While the QAS has attempted to contact all copyright owners, this has not always been possible. The QAS would welcome notification from any copyright holder who has been omitted or incorrectly acknowledged.

All feedback and suggestions are welcome. Please forward to: Clinical.Guidelines@ambulance.qld.gov.au

Disclaimer

The Digital Clinical Practice Manual is expressly intended for use by QAS paramedics when performing duties and delivering ambulance services for, and on behalf of, the QAS.

The QAS disclaims, to the maximum extent permitted by law, all responsibility and all liability (including without limitation, liability in negligence) for all expenses, losses, damages and costs incurred for any reason associated with the use of this manual, including the materials within or referred to throughout this document being in any way inaccurate, out of context, incomplete or unavailable.

Every adult person has a right to make decisions regarding health care, including the decision to reject that which is recommended by the person’s health care provider. This right of choice is not limited to decisions that others, including family members and health providers, may regard as sensible or even rational.

If the patient has provided a valid refusal, the paramedic must respect the patient’s wishes.

When attending a patient who expressly refuses ambulance treatment and/or transportation to hospital, the paramedic is required to conduct an assessment of the validity of that decision.\(^1\) This assessment is referred to as a VIRCA assessment.

**Valid decision to refuse treatment or transport**

The elements of a valid decision to refuse treatment and/or transport include:

- **Voluntary**
- **Informed**
- **Relevant**
- **Capacity**

### VIRCA

| **Voluntary:** | The decision to refuse ambulance treatment and/or transportation must be a voluntary choice free of coercion or influence from another person. |
| **Informed:** | The patient is to be informed of the risks or possible consequences of the decision to reject ambulance treatment and/or transportation. |
| **Relevant:** | The refusal must be relevant in that it relates to the treatment that has been recommended. |
| **Capacity:** | The patient has the requisite capacity or understands the nature and consequence of the decision to refuse. |
| **Advice:** | If the refusal is deemed to be valid, the patient has been provided with advice or recommendations to promote comfort and safety if the patient is to remain at home. |
**Voluntary**

The decision to refuse treatment and transportation to hospital must be one that is made voluntarily by the patient, free from any coercion or psychological pressure. The refusal would not be real or valid if it was later found that the decision was made on the basis of fraudulent information or misinformation of a significant kind.

The decision to consent or reject treatment may also be invalid if it is provided under duress or influence from another. When considering if there has been any influence exerted by a third party, the paramedic should have regard for the strength of the will of the patient and the relationship between the patient and the person exerting, or suspected of exerting influence.

With respect to a patient’s strength of will, the paramedic should be mindful that circumstances such as pain, fatigue, depression or fear can render a person in such a state whereby they could be easily overborne.

There are no set guidelines as to what may amount to coercion or influence on the part of another. Whether or not a patient has been influenced or convinced to refuse under duress, are matters of fact that will be determined having regard for the circumstances in each case.

*Is the decision to refuse treatment and/or transportation a voluntary decision?*

**Informed**

If a patient is to make a choice regarding whether or not to proceed with a recommended course of action, then it is only logical that the patient must be provided with information in order to make that choice. The paramedic must provide the patient with information about his or her condition, the treatment that is recommended, and the possible risks associated with that condition if the recommended treatment is not provided.

*Has the patient been provided with information regarding the condition, treatment and potential risks if no treatment is provided?*

*Has the provision of this information been presented to patients in a way that is responsive to their communication needs? (e.g. English as a second language; speech and hearing impairments)*

**Relevant**

The refusal must be relevant in that it must relate specifically to that which is recommended and the risks which the patient is willing to accept.

*Is the patient specifically refusing the treatment that is recommended?*

*Is the patient willing to accept the risks as explained?*
**Capacity**

The right to make a choice regarding health care presupposes a capacity to do so.

Capacity essentially means that the person is capable of understanding the nature and purpose of the treatment that is proposed, and consequences or risks associated with the decision, be it to consent to the treatment, reject it, or choose one rather than another of the treatments that may be available.

