



## Documentation, disagreement and escalation

Create records that show the decision-making pathway, transfer essential information safely and escalate unresolved disagreement through proportionate clinical, safeguarding, ethics or legal routes.

| 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

- Document capacity and substitute decisions in a way that shows the reasoning pathway.
- Recognise when disagreement can be managed clinically and when formal escalation is required.
- Use advocacy, safeguarding, second opinions and legal advice proportionately.
- Plan review and safe transfer of decision-making information between settings.

### Learning material

#### What a good record should demonstrate

The record should allow another clinician to understand the decision without reconstructing the entire case. It should identify the decision, capacity or authority, information provided, support used, relevant wishes/values, consultation, options considered, rationale, outcome and review trigger.

A short specific note is often safer than a long generic template. Avoid global labels and unexplained phrases such as “family agrees” or “best interests discussed”.

#### Review triggers and continuity

Capacity and care decisions can change when the person’s condition, information, treatment options or setting changes. The record should state what would prompt review and which decisions remain unresolved.

At transfer, communicate current capacity findings, legal proxy documents, advance decisions, important preferences and any active restrictions or safeguards. Do not assume a copied form remains applicable without clinical review.

#### Disagreement with family, proxy or team

Disagreement is not automatically a safeguarding concern or court matter. Many disputes can be resolved by clarifying facts, correcting misunderstandings, revisiting the person’s wishes, arranging a senior review or obtaining

a second clinical opinion.

The team should avoid framing families as obstructive merely because they are distressed or disagree. Clear explanation and time can often reduce conflict.

## Advocacy and safeguarding

Independent advocacy may be appropriate when the person has difficulty being heard, has no suitable representative or the applicable framework requires it. Safeguarding routes are important where coercion, abuse, neglect, exploitation or serious conflict of interest is suspected.

Advocacy and safeguarding are different functions; neither should be used as a substitute for careful capacity assessment.

## Second opinion, ethics and legal advice

Escalation should match the seriousness and uncertainty. A second opinion may clarify clinical benefit; an ethics forum may help structure difficult values-based reasoning; legal advice may be required when authority is disputed, liberty is at stake or serious disagreement persists.

Court involvement is sometimes necessary, but it should not be taught as the routine next step for every disagreement.

## Integrated handover

A safe handover says what decision was made, whether the person had capacity, what authority applied if not, who was consulted, what the rationale was, what remains uncertain and when review is due. This supports continuity and reduces the risk that outdated conclusions are copied forward.

## Key terms for review

documentation, disagreement, advocacy, safeguarding, second opinion, legal advice, Court of Protection, transfer, review

## Documentation exercise

Create an integrated handover note summarising decision, capacity/authority, consultation, decision rationale, review trigger and unresolved issues.

## 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-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>

### EOL-UK-02 - GMC - Treatment and care towards the end of life: guidance

<https://www.gmc-uk.org/professional-standards/the-professional-standards/treatment-and-care-towards-the-end-of-life/guidance>

## Next step

Return to [clinical.edu.uk](https://clinical.edu.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.

This module is independent educational material and is not externally accredited CPD unless explicitly stated otherwise.