

Decisions about cardiopulmonary resuscitation



**Information for patients,
their relatives and carers**

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This leaflet is about a treatment called cardiopulmonary resuscitation (CPR). It tells you about decisions you may need to make or discuss with your healthcare team. It may also be useful for relatives, friends and carers.

This leaflet tells you:

- what CPR is, and
- how decisions about CPR are made.

The leaflet may not answer all your questions. Please speak to your healthcare team about anything you don't understand.

What is CPR?

CPR is an emergency treatment that tries to restart your heart and breathing when they have stopped.

CPR may include:

- repeatedly pushing down firmly on your chest
- using a mask or a tube to help you breathe
- using electric shocks to try to restart your heart.

Who will decide about CPR?

You and your healthcare team can discuss in advance if you would benefit from CPR. Your healthcare team will look at:

- your state of health
- your wishes
- whether CPR is likely to restart your heart and breathing, and for how long, and
- whether CPR will help you live longer in a way you can enjoy.

If your healthcare team think CPR may work for you, they will want to know what you think. Your wishes are important in this decision.

If your healthcare team are sure CPR won't work, they can decide in advance that it should not be tried. They will write this on a form called 'Do Not Attempt Cardiopulmonary Resuscitation' (a DNACPR form). The form will be kept with your health records.

You can find out what happens if you disagree with this decision in the section **What if I want CPR, but my doctor says it won't work?** on page 7.

If your heart and breathing stop before you have made a decision on CPR, the doctors looking after you will decide whether to try CPR. They will take account of things you have said, and how likely it is to succeed.

Is CPR likely to resuscitate me?

The chance of CPR resuscitating you will depend on:

- why your heart and breathing have stopped
- what illnesses or medical problems you have, or have had in the past, and
- your general health.

Unfortunately, CPR often does not work. Your healthcare team can tell you more about this.

Does everyone get back to normal after CPR?

Everyone is different.

- A few patients make a full recovery.
- Patients who are resuscitated are often still very unwell and need more treatment, usually in a coronary care or intensive care unit.
- Most patients never get back the physical or mental health they had before they were resuscitated. Some have brain damage or go into a coma.
- Patients with many medical problems are much less likely to make a full recovery.

Is CPR tried on everyone whose heart and breathing stop?

- When the heart and breathing stop unexpectedly, for example if you have a serious injury or heart attack, the healthcare team will try CPR if they think there is a chance of recovery.
- Your heart and breathing also stop as a natural part of dying. If you are seriously ill and near the end of your life, there may be no benefit in trying to resuscitate you when your heart and breathing stop. In these cases, trying to restart your heart and breathing may do more harm than good, by not allowing you to die naturally.

What if I don't want to talk about CPR?

- You don't have to talk about CPR if you don't want to.
- If you feel you're not ready to talk about it just yet, you can put off this discussion.
- You may wish to talk to your family, close friends or carers. They may be able to help you make a decision you are happy with.
- Although this may be difficult, you should discuss CPR with your healthcare team as soon as you feel able to do it. This is to make sure your healthcare team know your wishes.

Who makes the decisions if I can't decide for myself any more?

If you can't understand the information you are given, can't make a decision or can't tell other people your decision, someone else may be able to decide for you.

- **If you are an adult** and are unable to make a decision because of your illness or a learning disability, a 'legal proxy' may be able to decide for you.
 - A legal proxy can be:
 - someone you appointed to be your welfare attorney before you became unable to make your own decisions, or
 - someone a court has appointed to be your welfare guardian, or
 - someone a court has appointed by an intervention order to make a one-off decision about your healthcare or treatment.

The doctor will always talk through the decision with the legal proxy if this is possible.

- If you don't have a legal proxy, the doctors looking after you will decide if you would benefit from CPR.

- Your family and friends are not allowed to decide for you, unless they are your legal proxy. But it can be helpful for your healthcare team to talk to them about your wishes. If there are people you do (or do not) want to be asked about your care, you should let your healthcare team know.
- **When children under 16 are unable to decide for themselves**, their parent or guardian can decide for them.

The Office of the Public Guardian (Scotland) gives more information about legal proxies. See page 10 for how to contact the Office of the Public Guardian.

What should I do if I know that I don't want CPR?

