Decisions relating to Unified Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)

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Workshop Objectives

• Group expectations
• Background and practicalities of uDNACPR
• Case Studies (hand outs with all 4 cases and answers available to take away)
• Case Study Feedback
• Did we meet your expectations
• Further resources and support
Please don’t use this limited time to debate the colour ‘lilac’.
Why DNACPR?

• The primary goal of healthcare is to benefit patients by restoring or maintaining their health, thereby *maximising benefit* and *minimising harm*.

• If treatment fails or ceases to benefit the patient, or if an adult patient with capacity has refused treatment, then that treatment is no longer justified.  
  
  (BMA, RC(UK), RCN 2007)
Where does a DNACPR decision sit?

• A DNACPR decision is just ONE decision which sits amongst other decisions concerning Advance Care Planning

• It involves a real person with a real family trying to make decisions which are often painful, but very important

TIMING IS EVERYTHING!
ALL people are presumed to be for CPR unless:

- A valid DNACPR decision has been made and documented or;

- A valid and applicable Advance Decision to Refuse Treatment (ADRT) prohibits CPR
Decision Making Framework

- Does the patient lack capacity?
  - NO
  - YES
    - Is the patient willing to discuss his/her wishes regarding CPR?
      - NO
      - YES
        - Respect and document their wishes. Discussion with those close to the patient may be used to guide a decision in the patient's best interests, unless confidentiality restrictions prevent this.
        - Discussion with those close to the patient must be used to guide a decision in the patient's best interests.
        - If a patient has made an advanced decision refusing CPR, and the criteria for applicability and validity are met, this must be respected.
        - If the decision is not accepted by the patient, their representative or those close to them, a second opinion should be offered.
        - Where the patient lacks capacity and has a welfare attorney or court appointed attorney deputy or guardian, this representative should be informed of the decision not to attempt CPR and the reasons for it as part of the ongoing discussion about the patient's care.
        - If a DNACPR decision is made on clear clinical grounds that CPR would not be successful should be a presumption in favour of informing the patient of the decision and explaining the reason for it. Subject to appropriate respect for confidentiality those close to the patient should also be informed and offered an explanation.
      - NO
        - Discussion with those close to the patient must be used to guide a decision in the patient's best interests.
      - YES
        - Does the patient lack capacity and have an advanced decision specifically refusing CPR on an appointed attorney, deputy or guardian?
          - NO
          - YES
            - Is there a realistic chance that CPR could be successful?
              - NO
              - YES
                - Does the patient lack capacity?
                  - NO
                  - YES
                    - Is cardiac or respiratory arrest a clear possibility for the patient?
                      - NO
                      - YES
                        - Copies on the table and within the unified DNACPR policy

Adapted from Guidance from the British Medical Association, the Resuscitation Council (UK) and The Royal College of Nursing (previously known as the “Joint Statement”). Decisions relating to cardiopulmonary resuscitation 3rd Edition, October 2014
The legal aspect of making a DNACPR decision lies within the entry you make within medical notes **NOT** the DNACPR form. This just acts as a ‘flag’
Best Interests at End of Life

Practical Guidance for Best Interests Decision Making and Care Planning at End of Life (relating to the Mental Capacity Act 2005 England and Wales)

Christine Hutchinson
Julie Foster
May 2008

Appendix Two – Recording Best Interests

Patient/Client/Resident Details

Name
Date of Birth

Address
Ref. No./NHS No.

Phone No.
Email

Other Personal Details

Is there Lasting Power of Attorney (LPA) in place? YES □ NO □

Name of LPA
What does the Power of Attorney cover?

Is there a known relative or friend to consult with? YES □ NO □

Where there are no relatives/friends to consult with, an Independent Mental Capacity Advocates (IMCA) must be instructed

Name of Relative/Friend
Contact Details

Details of Referral to IMCA

Name of IMCA
Contact Details

This work has been commissioned by the Social Care Institute for Excellence in supporting the implementation and dissemination strategy of the Department of Health as part of a programme of work on the Mental Capacity Act 2005.
Independent Mental Capacity Advocates (IMCA)

- Arrange & consult in all cases where the person lacks capacity and there is no close family or friend to consult.

- And where there is *genuine doubt about whether or not CPR would have a realistic chance of success*” i.e. when the decision is being considered on the grounds of balancing benefits & burdens.
DNACPR decisions; DNACPR decisions can **ONLY** be made by:

- **HOSPITALS**- FY2 level Doctors and above*
- **CARE HOME/COMMUNITY**- GP/GP Registrars*

**Decisions must:**

- Respect the wishes of the individual, where possible
- Reflect the best interests of the individual
- Provide benefits which are not outweighed by burden

*Senior Nurse Competences are available and used in some areas of the UK
Communication
From the Community to Secondary Care

This can be facilitated in various ways:

• Person/family member **presents the original ‘lilac’ copy** of the uDNACPR on arrival to hospital

• NWAS are alerted of the uDNACPR via the GP **using ERISS** which enables them to handover this information (and the form which they will retrieve from the home) to acute care setting

• The **GP letter/ telephone call** to inform acute care that the person has a uDNACPR. Prompting acute staff to request to see this on arrival of the person- or to complete a new form if this has not been brought into hospital with the person
Cancelling the decision

The Decision to cancel should be made by:

HOSPITAL: FY2 & Above
COMMUNITY/CARE HOME: a GP/GP Registrar

- Retain in patient notes
- Communicate to those involved in care
Meeting patient needs......