The paramedic must be satisfied that the patient is capable of understanding the information that has been provided and is able to arrive at a clear choice.

In the case of a young person (< 18 years of age), the test for capacity requires that the young person is sufficiently intelligent and has the maturity to understand the nature and consequences of the decision.

**Fluctuations in capacity**

Capacity to make decisions is not a fixed state, that is, either present or not. It is a fluid concept that can shift in response to a number of variables. Paramedics would appreciate the practical nature of this statement as it is not uncommon that they will observe fluctuations in a patient’s conscious state, degree of orientation, and level of comprehension in the relatively short period of time that the patient is in the paramedic’s care. These fluctuations are mostly attributable to the patient’s clinical condition or the effects of substances such as alcohol, elicit substances and prescribed pharmacological preparations.

It is important to identify if a patient is suffering from any condition which could impact on the patient’s decision making capacity however, such a finding should not, of itself, result in a conclusion that the patient lacks the capacity to decide. The paramedic would still be required to assess if the patient has the requisite capacity and understood the nature and consequences of the decision at hand.

**Gravity of the decision**

The gravity of the decision that the patient is making, and the potential for serious risk, is another factor which the paramedic is required to consider when assessing a patient’s capacity. In circumstances where there is a potential for serious risk, the patient is required to demonstrate a greater level of capacity.

Is the patient suffering from any condition that may limit their capacity to understand treatment information?

Can the patient retain the information provided regarding treatment and risks?

Does the patient demonstrate that they understand the information provided?

Has the patient weighted up the information provided, arrived at a clear choice and communicated that decision effectively?
Valid decision

If the paramedic forms the view that the patient has provided a valid refusal, the paramedic must respect the patient’s decision and provide advice.

Advice

The advice to be provided to the patient or carer includes information aimed at promoting comfort and safety and measures that the patient should take if circumstances change and treatment and/or transportation to hospital is desired.

Invalid decision

If the paramedic reasonably considers that:

- The patient has impaired decision making capacity; and
- There is no other person present that is authorised to provide consent on behalf of the patient; and
- The patient is suffering from a condition which requires urgent treatment and/or transportation to hospital in order to meet imminent risk to the patient’s life or health; or
- The patient is suffering significant pain or distress;

The paramedic should provide treatment in accordance with CPGs and explore options to ensure the patient is transported safely to hospital.
**CLINICAL ASSESSMENT**
Determine clinical conditional and possible risks so that:
- Patients can be informed or risks and
- Level of capacity (understanding) is commensurate to the level of risk

**INFORM PATIENTS OF:**
- Clinical assessment findings
- Possible/probable conditions
- Recommend treatment and/or transportation
- Possible risks associated with condition if treatment not provided

**HAS THE PATIENT BEEN ADEQUATELY INFORMED OF:**
- Condition?
- Recommended treatment?
- Possible risks?

**VIRCA ASSESSMENT**
Assess each element of a valid refusal:
- Voluntary
- Informed
- Relevant
- Capacity

**Does the patient continue to reject treatment and/or refuse transport?**

**Proceed with relevant treatment as per relevant CPPs and CPGs**

**INVALID REFUSAL:**
Is a substitute decision maker available?
- Health attorney
- Appointed guardian
- Parent (in cases involving your person)

**INVALID REFUSAL:**
Is the patient’s decision to refuse treatment or transport a valid refusal as per the VIRCA guidelines?

**Provide treatment in accordance with relevant CPGs**
Transport patient and notify as appropriate

**VALID REFUSAL:**
Provide advice to the patient regarding:
- Alternative options such as consulting general medical practitioners
- Precautions aimed at promoting safety and comfort

**Obtain consent for treatment/transport from substitute decision maker**

**DOCUMENT:**
- Findings of clinical assessment
- Findings of VIRCA assessment
- Information provided to patient regarding condition and risks
- Treatment provided OR
- Advice provided to patient regarding options, safety and comfort

**Note:** Officers are only to perform procedures for which they have received specific training and authorisation by the QAS.