

Issues potentially raised in S. 287 within Human Services jurisdiction?

and,

Ergo subjects for policy statements to offer as guides for Judiciary to apply as it reviews the proposed legal process changes?

A. Mental Health Care and Treatment

1. right to access to treatment and right to make treatment choices when competent
2. role of principles of autonomy (even when competence is lacking?) and of patient-centered care and MD-patient collaboration in best outcomes? (Institute of Medicine has a lot to say on this regarding MH treatment...)

... these overlap with more specific questions under the second Human Services topic:

B. Substitute Decision-Making applied to Mental Health Informed Consent

1. is principle of substitution only when competence is lacking, equally applicable?
2. are competency determinations "greyer" in MH, and with what implications?
3. is there a difference when person w/o competence is actively objecting?
4. are standards the same for substituted consent (best interests vs substituted judgment)?
5. who is appropriate decision-maker?
6. what is role of advance directives (including use of Ulysess clause)
7. are there access to urgent treatment issues (contrasting, e.g., the decision process in emergency guardianship for other medical decisions)?
8. impact of risk of harm to others if not otherwise preventable, while already detained?
9. impact of situations of recurring illness and no advance directive?

How do any/all of these impact whether the proposed changes in process (options for moving to court-imposed decisions more quickly, and consolidating hearings) are appropriate to our principles of rights of access to treatment and the right to make one's own treatment choices?

AD/ 4-11-14

[Handwritten notes and scribbles]