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Information for patients Decisions Relating to Cardiopulmonary Resuscitation



General Information

This leaflet explains:

- What cardiopulmonary resuscitation (CPR) is;
- How you will know whether it is relevant to you
- How decisions about it are made.

It is a general leaflet for all patients but it may also be useful to your relatives, friends and carers. This leaflet may not answer all your questions about CPR, but it should help you to think about the issue. If you have any other questions, please talk to one of your healthcare team (doctors, nurses and allied professionals) caring for you.

1. What is 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 usually stops soon afterwards (cardiorespiratory arrest)

CPR might include:

- repeatedly pushing down very firmly on the chest
- using electric shocks to try to restart the heart
- Inflating the lungs through a mask over the nose and mouth or tube inserted into the windpipe.

2. 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, there would be no benefit in trying to revive them. In this case, if CPR was attempted and the heart and breathing restarted 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.

14. Can I see what's written about me?

Yes, you can see what's written about you. The healthcare team will make a note of what you say about CPR and of any decisions that are made. You can ask the healthcare team to show you your records and, if there is anything in them that you do not understand, they will explain it to you. You also have a legal right to see and have copies of your records.

15. Who else can I talk to about this?

- Patient Advice Liaison Services **01691 404606**
- Spiritual care (Hospital chaplain **01691 404249**)
- Independent advocacy services (Taking Part Shropshire) **01743 363399** or email takingpart@takingpart.co.uk

If you feel that you have not had the chance to have a proper discussion with the healthcare team, or you are not happy with the discussions you have had, please contact the doctor in charge of your care. Or alternatively a senior member of nursing staff on your ward, can help you or the people close to you and deal with your suggestions, worries or complaints. For further information please contact:

Patient Advice Liaison Services **01691 404606**

Useful links

British Medical Association (BMA)

<https://www.bma.org.uk/media/2566/bma-advance-care-plan-patient-information-leaflet-june-2020.pdf>

Compassion in Dying

<https://compassionindying.org.uk/making-decisions-and-planning-your-care>

Dying Matters

<https://www.dyingmatters.org>

NHS

<https://www.nhs.uk/conditions/end-of-life-care/advance-decision-to-refuse-treatment>

Resuscitation Council UK (ReSPECT process)

<https://www.resus.org.uk/respect>

If you have no family or friends to ask, an “Independent Mental Capacity Advocate” (IMCA) 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 at <https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act>

12. What about other treatment(s)?

The decision is **ONLY** about CPR, all other treatment will be discussed with you. If you have already completed an advanced decision to refuse treatment (ADRT) or ‘living will’ this will be used to guide decisions about your care, treatments and if your health deteriorates and you are unable to make clear choices at the time.

A **ReSPECT** form may also be used to document your discussions and decisions reached with your Doctor upon both appropriate care/treatment and CPR decision.

It is important to understand that the ReSPECT form cannot be used to demand treatments that are not likely to benefit you and would not be offered.

For more information upon the ReSPECT process please talk to one of your healthcare team (doctors, nurses and allied professionals) caring for you, or alternatively visit: <https://www.resus.org.uk/respect>

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

No. What is important is:

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

CPR will not be used if you have said in advance that you do not wish to receive it. The information in this leaflet has been written to help you decide whether or not you want to make this decision. It is important to remember that your relatives, carers and friends cannot make this decision for you.

3. Does CPR always work?

The chances of CPR restarting your heart and breathing will depend upon:

- Why your heart and breathing stopped
- What illnesses and medical problems you currently have (and previously had)
- Your overall health condition.

When CPR is attempted in hospital it is successful in re-starting the heart and breathing in about 4 out of 10 patients. However, only 2 out of 10 patients survive long enough to leave hospital.

It is important to remember that these figures only give a general picture and not a definite prediction of what you can personally expect. Please speak with your healthcare team who will explain how CPR might affect you.

4. Can CPR be harmful?

The techniques used to start your heart and breathing sometimes cause side effects, for example bruising, broken ribs, punctured lungs and damage (infrequently) other internal organs like the liver.

Attempts at CPR do not always restart the heart and breathing despite the best efforts of all concerned

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.

5. Do people make a full recovery after CPR?

Although some people do make a full recovery, some recover but still have poor health, and some people will be left in worse health. Some will never get back to the normal level of physical and mental health they

previously enjoyed. In some cases a person may be left with permanent brain damage.

6. Can I decide in advance that I DON'T want to have CPR?

If you know that you do not want CPR, you can inform your Doctor, who will ensure that your decision is respected. The Doctor will explore your preferences and record your discussions surrounding your decisions upon clinical care and treatments upon a ReSPECT form. This is a non-legally binding form which can be reviewed and adapted as circumstances change.

For more information on the ReSPECT process visit:
<https://www.resus.org.uk/respect>

You may also find it useful to make an advanced decision to refuse treatment (ADRT), also known as 'living will' to document your wishes. If you have a living will already it's imperative that you show/share a current copy with your healthcare team as soon as possible. You should also let those close to you know so they are aware of your wishes.

For more information on advance decisions to refuse treatment ('living will') visit: <https://compassionindying.org.uk>

7. Can I decide in advance that I DO want CPR?

If you think you would like to have CPR, then it is a good idea to discuss this early with your doctor. They will listen to your views and opinions and if you wish you can involve those close to you too. In addition to your views your Doctor will consider your overall health, your current clinical condition, its progression and impact upon your immediate and longer-term health and advice you upon the chances of CPR being successful and upon their decision whether CPR will be attempted. If there is a chance CPR could re-start your heart and breathing but it is likely to leave you severely ill or disabled your views and opinions upon whether CPR should be performed is important. It is important to remember that you are not entitled to demand treatment that is not being recommended or offered. If you disagree with the opinion of the Doctor about whether CPR is appropriate for you, then you are entitled to ask for a second opinion. The Patient Advice Liaison Services (PALS) will be able to support you, you can contact them on **01691 404606**.

8. What if I don't want to decide?

You don't have to talk about CPR if you don't want to, or you can put discussion off if you feel you are being asked to decide too quickly.

In these situations, the health professional in charge of your care will make a decision in your best interests about what to do if your heart or breathing stops. Taking into account your overall health, current clinical condition, its impact upon your health and any views and opinions you may have generally expressed already.

If you are under 18, your parents can decide for you.

9. If I make a decision about CPR can I change my mind?

You can change your mind at any time. If you change your mind it is important that you raise the matter urgently with a member of your healthcare team who can notify your Doctor. Please remember though the decision upon whether CPR would be appropriate and should be performed will be made by the Doctor (please see point 7 on the previous page).

10. What if my clinical condition 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.

11. What if I am unable to decide for myself?

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 those close to you what views, opinions and wishes you may have indicated to them.