CHAPTER 2 · PROFESSIONAL DOMINANCE

Ethics · Capacity · Breaking Bad News · Difficult Conversations

CORE · ALL PATHWAYS · CAUTION — INSTANT FAIL RISK

Abbreviations used in this chapter: **AMA** Against Medical Advice · **IMCA** Independent Mental Capacity Advocate · **LPA** Lasting Power of Attorney · **MDT** Multidisciplinary Team · **PLAB** Professional & Linguistic Assessments Board · **UKMLA** UK Medical Licensing Assessment

From Chapter 1

Chapter 1 gave you structure. Chapter 2 gives you the ethical backbone that protects against instant fails.

You can structure a consultation perfectly — and still fail if you mishandle:

Capacity · Consent · Confidentiality · Safeguarding · Breaking bad news · Anger · Duty of Candour

Why This Chapter Matters

2025 GMC Data: 59.8% passed PLAB 2 · 14,689 sat · 8,787 passed · ↓ from 65.8% in 2024

CAUTION — 2026 UKMLA Shift: Examiners increasingly assess: visible ethical reasoning · social accountability · patient involvement · shared decision-making

SAY — Gold Rule: Verbalise your reasoning explicitly.

DANGER — INSTANT FAIL TRIGGERS

No capacity assessment before respecting refusal
"The family have decided"
Conditional apology
Breaking bad news without warning shot
Ignoring emotion
Sharing information without consent
Using Fraser outside contraception
Overriding valid Advance Decision
No documentation

First 30–60 Seconds — Set the Tone Early

Situation	SAY — Opening Script
Bad news	"Before we begin, is now still a good time to talk through your results?"

Situation	SAY — Opening Script
Capacity concern	"Before we decide anything, I want to make sure you feel able to make this decision today."
Relative present	"Is it okay if your daughter stays while we talk?"
Anger	"I can see you're upset. Thank you for telling me — let's go through this properly."

2. Mental Capacity Act (MCA)

The 5 MCA Principles

Principle	Meaning
Presume capacity	Adults are assumed to have capacity unless proven otherwise
Support decision-making	Help patients make their own decisions
Unwise decisions ≠ incapacity	Poor choices alone do not remove capacity
Best interests	Act in the patient's best interests if capacity is lacking
Least restrictive option	Use the least restrictive intervention possible

The 2-Stage Capacity Test

STAGE 1 — DIAGNOSTIC: Is there an impairment or disturbance of the mind or brain?

STAGE 2 — FUNCTIONAL: The patient must be able to: ✓ Understand ✓ Retain ✓ Weigh ✓ Communicate

Failure of ANY ONE caused by impairment = lacks capacity.

SAY — Word-for-Word Capacity Script:

- "Can you tell me in your own words what we've discussed?"
- "What do you see as the benefits and risks?"
- "What is your decision?"

Least Restrictive Option — Micro Example:

Refusing IV antibiotics? Offer oral antibiotics + close review.

WHY THIS SCORES: Demonstrates Principle 5: Least restrictive option.

Best Interests — What to Consider:

- Past wishes · Beliefs and values · Cultural/religious factors · Clinical benefit vs burden · Family views

No representative? → Involve IMCA. · Complex case? → Best Interests MDT meeting.

Advance Decision (Living Will) — Gold Script:

"I can see you have an advance decision. Under the MCA, this is legally binding if valid and applicable. I need to confirm it specifically refuses this treatment in these circumstances."

KEY — Lasting Power of Attorney (LPA): ONLY Health & Welfare LPA applies to medical decisions.

SAY — Key Question: "Do you have a Lasting Power of Attorney for health and welfare?"

Property/financial LPA ≠ medical decision authority.

CAUTION — If LPA requests unsafe care: "My duty under the MCA is to act in the patient's best interests. I may involve the ethics team."

DoLS — Brief Awareness:

If restrictions amount to deprivation of liberty: "I would ensure appropriate DoLS authorisation."

MCA vs Mental Health Act:

If refusing treatment for mental disorder AND detention criteria met:

"The Mental Health Act may override refusal, but this requires urgent senior psychiatric assessment."

Refusal · Leaving AMA · Relatives

3. Refusal of Treatment

Adults with capacity have the right to refuse ANY treatment — including blood transfusion, surgery, ventilation, treatment during pregnancy.

Pregnant women with capacity can refuse even if this harms the fetus.

Your structure: Assess → Explain risk → Explore concerns → Safety-net → Document

4. Leaving Against Medical Advice (AMA)

Safe AMA Structure:

1 Assess capacity · 2 Explain specific risks · 3 Offer alternatives · 4 Safety-net · 5 Document

Risk Example: "Out of 10 people in your situation, about 2 deteriorate within 48 hours." ✓ Natural frequency ✗ Relative percentages

5. Relatives vs Patient Autonomy

SAY — If competent adult disagrees with relatives: "My primary duty is to follow the patient's wishes."

