



**WOKING & SAM BEARE**  
HOSPICES



# Decisions about Cardiopulmonary Resuscitation (CPR)

**Information for patients and those close to them**

# Contents

<b>What is CPR</b>	<b>04</b>
<b>What is the chance of CPR restarting my heart and breathing?</b>	<b>04</b>
<b>Is CPR tried on everybody whose heart and/or breathing stops?</b>	<b>05</b>
<b>Do people make a full recovery after CPR?</b>	<b>06</b>
<b>Will I asked whether I want CPR?</b>	<b>06</b>
<b>What will happen if no decision has been made?</b>	<b>07</b>
<b>What if I don't want to discuss CPR?</b>	<b>08</b>
<b>Does it matter how old I am or if I have a disability?</b>	<b>08</b>
<b>What if I am unable to take part in a decision about CPR?</b>	<b>08</b>
<b>Can my family decide for me?</b>	<b>09</b>
<b>How can I be sure my wish for no CPR will be respected?</b>	<b>10</b>



<b>If it's decided that CPR won't be attempted what then?</b>	<b>11</b>
<b>What about other treatment?</b>	<b>11</b>
<b>What if I want CPR to be attempted, but my healthcare professional in charge of my care says it won't work?</b>	<b>12</b>
<b>What if I change my mind or my situation changes?</b>	<b>12</b>
<b>Can I see what's written about me?</b>	<b>13</b>
<b>Who else can I talk to about this?</b>	<b>13</b>

**This leaflet may not answer all your questions, so please talk to a member of the healthcare team looking after you if there is anything you don't understand, or if you would like more information.**



## What is CPR?

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

In the hospice setting, CPR includes:

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

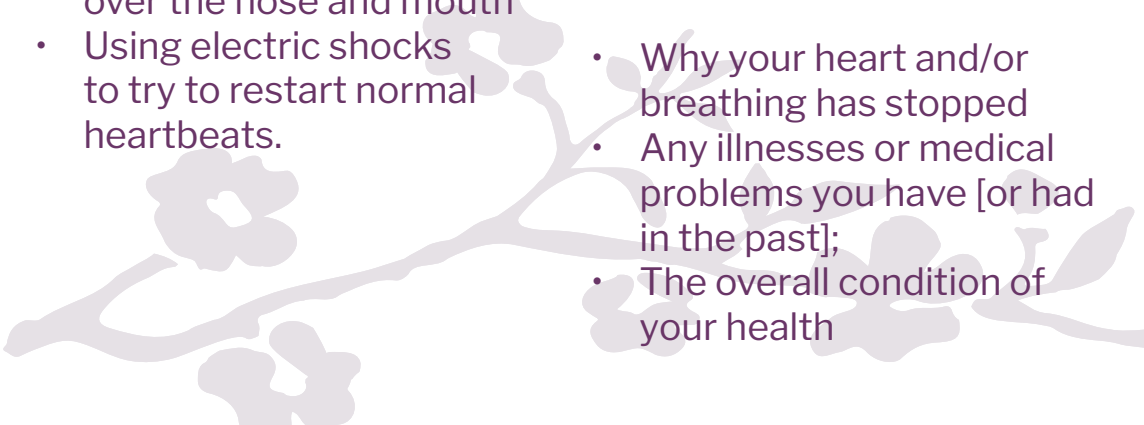
In the community setting [such as your own home or care home], CPR includes:

- Repeatedly pushing down very vigorously on the centre of the chest
- Blowing air or oxygen into the lungs a mask over the nose and mouth
- Calling an ambulance

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

There is no simple answer to this, because everybody is different. The chance of CPR restarting your heart and/or breathing will depend upon:

- Why your heart and/or breathing has stopped
- Any illnesses or medical problems you have [or had in the past];
- The overall condition of your health



The chances of CPR working are increased when performed in a hospital or a hospice setting however unfortunately for some people there will be no benefit at all from performing CPR.

For more information and to discuss your concerns, your healthcare team can explain this further.

### **Is CPR tried on everybody whose heart and/or breathing has stopped?**

No, CPR is not appropriate for everyone whose heart and/or breathing has stopped.

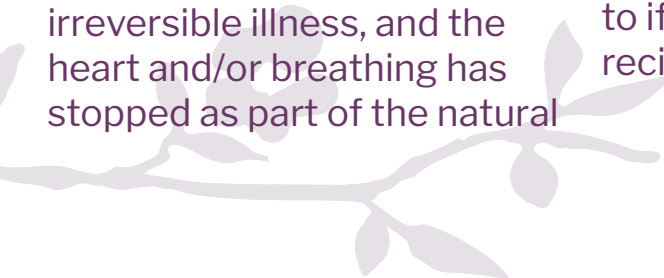
For example, when someone is coming to the end of their life as a result of an advanced, irreversible illness, and the heart and/or breathing has stopped as part of the natural

process of dying, CPR will not prevent their death.

