Some research we’ve done at St George’s, around end of life care, we found that that some patients were not being offered a choice of treatment because their capacity hadn’t been assessed, and because sometimes their family members or a member of the healthcare team would make an assumption about capacity without actually checking for it.

I’d like to give you an example of a young woman who has a learning disability and who had a diagnosis of cancer – and it was a brain tumour, I don’t recall the exact diagnosis. She was told she needed to have treatment and the treatment was described to her and the treatment sounded horrible, and she didn’t want to have the treatment at all.

But the doctor was very straightforward with her because he asked her ‘Do you understand what will happen if you don’t have the treatment’ and she said ‘What will happen if I don’t have the treatment?’ and he said to her ‘You will die. Do you know what that means?’ And her mother had died of cancer and she did know what it meant, and she said ‘I don’t want to die’.

So then he explained the treatment to her again and talked to her about how much support she would get while she was having the treatment.
(Baroness Hollins) And she had the treatment and she’s now able to teach medical students about issues of consent and capacity.

So I think she’s a very positive example of how when the information was presented to her in a way that she could understand in a straightforward kind of way, that actually she was able to make a decision and people were confident that she did indeed have capacity.