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Invited Perspective:

Autonomy or respect for persons is a cornerstone of ethical clinical practice, and clinicians strive to involve patients in decision making about their care. However, in practice this standard is difficult to achieve. As patients age and experience the cumulative effects of both acute and chronic conditions, there is increasing likelihood that, when facing important decisions, they will lack capacity. This is the problem addressed in the paper, "Assessing the decision making capacity of terminally ill patients with cancer"¹, where the investigators evaluated the decision making capacity of 55 terminally ill cancer patients in a palliative care facility and 50 comparison subjects from local community centers. They assessed capacity using two measures: physician assessment of global capacity after interaction with the patient and the MacArthur Competence Assessment Tool for Treatment (MacCAT-T), using a hypothetical vignette about artificial nutrition and hydration in the setting of cachexia. The investigators drew two main conclusions

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