

**Mental Capacity Act 2005 Section 4  
Best Interests Assessment (Form B)**

(This form should be used where the person lacks capacity to consent to or refuse significant health or social care interventions)

Name of Person:	Date:
The <b>health or social care issue</b> that needs a <b>specific decision</b> :	
<p><b>Medical treatment decisions:</b></p> <p>Does the person have a <u>valid</u> advance decision to refuse treatment that relates to the above decision? Please circle, Yes / No. If yes, then stop this assessment and follow the advance decision.</p>	
Is there a <b>lasting power of attorney, deputy</b> or <b>Court of Protection order</b> in relation to the decision? <input type="checkbox"/> If yes, then best interest decisions will be made by these people or stated in the court order.	
<p><b>Serious healthcare and treatment decisions:</b></p> <p>Some decisions must <b>always</b> be made by the Court of Protection, such as withholding of artificial nutrition and hydration, organ or bone marrow donation and non-therapeutic sterilisation. <b>CHECK IF UNSURE.</b></p>	
<p><b>The statutory checklist (Section 4 MCA 2005) requires that the following issues are taken into account, as far as is reasonably ascertainable, in deciding best interests.</b> Please confirm (X) you have given due regard to and give detail as appropriate:</p>	
The relevant circumstances (clinical opinion, history etc):	<input type="checkbox"/>
The person regaining capacity and if so, can the decision be delayed until then:	<input type="checkbox"/>
The person's past and present wishes and feelings (written or oral):	<input type="checkbox"/>
The person's beliefs and values that would be likely to influence the decision:	<input type="checkbox"/>
Any other factors the person would take into account:	<input type="checkbox"/>

Where practical and appropriate, you must consult with and take account of the views of:	
Anyone previously named by the person as someone to consult with:	<input type="checkbox"/>
Anyone involved in caring for the person:	<input type="checkbox"/>
Anyone interested in their welfare (family, close relatives or existing advocate):	<input type="checkbox"/>
An attorney named in a valid LPA:	<input type="checkbox"/>
A deputy appointed by the Court of Protection:	<input type="checkbox"/>
An Independent Mental Capacity Advocate. An IMCA <u>must</u> be appointed when serious medical treatment or a change in accommodation is at issue, and there is no-one else to support the person, other than paid staff:	<input type="checkbox"/>
Further considerations: As far as reasonably practicable, have you encouraged and permitted the person to participate in the decision?	<input type="checkbox"/>
Have you considered less restrictive options that may be available, in terms of the person's rights and freedom of action?	<input type="checkbox"/>
If a life-sustaining treatment decision, confirm you are not motivated by a desire to bring about the person's death.	<input type="checkbox"/>
Confirm that the decision is non-discriminatory and has not been made based solely on age, appearance, behaviour or condition:	<input type="checkbox"/>

**Outcome of Best Interests Assessment.  
Reasonable Belief.**

(Section 4(9) of the MCA 2005 confirms that if someone acts or makes a decision in the reasonable belief that what they are doing is in the best interests of the person who lacks capacity, then provided they have followed the checklist (above) they will have complied with the best interests principle set out in the Act.

Having regard to all the above, please document:

- How the decision about the person's best interests was reached;
- Why the decision is in the person's best interests;
- Who was consulted to help work out best interests;
- What particular factors were taken into account;
- Note any conflicts or disagreements regarding the decision;
- If there are less restrictive options available, give details and explain why these are not being implemented.

(continue on separate sheet if necessary)

<b>Decision Maker(s)</b>		
Name:	Signed:	Position:
Name:	Signed:	Position:
Name:	Signed:	Position:
Name:	Signed:	Position: