if the person is aged 18 years of age or over, is receiving treatment on a voluntary basis, does not have capacity to give informed consent to ECT and does not have an instructional directive giving informed consent to ECT(see note 3 over page).

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS) of person

treated at:

designated mental health service or private mental health service

Diagnosis:

ICD-10 code:

specify person's diagnosis for which electroconvulsive treatment (ECT) is being proposed

Part A: Type of medical treatment decision maker

The person's medical treatment decision maker is:

- a person formally appointed under the *Medical Treatment Planning and Decisions Act 2016*; or
 - a guardian appointed by VCAT under the *Guardianship and Administration Act 1986*
- If neither of the above applies, the person's medical treatment decision maker:
- the first available of the persons listed in section 55(3) of the *Medical Treatment Planning and Decisions Act 2016*.

Part B: Details of proposed course of ECT

The number of treatments in the course of ECT is:

treatments (maximum number is 12 treatments)

The duration of the course of ECT is:

weeks (maximum duration is 26 weeks)

Part C: Details of registered medical practitioner obtaining informed consent

Signature:

signature of registered medical practitioner obtaining consent

Date:

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Given Names:

Family Name:

Part D: Statement by medical treatment decision maker

Please read the information carefully and tick each box to show you understand and agree:

- I am the person's medical treatment decision maker able to make this medical treatment decision.
- The doctor has explained the diagnosis for which ECT is proposed.
- The doctor has explained ECT, how it is done and how it will benefit the person's condition.
- I understand that ECT is given under a general anaesthetic and with a muscle relaxant. The doctor has explained their purpose and how they are given.
- The doctor has explained the risks and possible side effects of ECT, the general anaesthetic and the muscle relaxant.
- The doctor has explained other possible treatment options for the person's condition, including the advantages, disadvantages and risks of each option and the risks if the person does not have treatment.
- I have been given the *Statement of rights: Electroconvulsive treatment* and the information has been explained to me.
- I have had an opportunity to ask questions about ECT and other treatment options and my questions have been answered.
- I understand the information I have been given and have had enough time to make my decision.
- I have had a reasonable opportunity to get other advice or help to make the decision.
- My consent has been given freely without undue pressure or coercion by any other person.
- I understand that the results of ECT cannot be guaranteed. If changes to the person's ECT treatment are needed that affect the consent I am giving, these will be discussed with me and a doctor will seek my informed consent to the changes.
- I understand that I can withdraw my consent to ECT at any time, even after the course of ECT has started.
- I consent to my details being provided to the Mental Health Tribunal for the purpose of a hearing to determine an ECT application.

I am the abovenamed person's medical treatment decision maker and I consent to the abovenamed person having the specified course of electroconvulsive treatment (ECT), the general anaesthetic and the muscle relaxant.

Signature:

signature of person giving informed consent

Date:

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Given Names:

Family Name:

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Notes

1. A medical treatment decision maker is a person who has legal authority under section 55 of the **Medical Treatment Planning and Decisions Act 2016** (MTPDA) to make medical treatment decisions on behalf of a person. Section 55 of the MTPDA sets out a hierarchy for determining the person's medical treatment decision maker. The first available and willing person from the list below will be the person's medical treatment decision maker:
 - Someone the person has formally appointed as medical treatment decision maker in accordance with the requirements of the MTPDA;
 - A guardian appointed by VCAT under the **Guardianship and Administration Act 1986**;
 - The first of the following with a close and continuing relationship with the person:
 - Spouse or domestic partner of the person;
 - Primary carer of the person;
 - Adult child of the person, and if there is more than one adult child, the oldest;
 - Parent of the person, and if there is more than one parent, the oldest;
 - Adult sibling of the person, and if there is more than one adult sibling, the oldest.
2. If the medical treatment decision maker signing this form is an appointed medical treatment decision maker, ensure a copy of the appointment that provides the basis for the authority to consent to ECT on behalf of the person is in the person's clinical record and is available to the Mental Health Tribunal at the hearing.
3. An Advance Care Directive made in accordance with the requirements of the MTPDA can include an instructional directive that expressly consents to or refuses specific medical treatment. An advance statement made under the *Mental Health Act 2014* is not an instructional directive. An advance statement sets out the person's treatment preferences and only becomes operative in the event the person becomes a compulsory patient.
4. The duration of the course of ECT commences on the date the Mental Health Tribunal makes an Order approving the proposed course of ECT, not the date the first treatment is given.

Meaning of informed consent

5. A medical treatment decision maker can give informed consent to ECT on behalf of a person if the person does not have capacity to give informed consent to ECT and does not already have an instructional directive giving informed consent to ECT. A person who is giving informed consent does so if the person:
 - a) has been given adequate information to enable the person to make an informed decision (see note 6); and
 - b) has been given a reasonable opportunity to make the decision (see note 7); and
 - c) has given consent freely without undue pressure or coercion by any other person; and
 - d) has not withdrawn consent or indicated any intention to withdraw consent.
6. A person has been given adequate information to make an informed decision if the person has been given:
 - a) an explanation of the ECT including:
 - i) the purpose of the ECT; and
 - ii) the type, method and likely duration of the ECT; and
 - b) an explanation of the advantages and disadvantages of the ECT, including information about the associated discomfort, risks and common or expected side effects; and
 - c) an explanation of any beneficial alternative treatments that are reasonably available, including any information about the advantages and disadvantages of these alternatives; and
 - d) answers to any relevant questions that the person has asked; and
 - e) any other relevant information that is likely to influence the decision of the person; and
 - f) the statement of rights *Electroconvulsive Treatment* and the information explained.
7. A person has been given a reasonable opportunity to make a decision if, in the circumstances, the person has been given a reasonable:
 - a) period of time in which to consider the matters involved in the decision; and
 - b) opportunity to discuss those matters with the registered medical practitioner who is proposing the ECT; and
 - c) amount of support to make the decision; and
 - d) opportunity to obtain any other advice or assistance in relation to the decision.

After completing this form

8. Once consent has been obtained from a medical treatment decision maker, the psychiatrist proposing to provide ECT must complete form 132A.