If CPR does work 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. Your hospice healthcare team will discuss your wishes with you to if and when you wish to receive CPR.



## 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 after resuscitation from cardiorespiratory arrest.

The likelihood of full recovery depends largely upon:

- Why the heart and/or 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 someone who has had CPR could live a good quality of life, the risk of these unwanted effects is not usually enough for them to decide that they don't want CPR performed if needed.

## Will I be asked whether I want CPR?

Yes, the healthcare professionals looking after you will want to know what you think to ensure your wishes are respected.



However the discussion may depend on your circumstances:

- Usually, if your heart and/or breathing are unlikely to stop, healthcare 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 it should be attempted if cardiorespiratory arrest occurs unexpectedly.
- In the event your heart and/or breathing should stop and CPR will not prevent death your healthcare team will make a decision not to attempt CPR. They will explain to you the decision and the reason for it, unless they

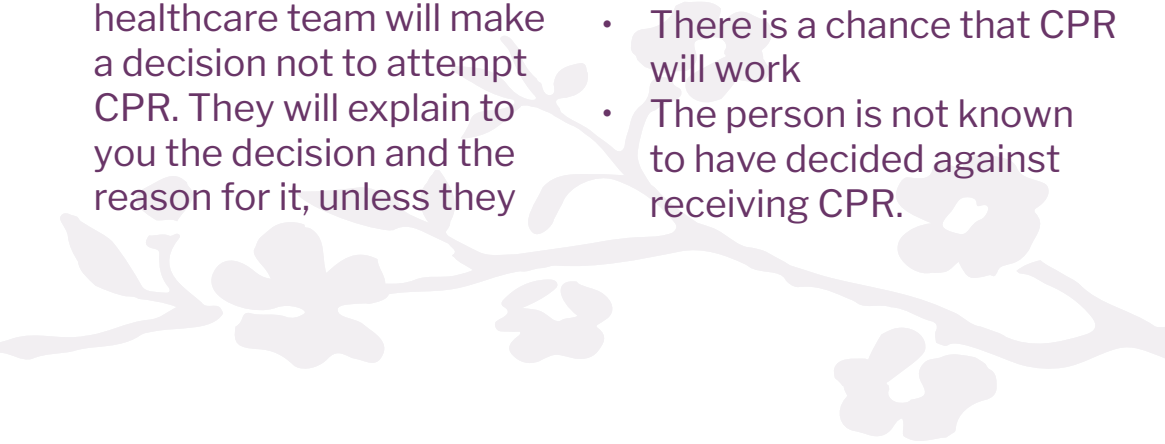
believe that telling you will cause you physical or psychological harm.

At your discretion family or close friends can be involved in these discussions. If you disagree with a decision that has been made, 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/or breathing stops without warning, healthcare professionals will try to restart the heart and/or breathing if:

- There is a chance that CPR will work
- 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 it if you don't want to, or you can ask to delay the discussion until you are ready for it. In these situations, the healthcare professional in charge of your care will have to make a decision in your best interests about what to do and taking into account your general views and wishes.

## Does it Matter how old I am or if I have a disability?

No, what is important is:

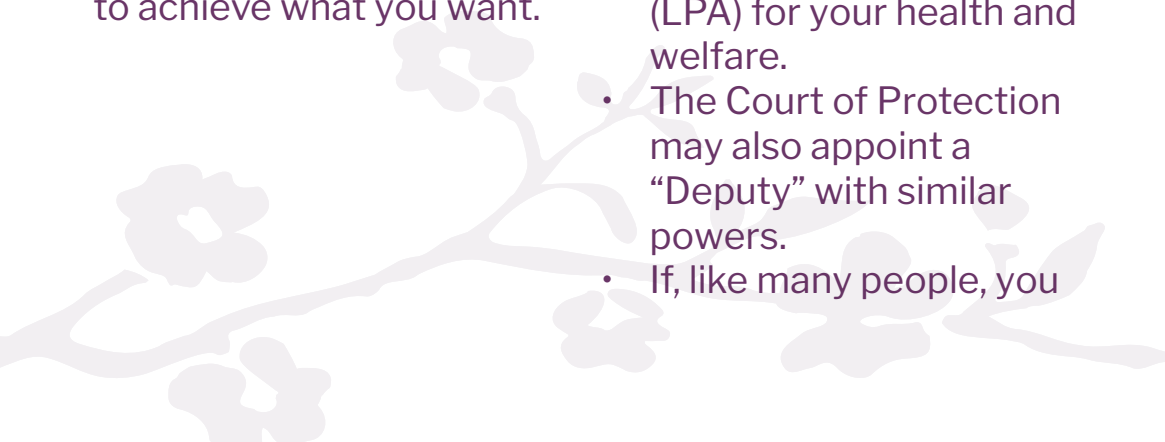
- Your views and wishes
- Your state of health
- The likelihood of the healthcare team being able to achieve what you want.

