CORRECTIONS

When and how to treat patients who refuse treatment

This Practice article by Rosemary A Humphreys and colleagues (*BMJ* 2014;348:g2043, doi:10.1136/bmj.g2043) contains some errors in the following sections. A more detailed discussion of these issues can be viewed in the authors' rapid response to the online article (<http://www.bmj.com/content/348/bmj.g2043/rr/698747>).

In table 1, the "Criteria" for "Common law" should have read "Action is needed to prevent harm; in emergencies only," rather than "Action is needed to prevent harm; in emergencies only until there is time to assess capacity or undertake an MHA assessment" as was published. Also, under "MHA" the "Criteria" should have read: "The patient's mental disorder is of a nature (type) or [not "and" as published] degree (severity) that requires compulsory assessment or treatment in hospital."

In the third row of figure 1 (algorithm), "Use common law" should have read "Use MCA (or common law)." In the fourth row, "Use frameworks of MHA or MCA (following step 2) once there is opportunity for assessment" should have read "Following step 2 use frameworks of MCA (if not already using

or MHA once there is opportunity for assessment." For clarity, both table 1 and figure 1 have been reproduced at the bottom of this page with their correct wording.

Finally, in the section "Step 1: how urgent is treatment? Is common law applicable?" the second sentence should be replaced with: "In such situations, despite there being insufficient time for a fuller capacity assessment, the MCA should be used. In emergencies the MCA Code of Practice acknowledges that there is a reduction in the time available, and subsequent expected level of capacity assessment required, to arrive at a 'reasonable belief' that capacity is lacking and to decide on what treatment, if any, is in the patient's best interests. However, there are a few important exceptions to this when common law is used, such as when the patient is under the age of 16 or when the intervention is for the protection of others; in such cases the MCA is not applicable (see Table)."

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Table

Table 1 | Summary of key differences between common law, the Mental Capacity Act (MCA), Mental Health Act (MHA)*

Aspect	Common law	MCA	MHA
Disorders covered	Any disorder (physical or mental)	Disturbance in functioning of brain or mind	Any disorder or disability of the mind
Criteria	Action is needed to prevent harm; in emergencies only	The patient lacks capacity for a specific treatment decision(s) ; applies only to patients aged 16 years and over	The patient's mental disorder is of a nature (type) <i>or</i> degree (severity) that requires compulsory assessment or treatment in hospital
Who it protects	Patient or others	Patient only	Patient or others
Disorders that can be treated	Mental and physical health treatment	Mental and physical treatment in patient's best interests	Treatment of mental disorder only
Limits of restraint†	Emergencies only	Deemed a necessary and proportionate response to prevent harm to the patient	Involuntary detention in hospital
Important exclusions of application	Non-immediately life-threatening situations where there is time to assess capacity	Cannot be used to treat patients under the age of 16 years	Cannot be used to treat physical disorders unless it is causing the mental illness or is a direct consequence of it (discussed below)

*Important differences are highlighted in bold.

†Restraint should always be proportional and necessary.

Figure