

Ethical approach to neuropsychological assessment



- Work within your professional competencies – seek supervision and additional training
- Be well acquainted with tests you are using and have clear rationale for their use.
- Review all sources of information (medical reports, educational reports etc) don't interpret in isolation
- Be aware of the limitations of assessment process and limits to validity of the assessment when feeding back
- Only do the minimum number of tests necessary for the assessment in hand
- Be open about how information from the assessment is likely to be used and shared
- Awareness of the impact that assessment may have on our relationship with the client (i.e. capacity assessment, driving assessment).
- Seek informed consent



- Presupposes the person is given an accurate perception of the risks, benefits and possible outcomes associated with a neuropsychological assessment

Discussion:

- What are risks?
- What are benefits?
- Possible outcomes?
- Could true informed consent invalidate assessment?
- Competency to give consent?
- How do we get consent?

Recommendations for Providing Informed Consent to Patients Receiving Neuropsychological Evaluations (1997)

- Provide a basic description of the intended purpose of the evaluation from the perspective of the neuropsychologist.
- Discuss with the patient the procedures and measures to be used in terms that the patient can easily understand and the estimated time for their completion.
- Explain the limits of confidentiality, as well as the foreseeable uses of this information that can be reasonably expected given current available information about the patient and their reason for referral. Describe any special circumstances pertaining to confidentiality (e.g., medicolegal assessments) or anticipated or lawfully required breaches of confidentiality that are applicable to the patient.
- In instances in which assessment results will be placed into a medical record, provide information to the patient concerning the material to be placed in the records and where those records are kept.
- Every effort should be made to explain the purpose of an evaluation in terms that can be easily understood. In the event that a patient is unable to express an understanding of the purpose of the assessment, consent is obtained, when possible, from a family member or legal representative. Informed consent should always be obtained from guardians prior to assessment of minors.
- Written documentation of informed consent outlining the aforementioned points should be obtained from the patient or legal representative prior to evaluation.

National Academy of Neuropsychology: Informed Consent

Flowchart for Informed Consent

Obtain Patient's Assent for Assessment Procedure

Explain nature and purpose of the
assessment

Use language that is reasonably
understandable to the person
being assessed

Consider patient's preferences
and best interests

Take reasonable steps to protect
patient's rights and welfare

Obtain substitute consent from
authorized person when permitted
or required by law*

Document written or oral assent

* If substitute consent from authorized
person is unavailable, contact the Department of
Health Services in your state.

- c. Anticipated uses of assessment
- d. Inpatient or outpatient setting?
- e. Involvement of third parties?
- f. Special legal mandates or
circumstances?
- g. Special limits of confidentiality?
- h. Use of interpreter?
- i. Recording of voice or images?

Obtain Patient's Consent for Assessment Procedure

- a. Content
 - 1. Referral source
 - 2. Purpose of the assessment
 - 3. Foreseeable risks, discomforts,
and benefits
 - 4. Fees and testing time
 - 5. Limits of confidentiality
 - 6. Involvement of third parties
- b. Provide opportunity for patient to
ask questions and receive answers
- c. Ask probing questions to assess
understanding
- d. Document written or oral consent
(varies depending on situation)

Case example

- George, 82 years old
- Cerebellar ataxia with cerebellar affective syndrome
- “frustrated about being unable to go home.....became agitated, climbed out of his hospital wheelchair despite persistent advice it was not necessary nor safe to do..”
- “....clear when agitated he was oblivious to both his own safety and social context or appropriateness of his comments...”
- “...may be issues around insight...”
- “refer to neuropsychologist for further assessment as he does present with cerebellar affective disorder, no major deficits in cognition on the ward but I suspect we do need a better neuropsychological formulation so that we can best optimise his safety”
- Previous best interest meeting, does have capacity and not detainable under the mental health act.

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- Initial assessment – George very keen to let me know how well he is doing
 - Difficult to direct assessment
 - Eventually discussed assessment – assent?
 - Continued assent in following sessions?