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The Mental Capacity Act 2005 was a welcome addition to the statute books for practitioners, placing on a statutory footing much of what had previously been practised under common law. However, for common, everyday decisions that patients make, the Mental Capacity Act is not always relevant.

Many of these everyday decisions are of importance and yet the ways in which these decisions are reached is often opaque, driven by a variety of personal and psychological factors. This is particularly so in renal medicine, where patients must make decisions on whether to accept dialysis or withdraw from dialysis; and relatives and friends may need to make decisions as to kidney donations. Increasingly frequent are decisions about non-directed kidney donation.

This talk will explore what drives some of these decision-making processes, the role of the psychiatrist, and the uneasy balance between medical paternalism and patient autonomy.