

Geriatric

Case stem

75 year old man presents to your practice with his daughter. His daughter is concerned about worsening short term memory loss over several months.

You review the notes and he has been with your practice for many years. He attends regular reviews. He has a background history of hypertension, type II DM, dyslipidaemia. He is a non smoker and has limited alcohol intake. He lives alone. Has 1 son and daughter who lives close by.

He is on

aspirin 100mg daily

felodipine 10mg daily

Metoprolol 95mg daily

Cilazapril 5mg daily

Metformin 500mg TDS

Gliclazide 80mg BD

However, you note that he was last seen 5 months ago. He was hypertensive and his felodipine was increased from 5 mg to 10mg. His blood test at the time also showed worsening Hba1c at 75 when it was 60 6 months earlier.

How would you proceed?

To Whom It May Concern:

Dear Sir / Madam

Health practitioner's certificate of mental incapacity for enduring power of attorney in relation to property.

Sections 97(5) and 100A(2), Protection of Personal and Property Rights Act 1988

Re:

DOB:

NHI:

Address:

Phone:

Problem List 1
 2
 3

I, *(insert own name)*, a health practitioner certify that -

1. I am *(specify type of registration)* registered with the *(specify registration body)*, as a *(specify role) (specify registration number)*. I am working with *(specify service)*.
2. My scope of practice includes the assessment of a person's mental capacity. *(if the EPOA requires a health practitioner with a specific scope of practice, then use the following*

sentence, otherwise delete) My scope of practice includes the assessment of a person's mental capacity; and is the same as that specified in the enduring power of attorney.

3. On ***(insert date)***, I examined / assessed ***(insert name of donor)***, the donor of power of attorney in relation to property (executed in ***year of execution)*** to ascertain their mental capacity. I also spoke with - or reviewed - ***(insert any collateral or other sources of information)***.
4. In my opinion the donor is mentally incapable because they are not wholly competent to manage their own affairs in relation to their property.
5. The reasons for my opinion are - ***(insert reasons for clinical opinion)***.

Please contact me if you require any further information regarding this matter.

Thank you.

Yours sincerely,

Signed:

Dated at ***(insert time)***, this ***(date)*** day of ***(month)***, ***(year)***.

Name

Title

Professional Address

To Whom It May Concern:

Dear Sir / Madam

Health practitioner's certificates of mental incapacity for enduring powers of attorney in relation to both property and personal care and welfare.

Sections 97(5), 98(3) and 100A(2), Protection of Personal and Property Rights Act 1988

Re:

DOB:

NHI:

Address:

Phone:

Problem List	1
	2
	3

I, *(insert own name)*, a health practitioner certify that -

1. I am *(specify type of registration)* registered with the *(specify registration body)*, as a *(specify role) (specify registration number)*. I am working with *(specify service)*.

2. My scope of practice includes the assessment of a person's mental capacity. ***(if either or both of the EPOA's requires a health practitioner with a specific scope of practice, then use the following sentence, otherwise delete)*** My scope of practice includes the assessment of a person's mental capacity; and is the same as that specified in the enduring power of attorney.
3. On ***(insert date)*** I examined / assessed ***(insert name of donor)***, the donor of powers of attorney in relation to both property and personal care and welfare (executed in ***year of execution***) to ascertain their mental capacity. I also spoke with - and reviewed - ***(insert any collateral or other sources of information)***.
4. In my opinion the donor is mentally incapable because they are not wholly competent to manage their own affairs in relation to their property.
5. In my opinion, the donor is mentally incapable in relation to care and welfare as they lack the capacity to: ***(please tick one or more of the following statements below according to the assessment and insert the relevant named aspects of care and welfare)***

Make a decision about -

Understand the nature of the decision(s) about -

Foresee the consequences of the decision(s) about - ***(insert named aspects of care and welfare)*** or to foresee the consequences of any failure to make such decisions.

Communicate the decision(s) about -

6. The donor's mental incapacity is due to a health condition that is likely to continue: ***(tick the statement that most closely applies)***

For a period of months / years.

Indefinitely.

For a duration of which I am unable to determine.

7. The reasons for my opinions are as follows - ***(please insert reasons for clinical opinion)***.

Please contact me if you require any further information regarding this matter.

Thank you.

