

Decisions about Cardiopulmonary Resuscitation (CPR) (1 of 6)

What is CPR?

Cardiopulmonary arrest is when a person's heart and breathing stops. It is sometimes possible to restart their heart and breathing with cardiopulmonary resuscitation (CPR).

CPR might include:

- Repeatedly pushing down firmly on the chest
- Inflating the lungs, using either a mask over the nose and mouth or a tube inserted into the windpipe; and often
- Using electric shocks to try to restart normal heartbeats.

How could CPR help me and what are the risks?

Everyone is different. How well you recover from a cardiopulmonary arrest depends on:

- Why your heart and breathing has stopped;
- Any illnesses or medical problems you have (or have had in the past);
- The overall condition of your health.

Even if CPR does work, this is an invasive procedure and you may sustain an injury. CPR can cause unwanted effects such as bruising, broken ribs and (infrequently) damage to internal organs such as the lungs or liver. When there is a real chance that CPR could bring a person back to a length and quality of life that they would want, the risk of these unwanted effects is not usually enough for them to decide that they don't want CPR.

You may also spend a lot of time in coronary care or intensive care unit (ICU), which can be upsetting for you and your relatives. A significant proportion of people never return to the level of physical or mental health they enjoyed before and some people will be left in worse health after resuscitation from cardiorespiratory arrest. Some may have brain damage or go into a coma.

Many attempts at CPR do not restart the person's heart and breathing despite the best efforts of everyone involved. For example, when CPR is attempted in hospital, on average about 2 out of 10 patients survive to leave hospital. The figures are much lower for patients with serious underlying conditions, who are very elderly and those not in hospitals.

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Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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For some people the chance of survival will be much better than this and for others there will be no chance of benefit from CPR.

Everyone is different and your healthcare team can explain how CPR might affect you.

Is CPR tried on everybody whose heart and breathing stop?

No. It's important that CPR is not tried on everybody whose heart and breathing stop. For example, when someone is coming to the end of their life as a result of an advanced, irreversible illness, and the heart and breathing stop as part of the natural process of dying, CPR will not prevent their death.

If CPR does restart the heart and breathing in these circumstances it can leave a dying person with more distress or worse health in the last hours or days of their life. For others, receiving CPR would deprive them of dignity during the very last moments of their life. For these reasons many people choose not to receive CPR when they know that they are coming close to the end of their life.

Such a decision not to attempt CPR is often called a 'Do Not Attempt CPR' or 'DNACPR' decision. Nowadays, if possible, many healthcare teams will try to discuss with individual people their wishes about CPR and to record when CPR would still be wanted, as well as when it isn't wanted or wouldn't work.

Will I be asked whether I want CPR?

This will depend on your circumstances:

- Usually, if your heart and breathing are unlikely to stop, health professionals will not discuss CPR with you unless you ask them to. Where no decision has been made in advance about whether or not CPR should be performed, it will be assumed that CPR should be attempted if cardiorespiratory arrest occurs unexpectedly. If that may not be what you want, it's important to discuss your wishes with your healthcare team.
- If there is a chance your heart and breathing will stop and that CPR might be successful your views on CPR, your medical condition and the likely outcome of attempting CPR are all very important in deciding whether CPR is the right choice for you. The health professionals looking after you will want to know what you think and make a shared decision with you.
- If CPR will not prevent your death should your heart and breathing stop, your healthcare team will make a decision not to attempt CPR. They will explain to you the decision and the reasons for it, unless they believe that telling you will cause you physical or psychological harm.

If you wish, your family or close friends can be involved in these discussions. If you disagree with a decision about CPR, you can request a second opinion.

What will happen if no decision has been made?

In an emergency, when someone collapses and their heart and breathing stop without warning, health professionals will try to restart the heart and breathing if:

- There is a chance that CPR will work and a DNACPR form is not in place
- The person is not known to have decided against receiving CPR and there is no DNACPR form in place.

What if I don't want to discuss CPR?

You don't have to talk about CPR if you don't want to, or you can ask to delay the discussion until you are ready for it.

In these situations, the health professional in charge of your care will have to make a decision in your best interests about what to do if your heart or breathing stops, taking into account your general views and wishes.

Does it matter how old I am or that I have a disability?

No. What is important is:

- Your views and wishes;
- Your state of health; and the
- likelihood of the healthcare team being able to achieve what you want.

It is important to understand that the older you are the chances of a successful outcome are likely to be lower, regardless of how fit you are.

What if I am unable to take part in a decision about CPR?

If you cannot take part in making a decision about CPR or about other types of treatment, because you are too unwell to understand information, to make a considered choice, or to communicate your wishes, these decisions will be made for you.

In England and Wales:

- You can plan ahead for this situation by choosing somebody who you want to be involved in future decisions if you are unable to take part. You do this by arranging to give them a "Lasting Power of Attorney" (LPA) for your health and welfare
- The Court of Protection may also appoint a "Deputy" with similar powers.
- If, like many people, you do not have a LPA or Deputy, the health professional in charge of your care will make a decision about what is best for you, taking into account your previously expressed wishes. They will ask your family or close friends for information about these. If you have no family or friends to ask, an "Independent Mental Capacity Advocate" may be asked to help.

More information on how healthcare decisions are made in England and Wales, when people are unable to take part in decisions, can be found under "Mental Capacity (What is the Mental Capacity Act)" at: <https://www.nhs.uk/conditions/social-care-and-support/mental-capacity/>

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Can my family decide for me?

Your family and friends are not allowed to decide for you (unless they have been appointed as your legal attorney, deputy or guardian). Whenever possible, the healthcare team looking after you will ask them about your known or likely wishes.

