

Purpose of this procedure:

NHS Lothian endorses the current advice from [Mental Welfare Commission for Scotland Good Practice Guide Covert Medication \(Feb 2017\)](#)

Nurses and midwives should also be cognisant of the advice on covert administration of medicines from Royal Pharmaceutical Society & Royal College of Nursing. [Professional Guidance on the Administration of Medicines in Healthcare Settings \(Jan 2019\)](#).

This section should be read in conjunction with NHS Lothian Policy and Guidance for Obtaining Consent.

Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the person is unknowingly taking the medication. This is likely to be due to a refusal to take medication when it is offered, but where the treatment is necessary for the person's physical or mental health and they lack capacity to consent to treatment. This should not be confused with administration of medication against someone's will.

The Procedure:

- 1.0 Every effort must be made to obtain the patient/client's consent and to administer medicines openly.
- 2.0 Covert administration may only be considered if all of the criteria below are met and documented:
 - The patient/client has been assessed and documented as lacking capacity at that time including those under the Adults with Incapacity (Scotland) Act and the Mental Health Act
 - The covert administration of medication is considered necessary to save the patient/client's life, to prevent deterioration or ensure improvement in the person's mental or physical health
 - It is the least restrictive option
 - The patient's past /present wishes have been taken into account
 - A risk/benefit analysis has been undertaken
 - Pharmaceutical implications have been assessed.

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- 3.0 The covert administration of medicines is only likely to be necessary or appropriate in the case of patients or clients who actively refuse medication, but who are judged not to have the capacity to understand the consequences of their refusal. The past wishes of the patient also need to be taken into account.
- 4.0 Disguising medication in the absence of informed consent may be regarded as deception or assault. A clear distinction should always be made between those patients/clients who have the capacity to refuse medication and whose refusal should be respected, and those who lack this capacity. A competent adult has the legal right to refuse treatment, even if a refusal will adversely affect his or her health or shorten his or her life. A further distinction should be made between those for whom no disguising is necessary because they are unaware of receiving medication e.g. unconscious patients and others who would be aware if they were not deceived into thinking otherwise.
- 5.0 The only person(s) who can consent for another adult is (are) their registered welfare attorney(s) or welfare guardian(s).
- 6.0 In Scotland, a child aged 16 years and under has the legal capacity to consent to his/her own treatment where “in the opinion of the qualified medical practitioner attending him/her, he/she is capable of understanding the nature and possible consequences of the procedure or treatment” The Legal Capacity (Scotland) Act 1991. In this case a parent’s consent cannot override a refusal of consent by a competent child.
- 7.0 The aim of this section is to provide guidance on the covert administration of medicines and promote a standardised approach to assessing the need for covert medication, which reflects the requirements of the law in Scotland and current professional guidelines.
- 8.0 The objectives of this section are:
- To comply with the legal framework and current guidance for professional organisations
 - To give practical guidance on operating within the legal and professional frameworks.
 - To outline the appropriate assessment and management of patients who require covert medication.
- 9.0 This section is based on the following principles:
- There must be a valid certificate of incapacity under the Adults with Incapacity (Scotland) Act, or appropriate Mental Health (Care and Treatment) (Scotland) Act documentation to cover the proposed treatment
 - Professional guidelines are adhered to
 - A pharmacist has been consulted regarding the safety of mixing medication with food or drink or whether the method used to disguise medication e.g. crushing tablets, may impact on its compliance with the product’s licence for safe use
 - A clear distinction should always be made between those patients who have the capacity to refuse medication and whose refusal should be respected and those who lack this capacity

- The best interests of the patient are paramount
- The necessity of treatment has been considered
- The patient's capacity has been assessed and they have been found to lack capacity to make decisions regarding the proposed treatment
- The decision to administer covertly should not be considered routine and must be reached after assessing the needs of the patient individually, against each individual medicine required
- The ultimate decision must be one that has been informed and agreed by the multi professional team caring for that patient/client, not by a single practitioner, although the authority of the prescribing practitioner is required to cover staff who administer the medicine covertly
- The wishes of family and /or carers and any views previously expressed by the patient should be considered. If unhappy with the decision, then advice regarding seeking an appeal via the Sheriff's court should be given
- If the patient has a welfare proxy (welfare attorney or guardian) with the power to give or refuse consent, that person must be consulted unless impracticable. Treatment cannot proceed if that person objects
- A record should be made of language or communication issues and the methods used to overcome these
- All discussions and decisions and actions taken must be fully documented in health care records and communicated to relevant others when there is a change of care setting
- A review date must be set for reassessment of the need for the covert administration of the medicines.

Associated materials/references:

[The Safe Use of Medicines Policy](#)

[NHSL Consent Policy](#)

[Mental Welfare Commission for Scotland Good Practice Guide Covert Medication \(Feb 2017\)](#)

[Royal Pharmaceutical Society & Royal College of Nursing. Professional Guidance on the Administration of Medicines in Healthcare Settings \(Jan 2019\)](#)

[Adults with Incapacity \(Scotland\) Act \(2000\)](#)

[Mental Health \(Care and Treatment\) \(Scotland\) Act \(2015\)](#)