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Letters to the editor

OVERVIEW

Please submit letters for the editor's consideration within three weeks of receipt of *Clinical Medicine*. Letters should ideally be limited to 350 words, and sent by email to: clinicalmedicine@rcplondon.ac.uk

Systematic review on the prevalence of lack of capacity in medical and psychiatric settings

Editor – I read with interest the systematic review on the prevalence of lack of decision-making capacity (DMC) in medical and psychiatric settings (*Clin Med* 2015;15:337–43).[1]

DMC for treatment (DMC-T) is an important consideration for clinicians working in all clinical settings. The authors set out to synthesise the evidence in this area. However, I have concerns over their methods.

The authors treat DMC as a generic ability, rather than one that is by definition specific to the decision in hand as per the Mental Capacity Act 2005, as they have included studies assessing DMC for research (DMC-R) along with those assessing DMC-T in their meta-analysis. Decisions around treatment versus participation in research on treatment involve different considerations. Research decisions can be particularly complex due to the need to appreciate that the primary purpose of the research is not to guide individual care (the 'therapeutic misconception')[2] among other non-treatment related issues. DMC-T is not synonymous with DMC-R and should be analysed and presented separately.

Studies on DMC are highly nuanced by the specific population studied and the specific decision for which DMC is being assessed. They are particularly vulnerable to selection bias given that clinical factors that may impact on recruitment into a research study (ie severity of illness) can be expected to affect DMC. This includes the potential 'catch 22' of research participants being required to have DMC-R in order to consent to a study on DMC.[3] The authors perform a sub-analysis to take into account clinical setting (inpatients/outpatients); however, they also need to consider these factors among others, such as diagnosis, separately.

Their meta-analyses included all studies non-discriminately ignoring the heterogeneity and inherent biases within, rather than being grouped by the factors above and crucially the specific decision for which DMC is being assessed.

Therefore I do not understand what their summary data and analysis represents other than a reflection of the complexity and heterogeneity of studies in this field.■

References

1 Lepping P, Stanly T, Turner J. Systematic review on the prevalence of lack of capacity in medical and psychiatric settings. *Clin Med* 2015;15:337–43.
2 Kimmelman J. The therapeutic misconception at 25: treatment, research, and confusion. *Hastings Cent Rep* 2007;37:36–42.
3 Saks ER, Dunn LB, Palmer BW. Meta-consent in research on decisional capacity: a "catch-22"? *Schizophr Bull* 2006;32:42–6.

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Response

We fully accept that the studies we have included in our systematic review on decision-making capacity are highly heterogeneous. We acknowledge this clearly in the limitations section. This does indeed show that capacity is a complex problem but we attempted for the first time to get some clarity about the likely prevalence of incapacity in medical and psychiatric populations. Only 7 of our 58 included studies looked at capacity to participate in research. We accept that this is a slightly different proposition than standard treatment decisions but it is still relevant, as all the included studies tested capacity in a population to which treatment is suggested. We made sure that we only included studies which used validated tools that asked specifically about capacity for a proposed treatment. We thus excluded any general opinions on someone's capacity. We agree that it is a good idea to analyse the research capacity studies separately in a sub-analysis, and we invite the authors of the letter to submit this work. Studies on the capacity of patients with specific diagnoses have been done and are mentioned in our paper, many are included in the review.

We believe that our review has clinical value in that it gives an approximation for clinicians with regard to the level of incapacity they can expect in a variety of settings. We accept that the heterogeneity is a limiting factor, but thus far no other review has even attempted to give clinicians some guidance of the magnitude of the prevalence of incapacity.

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