



Supported decision-making in practice

Use practical communication, timing and environmental adjustments to maximise a person's ability to participate before concluding that they cannot decide.

Estimated learning time	Sources checked	Review due
45 minutes	17 September 2026	2027-03-17

Clinical safety: This educational module does not replace current law, statutory guidance, local policy, legal advice or patient-specific clinical judgement. Jurisdiction-specific rules must be checked for the nation in which care is delivered.

Your reflection is private. After completing the assessment you may optionally save a reflection in your Clinical Education account. Reflection is not part of this downloadable reading file, is not shown on the module certificate and is not exposed through the site administrator interface. Do not put identifiable patient, colleague or confidential employer information into reflective notes.

Learning objectives

- Describe practical steps that can maximise a person's ability to participate in a decision.
- Recognise potentially reversible barriers to communication or decision-making.
- Use interpreters, communication aids and trusted support appropriately without transferring the decision to others.
- Choose timing and environment proportionately when delay is clinically safe.

Learning material

Support before assessment

A capacity assessment should not begin with a test and end with a label. The first task is to make the decision as accessible as reasonably possible. That means checking communication, hearing, vision, language, pain, breathlessness, fatigue, distress, medication effects and the environment.

A person who cannot follow a hurried conversation in a noisy ward at 02:00 may be able to decide after sleep, analgesia, hearing aids and a calm explanation. Support is part of the assessment, not an optional courtesy after it.

Communication needs and health literacy

Information should be presented in a form the person can use. Short sentences, plain language, pictures, demonstrations, written summaries and teach-back can all help. The aim is not to reduce information below what is material to the decision, but to communicate that information in a way the person can understand.

Do not confuse limited literacy, aphasia, dysarthria, sensory impairment or English as an additional language with inability to decide. These conditions may require adapted communication or specialist input.

Interpreters and communication aids

Where language is a barrier, a professional interpreter is usually safer than relying on a relative for significant decisions, particularly where confidentiality, accuracy or family pressure may matter. Communication aids and speech-and-language support can be essential when the person's expressive ability is impaired.

The person does not need to speak in conventional sentences to communicate a decision. The relevant question is whether a reliable method of communication can be established.

Timing, fatigue, pain and reversible causes

Decision-making ability can be affected by acute illness, hypoxia, infection, medication, intoxication, withdrawal, pain, anxiety, sleep deprivation or fatigue. If a decision is not urgent, treat reversible factors and choose a better time. If it is urgent, document why delay is unsafe and use the applicable legal framework.

Support must be proportionate. A minor routine choice may require little adjustment; a high-stakes irreversible intervention may justify more time, senior input and repeated explanation.

Trusted supporters without substitution

A trusted relative, friend, advocate or carer can help the person feel safe, recall values or communicate preferences. Their role is to support the person, not to answer in their place unless they have verified legal authority and that authority applies to the decision.

Ask the person whether they want someone involved. If a supporter dominates the conversation, redirect questions to the person and consider speaking privately where pressure or coercion is possible.

When delay is safe and when it is not

Supported decision-making is not a rule that every decision must wait for ideal conditions. The clinical team must balance the value of improved participation against the harm of delay. In an emergency, life-saving action may need to proceed under the relevant emergency or incapacity framework. In a non-urgent decision, waiting for delirium to improve may be the most autonomy-preserving option.

Key terms for review

supported decision-making, interpreter, hearing, vision, communication aid, fatigue, pain, delirium, trusted person, reasonable support

Documentation exercise

Write a support plan listing the practical adjustments attempted before concluding that a person could not make the decision.

Official sources and further reading

The links below are the authentic official sources used for this module. They should be rechecked for time-sensitive clinical or legal decisions.

MC-EW-01 - Mental Capacity Act 2005

<https://www.legislation.gov.uk/ukpga/2005/9/contents>

MC-EW-02 - Mental Capacity Act Code of Practice

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

MC-S-03 - Adults with incapacity: code of practice for medical practitioners

<https://www.gov.scot/publications/adults-incapacity-scotland-act-2000-code-practice-third-edition-practitioners-authorised-carry-out-medical-treatment-research-under-part-5-act/>

MC-NI-02 - Mental Capacity Act - Department of Health NI

<https://www.health-ni.gov.uk/topics/mental-capacity-act>

CON-UK-01 - GMC - Decision making and consent

<https://www.gmc-uk.org/professional-standards/the-professional-standards/decision-making-and-consent>

CON-UK-02 - GMC - The seven principles of decision making and consent

<https://www.gmc-uk.org/professional-standards/the-professional-standards/decision-making-and-consent/the-seven-principles-of-decision-making-and-consent>

CON-UK-04 - NICE NG197 - Shared decision making recommendations

<https://www.nice.org.uk/guidance/ng197/chapter/Recommendations>

Next step

Return to [clinicaledu.uk](https://www.clinicaledu.uk) to take the module assessment. After a pass, you may obtain the module certificate and, separately, add an optional private reflection and generate a learner-controlled Learning & Reflection Record.

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