Relatives can override ONLY with: Valid Health & Welfare LPA · Court-appointed deputy

Otherwise: Patient autonomy prevails.

6. Children — Gillick · Fraser · Safeguarding

Gillick Competence — Any treatment under age 16:

Child must demonstrate: ✓ Understanding ✓ Awareness of wider implications ✓ Decision in best interests

Fraser Guidelines — CAUTION — Applies ONLY to contraception.

ALL FIVE must apply: 1 Understands advice 2 Cannot be persuaded to involve parents 3 Likely to begin/continue sexual activity 4 Health likely to suffer without contraception 5 In best interests

If even ONE criterion missing → cannot proceed without parental involvement.

Safeguarding — Escalate if:

CAUTION — Risk of harm · CAUTION — Coercion or control · CAUTION — Sexual activity under age 13 · CAUTION — Exploitation suspected · CAUTION — Repeated concerning presentations

7. Breaking Bad News — SPIKES + NURSE

Step	Meaning
S	Setting
P	Perception
I	Invitation
K	Knowledge + warning shot
E	Emotion — NURSE
S	Strategy and summary

Letter	Meaning	SAY — Example
N	Naming	"This is a huge shock."
U	Understanding	"I can't imagine exactly how this feels."
R	Respect	"You've handled this with courage."
S	Support	"I'm here with you."
E	Explore	"What concerns you most right now?"

SAY — Chunk & Check — After every major piece:

- "Does that make sense so far?"
- "Would you like me to clarify anything?"

Do NOT give detailed prognosis unless the patient signals they want this.

After Breaking Bad News — Document:

✓ Emotional response · ✓ Support offered · ✓ Follow-up plan

8. Difficult Conversations

Core Structure: Acknowledge → Explore → Agree plan

SAY — If angry or abusive: "I want to help, but this conversation needs to remain respectful. If I feel unsafe, I may pause and involve support."

CAUTION — 9. Duty of Candour

✓ **You MUST:** Inform · Apologise · Explain · Support · Document · Written follow-up · Inform senior + incident report

INSTANT FAIL NEVER:

Conditional apology · Minimise harm · Deflect responsibility

10. Shared Decision-Making

SAY — Gold Opening Question: "Do you feel able to make this decision today?"

Shared Decision Model: Team Talk → Option Talk → Decision Talk

ALWAYS include: No treatment option.

11. Risk Communication

Gold Rule: Always use natural frequency.

SAY — Anticoagulation Example: "Out of 100 people taking this medication for a year, about 1–2 will have a major bleed."

INSTANT FAIL Never use relative risk alone.

12. Cultural Competence

SAY — High-Yield Phrases:

"Are there cultural or religious beliefs we should consider?"

"Would you like a chaplain involved?"

"I can arrange a professional interpreter."

INSTANT FAIL Never use family members as interpreters for sensitive decisions.

Visual Summary Table

Scenario	Framework	Avoid Saying
Capacity	5 Principles + 2-Stage Test	"The family decided"
Child	Gillick / Fraser	"Too young to decide"
Bad news	SPIKES + NURSE	"I understand how you feel"
Anger	Acknowledge → Explore	"Calm down"
Mistake	Apologise → Explain	"I'm sorry you feel…"
Risk	Natural frequency	"Low risk"
Refusal	Assess → Respect	"You must…"

Documentation Essentials

✓ Decision discussed · ✓ Capacity assessment · ✓ Risks explained
✓ Emotional response/support · ✓ Safety-netting · ✓ Escalation · ✓ Follow-up plan
SAY — Gold Rule: "If not written → not done."

Gold Closing Statement:

"This has been a difficult but important discussion. I ensured the patient felt heard, assessed their capacity, respected their autonomy, and documented clearly. I will escalate any uncertainties to my senior."

Final Exam Mantra

Professional Dominance = Compassion + Clarity + Confidence

Rapid Recall Frameworks:

Capacity	Presume → Support → Test → Document
Bad News	Warning shot → Silence → NURSE
Refusal	Assess → Respect → Safety-net
Mistake	Apologise → Explain → Escalate
Child	Gillick or Fraser
Risk	Use numbers (natural frequency)
Relatives	Patient decides

Presume capacity unless proven otherwise	**2-Stage test** diagnostic + functional	**SPIKES + NURSE** bad news framework	**Fraser = contraception** only — all 5 criteria	**Natural frequency** never relative risk
LPA H&W only not financial LPA	**Duty of Candour** inform · apologise · document	**Shared decisions** team → option → decision	**Patient autonomy** always prevails	**If not written** it did not happen