

Competency to Consent to Hospitalization in the Medical Patient

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A slightly modified version (the CQ-Med) of a 15-item competency questionnaire (the CQ) was used to assess competency to consent to hospitalization in general hospital patients. The purpose of the study was to determine whether voluntary psychiatric inpatients would score comparably with general hospital inpatients using a similar questionnaire. The patients studied performed better in nearly all areas of competency than the previously studied adult and adolescent psychiatric subjects using the same questionnaire (modified for the respective study populations). The CQ-Med questionnaire may be a useful instrument for preliminary screening of general hospital patients, when indicated, for assessment of competency to consent to hospitalization.

There are two different types of competency determinations that clinicians are faced with in the medical setting: general competence and specific competence. General competence is determined by the ability to handle all of one's affairs in an adequate manner. Specific competence is defined only in relation to a specific act (for example, competence to make a will, to testify in court, to consent to electro-

convulsive therapy, to consent to hospitalization). A person may lack a specific competence, yet may retain other different specific competencies to make other types of decisions.

Despite the obvious clinical importance of determining competency, there are no standardized criteria for competency to consent to hospitalization. In 1981, Appelbaum *et al.*¹ developed a 15-item competency questionnaire (CQ) to assess competency to consent to psychiatric hospitalization. It comprised a number of previously recognized components of competency, grouped into three basic categories: the need for treatment, the roles of the physician and medication, and a patient's legal rights regarding hospitalization. Appelbaum found approximately 50 percent of the psychiatric pa-

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tients studied were competent. Norko *et al.*² replicated the Appelbaum study at St. Vincent's Hospital in New York City. Norko found that 85 percent of the voluntary adult psychiatric patients studied appeared competent as assessed by the CQ.

Clark and Billick,³ again at St. Vincent's Hospital, studied involuntary adult psychiatric patients and found that approximately 53 percent appeared to be competent to consent to hospitalization and treatment as measured on the CQ. This finding may suggest the need for a review of the standards for involuntary psychiatric hospitalization. A reliable and valid questionnaire may help provide such standardization. Casimir and Billick⁴ studied 30 adolescent psychiatric inpatients and observed competency rates similar to those found by Clark. Norko found the CQ to have high inter-rater reliability, and Billick *et al.*⁵ found the CQ to have high validity in psychiatric patients.

The wide variation of competency rates (50% to 85%) is comprehensible when using the CQ to rate different categories (adolescent, voluntary adult admission, involuntary adult admission) of psychiatric patients within one institution. Inter-institutional differences are more difficult to explain. This variation presents a reason for standardized questionnaires and adequate control group. The purpose of this study is to determine whether general hospital admission patients would have comparable scores on the CQ-Med when compared with CQ scores of voluntary adult psychiatric inpatients.

Methods

The study was conducted at St. Vincent's Hospital and Medical Center of New York, an academic medical center of New York Medical College. One hundred newly admitted general hospital patients were included in the research study. After obtaining written consent from participating patients, the 15-item CQ-Med (Fig. 1) questionnaire was verbally administered by the second author (P.D.B.). Responses were scored on a three-point scale: 0 = completely unacceptable response; 1 = partially acceptable response; and 2 = completely acceptable response. Although seemingly subjective in interpretation, the CQ was found to have high inter-rater reliability.² Total scores were then grouped into subsets of competency: minimal clinical criteria, broad clinical criteria, and combined clinical and legal criteria, as in the studies of Appelbaum,¹ Norko,² and Casimir.⁴

Patient demographic and clinical data were also collected, including the patient's age, sex, race, education, number of previous hospital admissions, primary admitting diagnosis, and social status (using the Hollinghead-Redlich scale).⁶ Patient diagnoses were broadly grouped into central nervous system (other than psychiatric), cardiac, gastrointestinal, ophthalmologic, orthopedic, peripheral vascular, pulmonary, systemic, and urologic pathologies. The demographic variables were examined using chi square tests for any statistically significant differences compared with the voluntary adult psychiatric patients studied by Norko. Responses to the CQ-Med and CQ by the