(2007 Joint Statement)

Consider.....

Group 1: no reason to believe cardio-respiratory arrest is likely

Group 2: arrest is possible/likely, but CPR would be unsuccessful

Group 3: arrest is possible/likely, & where CPR could be successful
Case studies
Case Study 1: LPA’s for Health & Welfare

Option A

I want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.
Signed in the presence of a witness by the person who is giving this lasting power of attorney
Your signature or mark

Date signed or marked

The date you sign (or mark) here must be the same as the date you sign or mark section 10 Declaration.

Who can be a witness

Option B

I do not want to give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.
Signed in the presence of a witness by the person who is giving this lasting power of attorney
Your signature or mark

Date signed or marked

The date you sign (or mark) here must be the same as the date you sign or mark section 10 Declaration.

Witnessed by
<table>
<thead>
<tr>
<th>Treatment</th>
<th>Circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardio-pulmonary Resuscitation (re-starting my heart/breathing)</td>
<td>In the event that I have a cardiac or respiratory arrest.</td>
</tr>
<tr>
<td>Assisted Ventilation (breathing using a machine)</td>
<td>If I can no longer breathe by myself without the help of a machine or after simple attempts to help, have been tried to position me, clear my airway and remove secretions.</td>
</tr>
<tr>
<td>Artificial Feeding (via a tube in my stomach/drip)</td>
<td>When my Motor Neurone Disease has deteriorated to the point that I cannot swallow safely, even with the help of others.</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>In the event that I have a severe chest infection that might threaten my life.</td>
</tr>
</tbody>
</table>
CASE STUDY 2

3. Review: NB – All DNACPR decisions are subject to ongoing monitoring

Review date if appropriate: / /  
Outcome of review: DNACPR to continue? Yes ☐ No ☐
Name: 
Position: 
GMC/NMC: 
Signature: 
Date: / / 
Time: : 

DNACPR (Do not Attempt Cardiopulmonary Resuscitation) Decision

Discussion about resuscitation
Please indicate date of DNACPR decision and location of DNACPR documentation
DNACPR Decision

Text
DIARY: Resuscitation status Review
Follow Up

No previous entry
No previous entry
No previous entry

1R00. For attempted cardiopulmonary resuscitation
1R10. Not for attempted CPR (cardiopulmonary resuscitation)
9NgV. Not aware of DNACPR clinical decision
Date for review of DNACPR decision
67P0. Resuscitation discussed with patient
67P1. Resuscitation discussed with carer
Welcome to North West Ambulance Service NHS Trust
ERISS
Electronic Referral and Information Sharing System

ERISS is a web-based application, designed to enhance information sharing and collaborative working between the North West Ambulance Service (NWAS) and its key stakeholders. The system supports the transfer of referral information to external organisations in the North West and provides a secure portal for organisations to inform NWAS of care planning arrangements for specific patient groups.

To register your organisation/general access enquiries or to log a fault with the ERISS system please contact: ERISS Support via email on eriss.support@nwas.nhs.uk.

End of Life Care
For further information on End of Life Care please contact: Steve Barnard, Head of Clinical Governance or Maria Kano, End of Life Care Ambulance Project Lead via email at edc@nwas.nhs.uk.

Pathfinder/Community Care Pathways
For further information on Community Care Pathways please contact the Pathfinder Team via email at nwas.pathfinder@nhs.net.

Safeguarding
For further information regarding Adult or Child safeguarding please contact the safeguarding team via email at safeguarding.team@nwas.nhs.uk or telephone 01204 490400 or 01220 403000.

INVESTORS IN PEOPLE: Gold
Tracey Ruling Main Points:

- Failure to discuss the making of a DNACPR decision with a person who has capacity is a **breach of human rights** (article 8 European convention).
- There should be a **presumption in favour of patient involvement** …there need to be **convincing reasons not to involve the patient**.
- **Conversations about DNACPR are inherently difficult** and can cause distress but **this fact alone is unlikely** to make it inappropriate to involve them- you need to believe that **such distress would cause them harm**.
- **Clear documentation** is needed to support rationale for not discussing with a patient who has capacity.
- Even when a DNACPR is made on the **grounds of futility** the patient has a **right to know that this decision has been taken**.

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**Case Study 4**

The Queen on the application of David Tracey (personally and on behalf of the estate of Janet Tracey (deceased))

- and –

Cambridge University Hospitals NHS Foundation Trust

- and –

Secretary of State for Health

- and –

Equality and Human Rights Commission

- and –

The Resuscitation Council (UK)

**Appellant**

**1st Respondent**

**2nd Respondent**

**1st Intervener**

**2nd Intervener**
www.cheshire-epaige.nhs.uk

Do you expect your patient to live for...

- Months Rather Than Years
- Weeks Rather Than Months
- Days Rather Than Weeks

Bereavement Advice
Did we meet your expectations?