



Ethical Care Decision-Making Record (ECDMR)

Version 1.0

The following steps are a guide to shape discussions with patients, family/carers and colleagues about changes in care for the patient. This form should be used when complex decisions about levels of care are made. Guidance can be found at www.rcplondon.ac.uk/ethically-complex-care

Patient name:

Patient DoB:

Hospital ID / NHS No:

Date:

If no longer valid this should be recorded clearly in the box below and the form ~~CROSSED THROUGH~~.

THIS FORM HAS BEEN REPLACED OR IS NO LONGER VALID

Name:

Position:

Date:

Signed:

ECDMR: Step one

The purpose of the decision-making process and use of documentation¹

Outline the reason for using this form as a record of ethical decision making. Tick as applicable

Standard practice

More complex decision making

Special circumstances

Details:

Reference, guideline or official directive (if applicable):

Date/duration of this:

Patient name:

Patient DoB:

Hospital ID / NHS No:

Date:

ECDMR: Step two

The four question approach²

Each of the following four questions should be worked through in order:

Q1. What specific clinical decision is being discussed, and what are the possible outcomes?

Decision:

Example: Whether or not to initiate ventilatory support.

Option(s):

Example: Invasive or non-invasive options considered vs. routine or high-flow oxygen therapy.

Outcomes(s):

Example: Potential reversibility vs. prolonged ventilatory support with expected poor prognosis.

Q2. What are the patient's preferences? Tick as applicable

A – Does the patient have any of the following valid documents in place? ACP DNACPR ReSPECT

Has the decision been reviewed, or have any circumstances changed to require this? YES NO

Details:

Patient name:

Patient DoB:

Hospital ID / NHS No:

Date:

B – Does this patient have the mental capacity to make this decision? YES NO
Understand? Retain? Weigh-up? Communicate?

C – What are the patient's wishes or expressed views relating to the decision or potential outcomes?

D – What decision or outcome does the clinical team believe would be in the patient's best interests?

E – What other sources of information were used, or patient advocate/carers involved, during this discussion?

If family member – name(s) and relationship(s):

Q3. What are the anticipated effects on the patient's quality of life?

A – What are the patient's views on the effects of this decision or the outcome on their quality of life?

and/or

B – What are the views of the clinical team regarding the likely effect on the patient's quality of life?

Outcome(s):

Patient name:

Patient DoB:

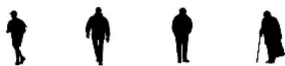
Hospital ID / NHS No:

Date:

Consequence(s):

C – Clinical Frailty Scale⁴ for older adults (over 65 years)

Score of 4 or less



Score of 5 ('Mildly frail')



Score of 6 or more



Any cognitive impairment?

Mild to moderate dementia

Severe dementia

Relevant comorbidities or underlying health conditions:

D – Influence of any discerning features considered (eg a prognostic or outcome score, or performance measure)

Q4. What contextual factors, if any, have an impact on the decision or outcome?

For example, this may include, although not exclusively, religious, cultural, legal or resource-related factors. Specific detail MUST be documented with relevance to this individual case and as referenced in

ECDMR: Step one

Factor

Impact

Patient name:

Patient DoB:

Hospital ID / NHS No:

Date:

Examples:

Factor: Religious

Impact: The patient is a Jehovah's Witness and has expressed their wish not to receive whole blood or component blood products.

Factor: Resource constraint

Impact: Special circumstances such as an ongoing critical incident requiring prioritisation of patient care within a resource-constrained setting. (Ref./Dated/Review date xxx)

Factor: Institutional processes

Impact: This case has been reviewed by ethics committee X of hospital/trust Y. The following advice was given:

Further family/carers discussion or patient information required (eg for review or later clarification)

ECDMR: Step three

Agreed decision / course of action. Tick as applicable.

Clinical care plan agreed and documented

Discussed with patient

Discussed with family

Summary of the decision

Will this decision be subject to review? YES NO

If so, state planned date*: / /

Has a new escalation plan been agreed and documented? YES NO Not applicable

Has a new DNACPR decision been agreed and documented? YES NO Not applicable

* Document any planned review or changes to this decision below

Patient name:

Patient DoB:

Hospital ID / NHS No:

Date:

Intended next care location, department or team (may remain the same)

Key clinical / team leader (eg emergency physician in charge, critical care consultant, or MDT lead)

Name:

Position/specialty:

Date:

Signed:

Individual team members or specialty representatives involved in the decision-making process

Name:

Position/specialty:

Name:

Position/specialty:

Name:

Position/specialty:

Name:

Position/specialty:

Decision review

Record any planned review or changes to the decision documented in **ECDMR: Step three**

Date:

Details:

Name:

Signed:

Patient name:

Patient DoB:

Hospital ID / NHS No:

Date:

If further space is required use this page, taking care to reference the section number and initial each entry

No: Detail:

Initials:

This is Version 1.0 of the ECDMR. We welcome your feedback on the record and accompanying guidance to inform the next version. Please email policy@rcplondon.ac.uk

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- 1 Royal College of Physicians. *Conversations for ethically complex care: A framework to support discussion and documentation of decision making for levels of care in clinical practice*. RCP, 2021
 - 2 Influenced by: Jonsen AR, Siegler M, Winslade WJ. *Clinical ethics: A practical approach to ethical decisions in clinical medicine*, 8th Ed. McGraw-Hill; 2015
 - 3 *Mental Capacity Act 2005*
 - 4 Canadian Study on Health and Aging, Revised 2008 and Rockwood K et al. A global clinical measure of fitness and frailty in elderly people. *CMAJ* 2005;173:489–95.