- If you don't want anyone to try to resuscitate you, tell your healthcare team. They must follow your wishes.
- You should let people close to you know your wishes, so they can tell your healthcare team what you want if they are asked.
- You can make an advance directive (this is sometimes called a 'living will') to put your wishes in writing. If you have an advance directive, you must make sure your healthcare team know about it and put a copy of it in your health records.

A citizens advice bureau can give you more information about advance directives. See page 10 for how to contact your local citizens advice bureau.

What if I want CPR, but my doctor says it won't work?

- When you discuss CPR with your healthcare team, your doctor may tell you that CPR would not work for you.
- No doctor will refuse your wish for CPR if there is a fair chance of success.
- If your healthcare team is not sure CPR will work for you, they can arrange a second medical opinion if you would like one.
- If CPR might restart your heart and breathing, but is likely to leave you severely ill or disabled, your opinion about whether these chances are worth taking is very important. Your healthcare team must listen to your opinions and to anybody you want involved in the discussion.
- But you cannot demand treatment that will not work.

If you're unhappy about the discussions you have had with your healthcare team, speak to a member of NHS staff involved in your care, if you can. If you are still unhappy and you would like to make a complaint, the leaflet **Making a complaint about the NHS** explains what to do. See page 10 for where to get a copy.

What happens when a decision not to try CPR has been made?

If you have decided you do not wish CPR to be tried, or if your doctor is sure CPR will not work, this will be written on a form called 'Do Not Attempt Cardiopulmonary Resuscitation' (a DNACPR form). This will be kept with your health records.

This decision is about CPR **only**. You will get any other treatment you need.

Your healthcare team will continue to give you the best possible care.

What if I am at home or about to be sent home?

Many patients who are dying want to know they will be able to die at home. Even if people close to you know that you do not wish CPR to be tried, they may call an ambulance in an emergency.

If the ambulance crew know you have a DNACPR form at home, they will make you comfortable but will not try CPR.

To make sure the ambulance crew know your wishes, you should:

- ask your healthcare team for a copy of your DNACPR form to take home, and
- tell people close to you where you keep your DNACPR form.

What if my situation changes?

Your healthcare team will review decisions about CPR regularly. They will also do this if your condition changes or if you change your mind about your decision.

Can I see what's written about me?

- Yes, you can see what's written about you. Your healthcare team will note what you say about CPR, and any decisions that are made, in your health records.
- You have a legal right to see and have copies of your records, if you wish. Your healthcare team should explain any words you don't understand.

Who else can I talk to about this?

You can talk to:

- any member of staff involved in your care
- your family or friends
- your carer
- patient support organisations – for example, Macmillan Cancer Support or Age Concern
- the hospital chaplain
- your own spiritual adviser, or
- independent advocacy services – an advocacy service can help you express your views or make your own decisions, or can speak on your behalf.

How can I find out more?

For more information about anything in this leaflet, contact:

- a member of NHS staff involved in your care
- the NHS helpline on 0800 22 44 88 (textphone 18001 0800 22 44 88), or
- your local citizens advice bureau (find your nearest bureau online at www.cas.org.uk or in your local phone book).

For more information about advocacy and to find a local advocacy group, contact:

- Scottish Independent Advocacy Alliance
69a George Street, Edinburgh EH2 2JG
Phone 0131 260 5380
Website www.siaa.org.uk

For more information about legal proxies, contact:

- The Office of the Public Guardian (Scotland)
Hadrian House, Callendar Business Park
Callendar Road, Falkirk FK1 1XR
Phone 01324 678 300
Email opg@scotcourts.gov.uk
Website www.publicguardian-scotland.gov.uk

For more information about making a complaint, you can get a copy of the leaflet **Making a complaint about the NHS** from:

- someone in your healthcare team
- the NHS helpline on 0800 22 44 88 (textphone 18001 0800 22 44 88)
- www.hris.org.uk
- your local citizens advice bureau (find your nearest bureau on the internet at www.cas.org.uk or in your local phone book).

This information was developed with Health Rights Information Scotland.

This document has been produced by the Scottish Government Health Directorates in consultation with relevant stakeholders. It is available on the Scottish Government website (www.scotland.gov.uk/dnacpr). You can also ask someone in your healthcare team for a copy.

Email ask@hris.org.uk to ask for this information in another language or format.

