**Best interests versus wishes and feelings case study**

1. **THE HISTORY**

* 93-year-old lady had been admitted to hospital with pressure sores. She had been temporarily living in a care home, which had stated there would be no place available for her on discharge. She had a son who was very involved in her daily care and another son who lived away. The son was keen for her to be discharged to a care home and the lady, who had been assessed as having capacity, fluctuated between saying she wanted to go to a care home and that she wanted to return to her flat.
* People/agencies involved: Son, Hospital Discharge Team.
* Family: Two sons. One living locally undertaking caring responsibilities and another son living away.

1. **TRIGGER FOR ADVOCACY REFERRAL**

The lady was referred by the hospital discharge team, who requested an advocate to attend the discharge planning meeting as there appeared to be differences in her wishes and those of her son. It was hoped that by having an advocate present the lady would feel confident to state her preferred option, which did appear to be different when she was asked on her own and when her son was present.

The son was very opposed to having the input of an advocate and queried what help an advocate could be.

1. **SUPPORT FROM THE ADVOCATE**

It was agreed that the advocate would be accompanied by the supervisor for   
the initial visit at the hospital, as the son had shown opposition to advocacy involvement but the lady herself had expressed a wish to see an advocate. At the first visit, the son did not attend and the lady herself was asleep, so it was agreed to rearrange. During the second visit the son was very agitated and the lady seemed very conscious of his views and occasionally asked the advocate to come closer so she could speak unheard.

At this meeting the lady first of all stated that she agreed with her son and would like to go to a care home but she later said she would like to go back to her flat. It was very apparent that the son wished for her to go to a care home and he strongly disagreed that she was physically able to return to her flat.

The advocate attended the discharge planning meeting and no decision was made at that stage.

1. **POVA CONSIDERATIONS**

The son got in touch with the advocate requesting that she be present at a meeting he was arranging for his mother to sign a form relinquishing the tenancy of her flat. The advocate stated that she was unable to do this and this was not our role as advocates. It was also still not clear whether the lady wished to return home with a package of care or to have a place in a nursing home. She was not in good health and her physical care needs were high.

It was felt that this could have been an attempt at coercion and deprivation of assets by the son, as he had stated that he wished his mum to be discharged to a care home, not to her flat, where he would still have caring responsibilities. The lady was in very poor health and very frail so it is probable that a best interest decision would have had to be made, despite an assessment having already been made stating that she had capacity. The son was insisting that she didn’t have capacity.

The advocate contacted the Health Board POVA coordinator, who stated that this situation was already known to him. The son was in the process of making complaints against members of the ward staff and the care home staff. None of the care homes contacted were willing to accept the lady. It was agreed that a further capacity assessment be undertaken and that a best interest decision may have to be made depending upon the result of the assessment.

1. **PROCESS AND OUTCOME**

Following input from the advocate, it was agreed that a further capacity assessment be undertaken and that at the discharge planning meeting a best interest decision be made. The advocate spent time with the lady trying to ascertain her wishes and letting her know the options available to her.