

Decisions about Cardiopulmonary Resuscitation (CPR)

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Introduction

This leaflet is about Cardiopulmonary Resuscitation (CPR) and how decisions are made about it. This leaflet may not answer all of your questions, so please talk to a member of the healthcare team looking after you if there is anything that you do not understand, or if you would like more information

What is Cardiopulmonary Resuscitation (CPR)?

CPR is a treatment that is used to try to restart someone's heart and breathing, when one or both of these has stopped. When the heart stops this is called a cardiac arrest and when the breathing stops it is a respiratory arrest. If one stops, the other will usually stop soon afterwards (cardiopulmonary arrest).

CPR includes:

- Repeatedly pushing down very vigorously on the centre of the chest;
- Blowing air or oxygen into the lungs, using either a mask over the nose and mouth or a tube inserted into the throat or windpipe; and often
- Using electric shocks to try to restart normal heartbeats.

What is the chance of CPR restarting my heart and breathing?

There is no simple answer to this, because everyone is different. The chance of CPR restarting your heart and breathing will depend on:

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

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. In places other than a hospital, the chances of survival are usually even lower. 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. Everybody is different and the healthcare team will explain what CPR could do for you.

Is CPR tried on everybody whose heart and breathing stop?

No. It is 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 it would still be wanted, as well as when it isn't wanted or wouldn't work.

Do people make a full recovery after CPR?

Although many people do make a full recovery, some recover but still have poor health, and some people will be left in worse health after resuscitation from cardiorespiratory arrest. The likelihood of full recovery depends largely on:

- why the heart and breathing has stopped;
- the overall condition of a person's health;
- how quickly CPR is started.

Those who are resuscitated by CPR are often still very unwell and need more treatment, usually in an intensive care unit (ICU) or sometimes a cardiac care unit. In some cases a person may be left with permanent brain damage or in a coma.

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.

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
- the person is not known to have decided against receiving CPR.

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.

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 www.nhs.uk

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 to resuscitate 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.

If it is decided that CPR will not be attempted, what then?

This is often called a “Do Not Attempt Cardiopulmonary Resuscitation” or “DNACPR” decision. Together with the reasons for the decision, your doctor or nurse record this on a special form called Treatment Escalation Plan (TEP) and keep it in your file. This form might have a different name in other parts of the country.

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, if you move to a different care setting or go home, or if you want to change your mind.

Can I see what's written about me?

Yes, you can see what's written about you. You can ask the team how that can be facilitated.

If you do not understand anything on the Treatment Escalation Plan (TEP), you can ask the healthcare team explain it to you.

If a TEP is completed, you will be able to take this home with you to save you continuing to have the same conversations with other healthcare providers.

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
- Patient Advice and Liaison Service (PALS): contact your local PALS co-ordinator on 01271 314090 during office hours

These services can help you, or the people close to you, deal with your suggestions and concerns.

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

We wish to thank the Resuscitation Council (UK) who wrote the original document and allowed us to change it to meet the needs of patients in North Devon.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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