Competency to Commit to Hospitalization

<i>MINIMUM CLINICAL COMPETENCY</i>		
1.	Do you think that you have medical problems?	0 1
2.	Do you think that you need some kind of treatment for your problem?	0 1
3.	Do you think that you need to be in the hospital to get that treatment?	0 1
<i>BROAD CLINICAL COMPETENCY</i>		
4.	What will your doctor do for you while you are in the hospital?	0 1
5.	If you're given medication, what will the medication do for you while you are in the hospital?	0 1
6.	Are there other things that go on in the hospital that you think will be of benefit to you that can't be done as an outpatient?	0 1
7.	Why do you think the doctor you saw recommended that you come into the hospital?	0 1
8.	Do you think that you will go along with your doctor's suggestion for treatment here in the hospital?	0 1
9.	What would you do if you were having what you thought were unpleasant side effects from the medication?	0 1
<i>LEGAL CRITERIA COMPETENCY</i>		
10.	What procedure would you have to follow if you wanted to leave the hospital and your doctor continued to think that you were not ready to go?	0 1
11.	Do you have to take your medications if you don't want to?	0 1
12.	Do you have access to a lawyer if you need one?	0 1
13.	Does the hospital have someone you can talk to about your legal rights as a patient?	0 1
14.	Are there any disadvantages to your being hospitalized?	0 1
15.	Can the hospital keep you here against your will if you want to leave and your doctor doesn't think that you are ready to go?	0 1

Figure 1. CQ-Med questions: combined clinical and legal competency.

two study populations were likewise compared and analyzed for statistical significance.

Results

Seventy of the 100 study subjects were younger than 65, and 30 were older than 65. There were 49 females and 51 males. There were 69 white, 18 black, 12 Hispanic, and 1 subject classified as "other." Twenty-seven of the study subjects had never obtained their high school degree, 44 had graduated from high school, 23 were college graduates, and 6 had a graduate degree. Twenty of the subjects had one or no previous hospital admissions.

while 80 subjects had two or more previous admissions. The subjects' diagnoses were 23 pulmonary, 19 systemic, 19 cardiac, 16 gastrointestinal, 11 peripheral vascular, 4 urologic, 4 central nervous system (other than psychiatric), 2 ophthalmologic, and 2 orthopedic pathologies. Hollingshead-Redlich socioeconomic status (SES) rankings⁶ of the subjects revealed no class SES-I, 14 SES-II (professional), 51 SES-III (skilled), 27 SES-IV (unskilled), and 8 SES-V (homeless) subjects. None of the variables studied revealed any statistical significance between the two study samples (voluntary psychiatric versus general

Table 1
Distribution of Scores for Conceptual Categories with Comparison Data

Questions	Distribution by Score (% General Medical Patients) ^a			Mean Patient Scores		
	Low	Middle	High	Medical	Psychiatric ^b	Adolescent ^c
				(n = 100)	(n = 100)	(n = 30)
Appreciation of nature of condition (Questions 1–3)	2	2	96	1.95	1.64	0.73
Appreciation of nature of hospital (Questions 4–6)	0	44	56	1.61	1.29	1.31
Comprehension of reason for admission (Question 7)	4	4	92	1.88	1.53	1.37
Ability to decide to cooperate with treatment plan (Question 8)	0	2	98	1.98	1.81	1.57
Ability to protect self in hospital (Question 9)	2	4	94	1.92	1.69	1.60
Awareness of legal rights (Questions 10–13)	2	40	58	1.44	0.90	0.98
Awareness of adverse consequences (Questions 14–15)	19	53	28	1.12	1.01	1.35

^a low = 0 to 33%; middle = 34 to 64%; high = 68 to 100%.

^b See Reference 2.

^c See Reference 4.

hospital). This result is important in showing that the CQ and CQ-Med scores were indeed from comparable study populations.

