Client competence: Significance and standards

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Abstract

The nurse's role as advocate requires facilitating the client's informed consent. Individuals with cancer may experience a variety of conditions which may cause confusion and thus interfere with their ability to make informed choices. For this reason, it is important for nurses who work with such clients to understand both the meaning of and the differing standards for competence.

Competence refers to the ability to make a specific decision at a specific time. It is a critical ability to be able to assess, because it is fundamental to two values upon which western society is built - the principle of autonomy and the principle of beneficence.

While standards for competence are controversial, there is a growing consensus that the preferred standard is a sliding scale based on the consequences of the decision. Because of the subjectivity involved in assessing competence and assigning weight and valence to consequences, team members are advised to clarify their own values in this area.

The nurse's moral role as advocate requires facilitating clients' informed consent. Clients with cancer may experience a variety of conditions which may interfere with their ability to make informed judgments. Confusion may occur due to the presence of any of several variables such as primary or metastatic brain tumors, liver or renal failure, drug side-effects, drug intoxication related to impaired hepatic and renal capacity to excrete drugs normally, pain, sleep deprivation, grief, anxiety, and pre-existing conditions (Carnevali and Reiner, 1990).

For this reason, it is important for nurses to understand the meaning of competence as it relates to informed consent and to understand some of the standards which can be used to determine a given client's competence to make a given decision. This paper will explore the philosophical basis and definition of the concept of competence and will review some of the common standards and tests for competence.

Competence refers to the ability to make a specific decision at a specific time. It is a critical ability to be able to assess, because it is fundamental to two values upon which our society is built - the principle of autonomy and the principle of beneficence. The principle of autonomy basically directs all of us in western society to respect and promote the decisions made by others; the principle of beneficence essentially directs us to do good for others and to avoid harm. These principles will be elaborated upon in the next section.

The importance of competence: The principle of autonomy and its legal counterpart in the standards for informed consent are of great importance in our society. The principle of autonomy says that we should respect autonomy because, as a general rule, individuals know what is best for themselves. For some philosophers this is important as recognition of the inherent worth of individuals; for others, autonomy is important because it promotes the greatest good for society as a whole. As well, autonomy makes each of us responsible for shaping our lives; the individual knows best how a given decision fits into his own life plan (Dworkin, 1986). Our judgments about whether or not to respect a person's autonomy rest on the person's ability to make decisions/direct his own life in accordance with a coherent scheme (Dworkin, 1986).

Competence is a precondition of being able to act autonomously. The laws of informed consent require that - for a consent to be considered valid - it must be consensual, freely given, informed, and made by an individual who possesses the ability to understand the information and the consequences of his choices (Law Reform Commission, 1980). Because of the great importance placed on autonomy, individuals are assumed to be competent unless proven to be otherwise. The burden of proof of incompetency rests with others.

Competence is also important because of another value which is strong in our society, namely beneficence. While competent individuals are entitled to make decisions for themselves which they see as benefiting themselves, society wants to protect individuals if they do not have sufficient capacity to make a decision about their best interest. "Self-determination ought not to be blind" (President's

LA COMPÉTENCE DU CLIENT: SA SIGNIFICATION ET SES NORMES ABRÉGÉ

Dans son rôle de défense des malades, l’infirmière doit faciliter le consentement informé de ses clients. Les personnes atteintes du cancer souffrent de conditions variées qui peuvent entraîner une certaine confusion qui affaiblit ainsi leur capacité de faire des choix bien renseignés. C'est la raison pour laquelle il importe que les infirmières qui travaillent avec de tels patients comprennent bien le sens de la compétence et les différentes normes qui existent.

Le terme "compétence" s'emploie pour décrire la capacité de prendre une décision donnée à un moment donné. C'est une capacité qu'il est impératif de savoir évaluer parce qu'elle sous-tend deux valeurs fondamentales de société occidentale: le principe de l'autonomie et celui de la bienfaisance.

Bien que les normes qui existent pour la compétence soient controversées, un consensus se dégage en faveur d’une échelle fondée sur les conséquences de la décision. Étant donné la subjectivité qui entre en joue lors de l’évaluation de la compétence et de celle de l’importance et de la valence des conséquences, on conseille aux membres d’une équipe de clarifier leurs propres valeurs dans ce domaine.

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Commission, 1982, p. 56). The individual's best interest is thought to be best served when she understands her condition and can participate in the decisions about herself (President's Commission, 1982). When someone has lost or does not have this capacity, then our laws enable a judge to declare a person incompetent to make a decision in her own best interest, and to appoint another person to make a decision which would be in the incompetent person's best interest. Our judgments about whether or not to respect the person's autonomy rest on the person's ability to direct her own life in accordance with a coherent plan (Dworkin, 1986).

The meaning of competence: While the law has tended to make competence an "all or none" affair, competence is really not so simple. To begin with, there are two words that are often used synonymously in relation to this ability of the individual to understand - capacity and competence. Capacity refers to a clinical judgment that a person is capable of understanding his situation and has sufficient sensory and mental abilities to draw conclusions (Jonsen, et. al., 1989). Competence is the legal term for capacity. Because these terms are used so interchangeably in the literature, however, the term competence will be used in the remainder of this paper.

