

Evaluating Decision-making Capacity for Gender-Affirming Medical Interventions



TRANS CARE BC
Provincial Health Services Authority

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Understanding of relevant information

- Can you describe how the treatment works?
- What do you anticipate the main benefits of this treatment would be for you?
- Are you aware of possible risks?
- Are there any precautions you know you should take?

Appreciation of this information in the context of one's own life

- What specific physical changes are you hoping for?
- Are there changes that you prefer to avoid?
- Do you anticipate any challenges (e.g., safety, family support, peer support, educational/employment support, community support, religious/spiritual/cultural support, mental health, physical health, coping skills, sexual health, fertility)?
 - What are your plans for addressing challenges that may come up?

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Reasoning about treatment options

- How would this treatment help you to live more comfortably in your gender?
- What alternatives to this treatment have you considered?
- How might this treatment affect your options or plan for creating a family in the future?
- What might happen if you don't get this treatment?

Ability to communicate a clear choice that is consistent with one's core values

- When did you start thinking about this treatment?
- Has your thinking about this changed at all? If yes, what influenced your thinking?
- Have you made a decision about whether/when to start this treatment?
 - When did you decide this is the right treatment for you?
 - What has helped you in making decisions about treatment?
- How does this decision fit with other steps you have taken or plan to take to live comfortably in your gender?

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