jrhsupport

COVERT MEDICATION POLICY

Introduction

This policy has been developed to support staff in making a decision as to when it is appropriate to administer medication covertly, that is disguising medication in food or drink and giving it to a service user who is unaware they are receiving it.

Covert administration of medication without informed consent may be regarded as deception. However there is a difference between service users whose refusal to taking medication should be respected (as they are capable of making an informed decision) and those who are not capable.

For service users that are not capable there is a distinction between those in whom covert medication is unnecessary as they are unaware that they are receiving medication and those who are unaware as a direct result of the medication being given covertly.

Giving medicines covertly is only likely to be necessary or appropriate when service users actively refuse medication and who are judged not to have the capacity to understand the consequences of their refusal, or if they do not have the capacity to make a decision to refuse medication and are unable to take the medication when administered openly. Also an additional group of service users in whom covert administration may be considered, is service users with capacity who are detained under The Mental Health Act 1983 (MHA) that are refusing to consent.

Several further crucial considerations apply with regards to covert administration and this policy addresses them in detail.

The Mental Capacity Act 2005 (MCA) provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions and this encompass these recommendations.

Aim of policy

The aim of this policy is to provide guidance to ensure that when medication is given covertly the decision been properly considered, thorough consultations have been made to public scrutiny and audit.

Capacity to consent

Every adult is presumed to have capacity to consent or refuse treatment, including medication and it is for those that believe a person not to be capable to prove the fact.

Where a service user is suspected of lacking the capacity to give informed consent, a two stage functional test for capacity form should be completed. The service user needs to be able to:

- Understand the information relevant to the decision i.e. what the treatment is, its purpose, why it is being proposed, the main benefits, risks and alternatives to treatment and what the consequences would be of not receiving the treatment.

- Weigh up this information as part of the process of making the decision.

- Retain the information (long enough to be able to make a decision).

- Communicate the decision back.

If the service user fails on any of these four tests, then they are not considered to have capacity to consent.

The decision to consent to treatment involves receiving adequate information about the proposed treatment, having the capacity to assess and understand the nature of the treatment, and being able to make a free choice without undue pressure or coercion.

Where a service user is not capable of making a decision about medical treatment, it may be that consent can be given by an Attorney under a Lasting Power of Attorney that the service user executed whilst capable or by a Deputy appointed by the Courts of Protection (Refer to the MCA 2005 for further guidance).

Covert administration

It should be a contingency measure rather than regular practice.

The decision to administer medication covertly must only arise through conclusive evidence of the service user's inability to comprehend the significance of refusal and in addition it must only be considered in order to save life or to prevent deterioration of health and it must be in the service user's best interests.

Service users who find taking medication difficult when presented to them in the usual way (either because they find it hard to swallow pills or tablets, the medication distasteful or they do not understand cognitively what to do with medication when it is presented to them), but are more willing to take medication when it is delivered in either food or drink and are aware that they are receiving medication in this way, are not actively refusing treatment therefore this is **not** covert administration. All efforts to alleviate their difficulties e.g. referral to a speech and language therapist must be considered.

The reasons for presuming mental incapacity should be documented in the support plan.

Ensure that the five principles of the MCA have been fully considered:

- A person must be assumed to have capacity unless it is established that they lack capacity.

- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.

- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.

- An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests.

For the purposes of the MCA in order to determine what is in a person's best interests, the determination **must not** be made merely on the basis of the person's age or appearance or their condition, or an aspect of their behaviour, which might lead others to make unjustified assumptions about what might be in their best interests**.**

Before the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Any decision on the covert administration of medicines must be made by the multidisciplinary team, not by a single practitioner. The team should consider the wishes of the family and/or carers, and any views previously expressed by the person e.g. values or religious beliefs. The Independent Mental Capacity Advocate may be involved at this stage.

A further consideration must be made as to whether or not the service user has indicated consent or refusal at an earlier stage, while still capable in the form of a living will or advance statement.

The following points should be considered and recorded in the service user's notes:

- Whether the service user is capable to consent to or refuse treatment.
- Why it is proposed to administer medication covertly.
- If a service user is not capable, whether giving medication is necessary to save a service user's life/prevent deterioration of health and is in their best interests.

Whether, in the case of a service user who is not capable, the service user may be likely to recover so as to be capable of making his or her own treatment decisions in the near future.

All discussions and decisions must be fully documented in the service user's support plan, and reviewed regularly. The names of all parties concerned should also be documented.

Any decisions related to covert administration should, where appropriate be communicated in writing to the GP.

Medication considerations

If it is decided that medication is to be given in food/drink, a pharmacist must be consulted about what type of preparation should be used to ensure appropriate delivery of treatment.

Wherever possible, a suitable licensed liquid or soluble, dispersible or 'melt' formulation should be used. Crushing tablets or opening capsules should be regarded as a last resort as this is likely to alter the bioavailability of the medication. Dose adjustment may be necessary. Particular danger is possible if slow-release or enteric-coated tablets are crushed, as this may change the way the medication is absorbed.

Any medical, cultural or religious dietary requirements should be complied with (e.g. gluten-free for patients with coeliac disease, avoidance of animal gelatin for vegetarian, Jewish or Muslim service users).

Where necessary medicines should be mixed with a small amount of food or liquid rather than in a whole drink or portion of food. Service users receiving medication administered in food or drink must not be left until the medication has been consumed. The person administering medication must remain with the service user until the medication is consumed.

Any specific instructions regarding how to administer the drug(s) should be clearly annotated on the MAR sheet.

Paul Battershall
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