There are several important points to make about competence. One is that, because the single core meaning of competence is the ability to perform a task, the criterion for a particular competency varies from context to context because the criteria are relevant to specific tasks (Beauchamp and Childress, 1989). For example, the task inherent in consenting to a mastectomy differs from the task involved in consenting to a breast biopsy.

Secondly, competence is on a continuum from full competence through partial incompetence to full incompetence. For instance, a client with brain metastases, who is exhibiting some personality changes and cognitive difficulties, may have varying competence depending on the day of the week, the task, and the progression of the illness.

Related to both of these ideas is the notion that sometimes an individual who is generally able to choose appropriate means to achieve goals is unable to act on these means (Beauchamp and Childress, 1989). An example of this is the case of a competent young professional woman who had gathered a great deal of information about the treatments available to her. As the time of surgery approached, however, all this knowledge seemed meaningless to her as she became terrified and unable to concentrate. She was unable to opt for surgery until her anxiety was decreased. Her anxiety interfered with her ability to act on her chosen goals.

Finally, competence is not an absolute term but a relative one in that it refers to a quality of life determination by a given individual. The decision that one competent person makes about 'the good life' may differ from that made by another competent person. Properly understood, the concept of competence is broad enough to include an individual's assertion of his own values as a way to make decisions that may be contrary to conventional wisdom (Rosoff and Gottlieb, 1987). A given client may refuse deform surgery because he values physical attractiveness more than life itself. The decision alone should not be used as proof of incompetence.

Because competence exists on a continuum, it is relative, and reflects a balancing of the two principles of autonomy and beneficence, it is difficult to establish precise tests and standards for it. While the elements of capacity are 1) possession of a set of values and goals; 2) ability to understand; and 3) ability to reason and deliberate about one's choices (President's Commission, 1982), it is difficult to establish what these mean when applying them to an individual facing an actual decision.

Tests for competence: Several standards of competence have been proposed. They are as follows:

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Evidencing a Choice is the lowest standard and is the test that is most respectful of autonomy. The competent person under this test is the one who simply evidences a preference.

"Reasonable" outcome of choice involves evaluating a person's capacity to reach "reasonable" conclusions; as such, the emphasis is on the outcome of the decision. Because "reasonableness" is such a relative term, this test respects social goals at the expense of personal autonomy.

Choice Based on "Rational" Reasons. In this test what matters is the quality of the person's thinking. As with the "Reasonable Outcome" test, this test is difficult to apply because it rests so heavily on the definition of a term - in this case, the term being "rational".

The Ability to Understand test is most consistent with the laws of informed consent in that what matters here is the person's ability to comprehend the risks, benefits, and consequences of alternatives. While respectful of autonomy, this test raises questions in relation to the degree of understanding an individual must possess to be considered competent under this standard.

Actual Understanding. Under this test, the individual must evidence actual understanding of the information needed to make the decision. While this test is more reliable and does respect autonomy, the difficulties with it are that a) the standard may be too high for many otherwise competent individuals to meet; and b) it is hard to operationally define what adequate understanding is. (Roth, et al., 1977)

In Canada, there is no one legal standard for competence, although the common law generally uses the Ability to Understand test. The Law Reform Commission of Canada (1980) reaffirmed this choice of standard. In the United States, the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research (1982) rejected the expressed preference test and the "reasonable" outcome of decision test. The President's Commission did not endorse one particular test, favoring instead that the appropriate standard for competence be determined by taking into account the potential consequences of the decision, i.e., the greater the consequences for an individual's well-being the stricter should be the test of competence. This type of a sliding scale seems to be the majority opinion when it comes to deciding which standard of competence to apply (Drane, 1984; Haddad, 1988; President's Commission, 1982), although some argue for one standard over another. Such sliding scales are difficult to apply to persons who are marginally competent (Klozen, et al., 1988), such as those with Alzheimer's Disease or brain metastases. The challenge is to strike an appropriate balance between autonomy and beneficence by avoiding two errors: a) failing to protect a person from the harmful consequences of a decision made as a result of diminished capacity, and b) failing to permit a competent person to make a decision and turning the decision over to another (Buchanan and Brock, 1986). Several authors have proposed guidelines for striking this balance and in using a sliding scale of competence (Drane, 1984; Klozen, 1988; Steinberg, et al., 1986).

In conclusion, the assessment of competence is an imprecise and controversial task. Because different persons assign different weights to the two values of autonomy and beneficence, it is often difficult to achieve agreement among health professionals as to which standard should be applied and what actions should be taken. This is further complicated when one considers that the values which underlie the different health professions are prioritized differently. For example, medicine lends to place beneficence first, and nursing tends to place autonomy first. Different people also assign different weights to the projected harms and benefits of a given decision; thus, even if there is agreement on the relative weight to be accorded to autonomy and beneficence, the health professionals may differ among themselves as to what standard of competence should be chosen. For this reason, many recommend that those professionals involved in a given competency determination spend time clarifying their values and carefully considering whether a determination of incompetence is warranted and how that determination should be made. (Anns and Dansberger, 1986; Buchanan and Brock, 1986; Lynn, 1986; Wetles, 1986). There is too much at stake to do otherwise.

1. Beuchamp and Childress (1989), for example, posit a single standard - the ability to make reasonable decisions based on rational reasons; here, the standard remains constant while the nature of the decision varies.

References
