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Learning from a Case - Ryan

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Ryan was terminally ill and in receipt of palliative care support from carers commissioned privately, District Nurses and his sisters. Ryan stopped eating and drinking and health professionals were concerned that Ryan wanted to take his own life with the assistance of his sisters. In response a safeguarding concern was raised which was the correct pathway, however this was not discussed with Ryan or his sisters, which would have been best practice.

Whilst a safeguarding concern had been raised the Local Authority (LA) did not respond to the concern so the Section 42 process was not initiated, which would have been an opportunity for multi-agency discussion.

In response to the concerns raised Berkshire Healthcare Foundation Trust (BHFT) contacted Ryan by phone to arrange an assessment and to check whether or not Ryan had any access to any harmful objects including medication. Ryan's sister stated that this was distressing for Ryan and his family, who felt that Ryan was being treated as a drug user and not someone at the end of their life.

Thames Valley Police (TVP) visited Ryan, in uniform, to carry out an unannounced welfare check which was very upsetting for Ryan and his family. Ryan felt embarrassed about police visiting his property.

BHFT visited Ryan, with the palliative care team, in response to the concerns raised about the risk of suicide and to assess Ryan's capacity. It was not clear to Ryan and his family why the assessment was being undertaken. Ryan was discharged from BHFT after this assessment, but Ryan and his family were not informed of this, and found out over a week later, via Ryan's GP.

Ryan passed away, it was then that Ryan's sisters were made aware of the safeguarding concerns that had been raised and that they had been named as possible perpetrators. This was very upsetting for Ryan's family.

Ryan's family ask that the partnership learn from this case to ensure that other people who maybe in a similar situation are treated with dignity.

Learning Point 1: Assisted Suicide

Learning Point 2: Effective Risk Assessments

Learning Point 3: Application of the Mental Capacity Act

Learning Point 4: Effective communication

Learning Point	Rationale	What could help?
Learning Point 1: Assisted Suicide	**Assisted suicide is a crime** How to respond to concerns of assisted suicide; • Where the adult at risk has care and support needs, it would always be a safeguarding concern and would likely be joint worked with the Police. • Where the adult at risk does not have care and support needs (in most case they would) it would be a Police matter due to assisted suicide being a crime. It could be safeguarding concern in 2 types of circumstance: 1. As a concern for self-neglect, in which case consideration would be needed under both Mental Capacity Act and Mental Health Act. Statutory intervention would be required should either capacity be cause for concern or mental health be considered a factor. In this type of scenario, the Local Authority role would be to coordinate the safeguarding response, but the lead agency would likely be Health. 2. As a concern around assisted suicide – should a person be physically compromised in terms of achieving their own nutritional intake and someone else were 'facilitating' (passively or actively) the decision or leading it under the guise of 'best interests'. In this kind of situation, a case would require a strategy meeting with Police to agree the best way forwards.	What can be decided on advance decision or living wills? Do we know enough or encourage people to talk about this, if they have capacity in our assessments ? Open and honest conversations with the individual, explain that even if they ask a person to assist them in ending their life, if that person assists then that person will be committing a crime. Consider our professional and personal interaction: • How do our values and assumptions impact on our work and interface with people? • Do we discuss these with colleagues and our supervisors in order to reflect on how this impacts on our decision making? • In assisted suicide there is a risk that professionals can be swept along in the emotive aspects and not consider seeking legal advice support on complex cases where choice and or capacity are factors.

Learning Point	Rationale	What could help?
Learning Point 2: Effective Risk Assessments	Requires realistic expectations on informal carers to reduce risk and recognition that informal carers may not be able or wish to take action to reduce risk. For example: remove medication from a property. No one asked Ryan directly if he would consent to professionals removing excess medication.	Refocus on what is the risk and how may we mitigate it if we can? Ask the individual directly if the risk can be removed: *We hear you have considered taking your stored medication, would you agree consent to us removing the old medication ?* In the event of imminent risk common law principles will need to be applied and medication may need to be removed without consent.
Learning Point 3: Application of the Mental Capacity Act	Loved ones declining visits on behalf of individuals where capacity or views of the individual is not known. If a loved one is preventing access then explain this could be a concern because you as a professional cannot know what the individual wants.	Try to ask the individual their wishes. Consider the potential risk to the individual if loved ones are preventing access to the person and take the appropriate action.
Learning Point 4: Effective communication	In complex cases of risk where there are informal carers (e.g. family or friends) communication with them is essential. Remember they may be distressed and they may not be aware of limitations to their legal authority. In this case Ryan sisters felt discussions were "behind their back"… in reality things were told to different members of the family at different times in a short period and whilst the health record notes confirm they were informed we need to recognise in emotional states, stressed people may only hear parts of information.	A case conference involving the individual and their family to discuss managing the potential risks.

Thankyou for reading. If you would like to provide any feedback or have any questions regarding this learning summary please contact: Lynne.Mason@Reading.gov.uk

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