Yours sincerely,

Signed:

Dated at **(time)**, this **(date)** day of **(month) (year)**.

Name

Title

Professional Address

To Whom It May Concern:

Dear Sir / Madam

Health practitioner's certificate of mental incapacity for enduring power of attorney in relation to personal care and welfare.

Sections 98(3) and 100A(2), Protection of Personal and Property Rights Act 1988

Re:

DOB:

NHI:

Address:

Phone:

Problem List 1
 2
 3

I, *(insert own name)*, a health practitioner certify that -

1. I am *(specify type of registration)* registered with the *(specify registration body)*, as a *(specify role) (specify registration number)*. I am working with *(specify service)*.
2. My scope of practice includes the assessment of a person's mental capacity. *(if the EPOA requires a health practitioner with a specific scope of practice, then use the following*

sentence, otherwise delete) My scope of practice includes the assessment of a person's mental capacity; and is the same as that specified in the enduring power of attorney.

3. On ***(insert date)*** I examined / assessed ***(insert name of donor)***, the donor of power of attorney in relation to personal care and welfare (executed in ***year of execution)*** to ascertain their mental capacity. I also spoke with - and reviewed - ***(insert any collateral or other sources of information)***.

4. In my opinion, the donor is mentally incapable as they lack the capacity to: ***(please tick one or more of the following statements below according to the assessment and insert the relevant named aspects of care and welfare)***

Make a decision about -

Understand the nature of the decision(s) about -

Foresee the consequences of the decision(s) about - ***(insert named aspects of care and welfare)*** or to foresee the consequences of any failure to make such decisions.

Communicate the decision(s) about -

5. The donor's mental incapacity is due to a health condition that is likely to continue: ***(tick the statement that most closely applies)***

For a period of months / years.

Indefinitely.

For a duration of which I am unable to determine.

6. The reasons for my opinion are - ***(please insert reasons for clinical opinion)***.

Please contact me if you require any further information regarding this matter.

Thank you.

Yours sincerely,

Signed:

Dated at **(time)**, this **(date)** day of **(month) (year)**.

Name

Title

Professional Address

He returns 12 months later. He is noticeably more repetitive in his conversation. His daughter mentioned that he is struggling to organise his bills. She inform you her brother is the appointed EPOA however, the banks are still not allowing them to help him with managing the money.

How would you proceed

PART 1
REQUIRED PROVISIONS

Appointment of attorney

I, [REDACTED] of [REDACTED] Clark's Beach Franklin, Retired, appoint my son [REDACTED], of Auckland, Electrical Engineer, to be my attorney in relation to my property affairs for the purposes of Part 9 of the Protection of Personal and Property Rights Act 1988.

Appointment of successor attorney

If the appointment of my attorney ceases, I appoint:

- my daughter [REDACTED], of Auckland, Housewife, to act as my successor attorney with the same authority as the attorney whose appointment has ceased and is succeeded

When your attorney can act

You can empower your property attorney to act immediately on your behalf or only if you become mentally incapable. If you choose the latter, a health practitioner whose scope of practice includes the assessment of mental incapacity must certify (or the Family Court must decide) you are mentally incapable before your attorney can act.

I authorise my attorney to act:

- immediately, while I am mentally capable, and to continue to act if I become mentally incapable

Attorney's power to benefit self and others

I authorise my attorney to do the following when acting on my behalf when I am mentally incapable:

- continuation of a gifting programme to any family trust in which I may be involved so as to reduce the debt owed to me. Gifts may be made up to the maximum amount each year which will not attract gift duty or tax

I do not authorise my attorney to do the following when acting on my behalf when I am mentally incapable:

- take any action in respect of real or personal property that the attorney and I own jointly
- make payments in respect of out-of-pocket expenses incurred by my attorney
- make a loan, advance, or other investment of my property that a trustee could make of trust funds under Section 13A of the Trustee Act 1956 for the benefit of my attorney
- make a loan, advance, or other investment of my property that a trustee could make of trust funds under Section 13A of the Trustee Act 1956 for the benefit of any person other than myself.

Assessment of mental capacity

I wish any assessment of my mental capacity for the purpose of Part 9 of the Protection of Personal and Property Rights Act 1988 to be undertaken by:

- Any health practitioner whose scope of practice includes assessment of mental capacity.