Recent empirical ethical research underscores similarities in decision-making capacity between medically ill and mentally ill research subjects. There is substantial overlap between mentally ill and non-mentally ill subjects in many aspects of informed consent, including motivation, willingness, therapeutic misconception, executive dysfunction, and cognitive impairment. The debilitating nature of illness in general raises concerns with the decision-making of patients across diagnoses. General and mental health functioning may consequently have an impact on decision-making in general.

**Methods**

- **Sample:** 516 adults, including Type 1 or Type 2 diabetes mellitus (Diabetic); medically ill subjects: 51, mentally ill subjects: 51; 52, and 54, respectively.
- **Diagnoses:** Schizophrenia, schizoaffective disorder, major affective disorder (bi-polar disorder), and other mental illness.
- **Measures:** MacCAT-CR, a direct measure of informed consent and capacity; SF-36 (Short Form-36) health-related quality-of-life tool.

**Results**

- **Table 1:** Differences between MacCAT-CR scores for the three groups. Mentally ill subjects scored lower than the other two groups on all subscales (Table 1). 77% of mentally ill subjects scored 23 points or higher on the 26 point Understanding scale. 56% of mentally ill subjects scored 6 or more points on the 5-point Reasoning subscale.
- **Table 2:** MacCAT-CR scores for the three groups. Overall: Kruskal-Wallis test of overall group differences, **p**-value < .001. Mentally ill subjects scored lower on the MMSE than the other groups. Mean score on education, ethnicity, length of illness. Mentally ill subjects scored lower on the MMSE than the other groups.

**Discussion**

- **Bivariate Associations Between MacCAT-CR and Demographics:** For all subjects regardless of group, higher SF-36 scores on Physical Functioning correlated with lower scales across the General Health domain. Negative Symptoms correlated with lower Understanding and Appreciation scales among mentally ill subjects. Prior research experience was associated with higher Appreciation scores among all groups taken together. MacCAT-CR scores were not significantly associated with age, ethnicity, sex, or number of years ill.

**Implications**

- **Mental Illness vs Controls:** Mean MacCAT-CR scores for the three groups were 4.35 (1.91), 25.46 (1.16), and 28.41 (1.49), respectively. Differences were significant across all subscales (Table 1). Differences in scores were significant across all subscales (Table 1).

**Conclusions**

- **In this direct comparison of schizophrenia/schizoaffective, medically ill, and non-mentally ill subjects, cognitive capacity, physical functioning, and a diagnosis of mental illness had the greatest impact on decision-making capacity.** These influences were more evident among subjects diagnosed with schizophrenia or schizoaffective disorder.
- **Level of education also made a substantial impact on diverse elements of decision-making: Physical and emotional health may have an impact on research decision-making across diagnostic groups.**
- **Length of illness had no discernible effect on decision-making scores: Some hopeful data on the vulnerability of chronically ill patients.**
- **As may be expected, prior research experience appears to correlate with better attention for the differences of research from clinical care.**
- **60-80% of schizophrenia/schizoaffective subjects attempted decision-making scores achieved by control patients and clinical patients with varying levels of physical and emotional health.**

**Acknowledgments**

- **This work supported by NIMH Career Development Award #K01MH01850.**

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