If there are people who you do or do not want to be told about your condition or asked about your care and treatment, you should let your healthcare team know.

I know that I don't want anyone to try CPR on me. How can I make sure they don't?

If you don't want CPR, you can refuse it and if they know of this refusal the healthcare team must follow your wishes. It is very important to ensure that your wishes are recorded clearly and that you make them known to your family or other carers and to your healthcare team. Healthcare professionals called to you in an emergency will need immediate access to any document recording your wishes.

You can make a 'living will' (sometimes called an 'Advance Statement') to put in writing your wishes about any type of care or treatment that you would or wouldn't want to be considered for if you are not able to decide for yourself at the time. Although not legally binding, this can be important to guide health professionals who may not know you well but are having to decide what treatment would be in your best interests.

In England and Wales, you can also make an "Advance Decision to Refuse Treatment" (ADRT). This must be signed by you and by a witness and is legally binding. To refuse CPR it must state that you refuse it even if your life is at risk.

If you have made an ADRT or any other type of 'living will', you should make sure that your healthcare team knows about it and puts a copy of it in your records. You should also make sure that people close to you know about it and where you keep it, so that they can find it easily in an emergency and show health professionals what decisions or preferences you have recorded.

For more information on Advance Decisions visit: www.nhs.uk/Planners/end-of-life-care/Pages/advance-decision-to-refuse-treatment.aspx

In an emergency, when someone collapses and their heart and breathing stop without warning, health professionals will try to restart the heart and breathing if they are not aware whether a DNACPR form exists or have concerns regarding the validity of an ADRT.

If it is decided that CPR won't be attempted, what then?

This is often called a "Do Not Attempt Cardiopulmonary Resuscitation" or "DNACPR" decision. Together with the reasons for the decision, it is usually recorded on a special form that makes it easy for health professionals to recognise.

Currently DNACPR decisions recorded on a SFT DNACPR form will be recognised for your Salisbury hospital admission(s) only. If you are transferred within Salisbury hospital the form should travel with you, so that it is always readily available to guide any health professional if your condition worsens.

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Increasingly, similar forms are used to record both a decision whether or not CPR should be attempted, and decisions made in advance about other types of care and treatment that a person may or may not want to be considered for, especially as they approach the end of their life. For example, these choices may include decisions about wanting to have treatment at home and not be admitted to hospital, or choices about wanting hospital treatment but not wanting to be considered for admission to an intensive care unit.

What about other treatment?

A DNACPR decision is about CPR only and you will receive all the other treatment that you need. If you have recorded a refusal of other treatments that will also be used to guide decisions about your care if your health deteriorates and you are unable to make clear choices at the time.

If it has not been suggested already, you may want to discuss with your healthcare team and plan with them what other types of care and treatment you would or would not want to be considered for if your health deteriorates.

What if I want CPR to be attempted, but the healthcare professional in charge of my care says it won't work?

When a decision is made that CPR will not work because a person is dying from an advanced and irreversible condition it will usually have been discussed and agreed among several members of the healthcare team. If you are not willing to accept the explanation and advice that they have given you, they will arrange a second opinion for you if you would like one.

It is important to remember that you are not entitled to demand treatment that is not being recommended or offered. However, health professionals will not refuse your wish for CPR if there is any real possibility of it working successfully.

If CPR might restart your heart and breathing, but is likely to leave you in very poor health, your opinion about whether these chances are worth taking is very important.

The healthcare team should listen to your opinions and anyone close to you that you want to be involved in the discussion. In most cases, health professionals and their patients agree about treatment where there has been good communication.

What if I change my mind or my situation changes?

Your healthcare team will keep the decision about CPR under review, in particular if your condition changes or if you want to change your mind.

Who else can I talk to about this?

In addition to the healthcare team looking after you, there are other people you may want to talk to about CPR, for example:

- Patient support groups
- Spiritual advisers
- Independent advocacy services

Making a Lasting Power of Attorney

You can also make a Lasting Power of Attorney in which you name someone to make decisions for you when you're not able to. It is a legal document confirming that the person you name is authorised to make decisions about your health. It is important to be aware that giving someone a Lasting Power of Attorney can take up to 20 weeks.

Making sure everyone knows

If you have made a firm decision and you created an ADRT and / or a DNACPR to reflect this, you must make sure your healthcare team (for example, your GP, nurse / matron, palliative care teams) all know about it and have noted it in your records.

You should also tell people close to you, so they can tell the healthcare team if they're asked. If your health gets much worse, your family should know what to do in various different circumstances – for example, when they should phone 999 and when it is appropriate to call other healthcare professionals you see regularly.

Making a Message in a Bottle

A Message in a Bottle is an easy way to keep your personal and medical details on a standard form and in a common location – your fridge. Anyone can have one and there are no costs involved. It means that if emergency services are called to your home, they can quickly find your medical details and choices.

Your local Lions Club International volunteer organisation runs a Message in a Bottle scheme and provides free bottles with blank forms to complete. Or you can create your own simply by keeping important information in a clearly labelled container in the fridge. Bear in mind that there's some specific information which needs to be included.

You also need to sign and date the information and remember to put a sticker inside your front door underneath the lock so emergency services know about your Message in a Bottle.

Further Information

If you require further information you can view the complete DNACPR policy on the hospital internet under:

<http://icid/ClinicalManagement/Resuscitation/Pages/DNACPRPolicy.aspx>

If you cannot access the internet and would still like to view the policy then please ask a member of staff who will obtain a copy on your behalf.

Please use this space to write down any questions that you may want to discuss with anyone, including your healthcare team.