The CQ-Med questionnaire has a total of 15 questions comprising “combined clinical and legal criteria”; the questions may also be subgrouped into minimal clinical criteria (questions 1 through 3), broad clinical criteria (questions 1 through 9), and legal criteria (questions 10 through 15) (see Table 1). Tables 1 and 2 are included to show the comparison among the voluntary adult psychiatric inpatients, the adolescent psychiatry inpatients, and the general hospital patients. In this study, there were 96 subjects who fulfilled the minimal clinical criteria, with a mean score of 1.95. There were 97

subjects who fulfilled the broad clinical criteria, with a mean score of 1.83. There were 42 subjects who fulfilled the legal criteria, with a mean score of 1.33. On the questionnaire as a whole, there were 92 subjects fulfilling the combined clinical and legal criteria, with a mean score of 1.63. The CQ-Med questions may also be subgrouped according to conceptual category (see Table 2). Ninety-six subjects satisfied the criteria for “appreciation of the nature of medical condition” (questions 1 through 3), with a mean of 1.95. Fifty-six subjects satisfied the criteria for “appreciation of hospitalization” (questions 4 through 6), with a mean of 1.61. Ninety-two subjects satisfied the criteria for “appreciation of the reason admission was recommended” (question 7), with a

Table 2
Distribution of Scores for Competency Criteria with Comparison Data

Questions	Distribution by Score (% General Medical Patients)			Mean Patient Score		
	Low	Middle	High	Medical (n = 100)	Psychiatric ^a (n = 100)	Adolescent psychiatric ^b (n = 30)
Minimum clinical criteria (Questions 1-3)	2	2	96	1.95	1.64	0.73
Broad clinical criteria (Questions 1-9)	0	3	97	1.83	1.54	1.20
Legally oriented criteria (Questions 10-15)	6	52	42	1.33	0.93	1.09
Combined clinical and legal criteria (Questions 1-15)	0	8	92	1.63	1.29	1.15

^a See Reference 2.

^b See Reference 4.

mean of 1.88. Ninety-eight subjects satisfied the criteria for “ability to decide to cooperate with a treatment plan” (question 8), with a mean of 1.98. Ninety-four subjects satisfied the criteria for “ability to protect self in hospital environment” (question 9), with a mean of 1.92. Fifty-eight subjects satisfied the criteria for “awareness of legal rights” (questions 10 through 13), with a mean of 1.44. Twenty-eight subjects satisfied the criteria for “awareness of possible adverse consequences of admission” (questions 13 through 15), with a mean of 1.12.

CQ-Med questions 1 through 15 had a mean of 1.63 with a standard deviation (SD) of 0.46 for this study’s cohort as compared with Norko’s CQ mean of 1.30 (SD = .36) for the psychiatric population. Using the Student *t* test for two independent samples produced *t* = 1.71 and *p* < .08. Although not statistically significant, this comparison shows a *trend* toward

medical patients being more likely to be competent to consent to hospitalization and treatment than the voluntary adult psychiatric patients.

Discussion

This study sought to provide a general hospital control and a comparison group for the psychiatric CQ. The demographics of this study population are comparable to those obtained previously by Norko² with voluntary psychiatric patients. The lack of statistically significant differences among the demographic variables between the two study cohorts demonstrates the suitability of the general hospital patients as a comparison group. Because of the variability of central nervous system pathology in general hospital patients, further research is needed on individual medical/surgical subgroups. A screening test such as the Mini-Mental State Exam⁷ may also be useful for making a compar-

ison within this general hospital population.

Although the psychiatric patients studied by Norko were more competent as judged by the standards of questions 2 and 6, the general hospital patients were more competent in all conceptual and criteria categories. The general hospital patients were also more competent than the adolescent psychiatric patients in all categories except "awareness of adverse consequences." This study demonstrates that voluntary psychiatric inpatients are comparable (at least by CQ/CQ-MED scores) to a general hospital inpatient population, which is presumed competent by legal and societal standards. Our study lends further support to the position that psychiatric inpatients may retain significant competency even in the face of severe psychiatric illness. Future research is needed to test the effectiveness of the CQ as a competency screening device in more specific subgroups, both medical and psychiatric. A standardized questionnaire regarding competency to consent to hospitalization and treatment would be a useful device to add extra protection for the physicians' assessment and liability and for the legal protection of patients' rights.

Conclusion

Adult voluntary psychiatric inpatients, as measured by the CQ and CQ-Med questionnaires, score almost as competent

as general hospital patients. Along with the high validity and inter-rater reliability of the CQ, the CQ-Med may be a useful screening questionnaire for general hospital patients for whom the issue of competency to consent to hospitalization and/or treatment is an issue. The adjunctive use of the CQ-Med may support the clinical assessment of this specific competency.

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