MIDNIGHT LAW

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

SITUATION

A patient deteriorates despite aggressive multi-organ support and appears to be actively dying.

BACKGROUND

It is appropriate to consider discussing a DNACPR decision with a patient when:

- A cardiac arrest is reasonably foreseeable and it is clear they are actively dying.
- It is unlikely that CPR will be successful.
- CPR is unlikely to restore an individual to a quality of life that they would value.

The wishes of the patient are important. Ideally DNACPR discussions should take place in an advance planning conversation, but this is not always possible.

CONSIDERATIONS

- **Decisions must be tailored to the individual circumstances of each patient.** Blanket policies for patients with a shared condition, characteristic or set of circumstances are inappropriate.
- **Decisions must not be discriminatory.** Decisions must not be made on the basis of age, disability, or any other protected characteristic.
- **The duty to consult.** There is a duty to consult with and inform patients if a DNACPR decision is being made. Every effort should be made to support the individual to be involved in making this decision. When patients are deemed to lack capacity to make this decision, there is a duty to consult those who are interested in their health and welfare where practical and appropriate. Decisions must not be based on healthcare professionals' subjective view of the individual's quality of life. Discussions should be comprehensively recorded including information offered, the reasons for consideration of a DNACPR decision, and the patient's thoughts, wishes, feelings and beliefs.
- **DNACPR decisions solely relate to the initiation of CPR in the event of cardiac arrest.** These decisions are not intended to be extrapolated to other life sustaining treatments. Decisions surrounding the limitations of other treatments should be separately discussed and recorded as part of ReSPECT or Treatment Escalation Plans.
- **DNACPR forms are not binding.** DNACPR forms provide decision making information for the attending arrest team. They represent an advance assessment of an individual's best interests at a particular point in time. The arrest team should take the information into account while performing their own clinical assessment and take into account any factors which may have changed since the DNACPR decision was made.
- **Review of Decisions.** Decisions should be reviewed when there is a change in the patient's condition, when they regain decision making capacity and at the patient's request.
- **Disputes surrounding DNACPR decisions.** Where a DNACPR decision has been challenged options include a case conference to discuss concerns, second opinion, transfer of care to another team where appropriate, mediation and, as a last resort, application to the Courts for a declaration.

GUIDING PRINCIPLES

The patient themselves must be consulted, or those interested in their health and welfare, where they lack capacity to make this decision. This must happen at any time of the day or night.

Every effort should be made to support the individual to be involved in decision making. Unless it is felt, under rare circumstances, that the discussion is likely to cause severe physical or psychological harm.

KNOW THE LAW

R (Tracey) v Cambridge University Hospitals NHS Foundation Trust & Ors

Winspear v City Hospitals Sunderland NHS Foundation Trust

Mental Capacity Act 2005

Adults with Incapacity Act (Scotland) 2000

Mental Capacity Act (Northern Ireland) 2016

Human Rights Act 1998

Equalities Act 2010

FURTHER READING

Decisions relating to CPR: BMA, RCN, Resuscitation Council UK

GMC: Treatment and care towards the end of Life

ReSPECT for healthcare professionals: Resuscitation Council UK

Mental Capacity Act Code of Practice

The Faculty of Intensive Care Medicine

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