## 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 the 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. 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





## Can my family decide for me?

do not have a LPA or Deputy, the healthcare 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 also ask your family or close friends for more information. 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 the “Mental Capacity Act 2005 [What is the Mental Capacity Act]” at [www.nhs.uk](http://www.nhs.uk).

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 you do not want to be told about your condition or to be asked about your care and treatment, you should let your healthcare team know.



## How can I be sure my wish for no CPR will be respected?

If you don't want CPR, you can refuse it. If known the healthcare team must follow your wishes. It is therefore 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, in the event you are not able to decide for yourself at that time. Although this is not legally binding, this can be important to guide

healthcare 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.



## **If it's decided that CPR won't be attempted what then?**

This is often called a “Do Not Attempt Cardiopulmonary Resuscitation” or “DNACPR” decision. This decision together with the rationale for the decision, is usually recorded on a special form that makes it easy for a healthcare professional to recognise.

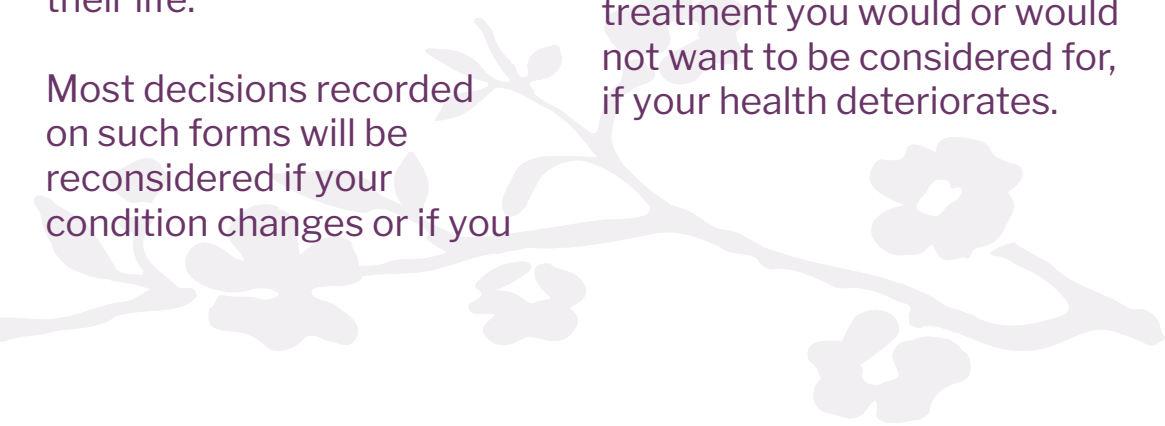
Increasingly, similar forms are used to record both a decision whether or not CPR should be attempted, and decisions made in advance about other types of care and treatment that a person may or may not want to be considered for; Especially as they approach the end of their life.

Most decisions recorded on such forms will be reconsidered if your condition changes or if you

are transferred. For example, from hospital to home, to a nursing home or hospice, or from one hospital to another. The form should travel with you, so that it is always readily available to guide any health professional if your condition worsens.

## **What about other treatment?**

A DNACPR decision is about CPR only. You will still receive all the other treatment that you need. If it has not been suggested already, you may want to discuss with your healthcare team a plan, and what other types of care and treatment you would or would not want to be considered for, if your health deteriorates.



## **What if I want CPR to be attempted, but my healthcare professional in charge of my care says it won't work?**

When a decision is made that CPR will not work because a person is dying from an advanced and irreversible condition, it will usually have been discussed and agreed among several members of the healthcare team. If you are not willing to accept the explanation and advice that they have given you, they will arrange a second opinion upon request.

It is important to remember that the healthcare professionals are making an overall decision on your health and any distress it may cause. However, healthcare professions will not refuse your wish for CPR if there is any real possibility of it working successfully.

If CPR might restart your heart and/or 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 who you want to be involved in the discussion. In most cases, healthcare professionals and their patients agree about treatment good communication is therefore very important.

## **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, go home or if you want to change your mind.

### **Can I see what's written about me?**

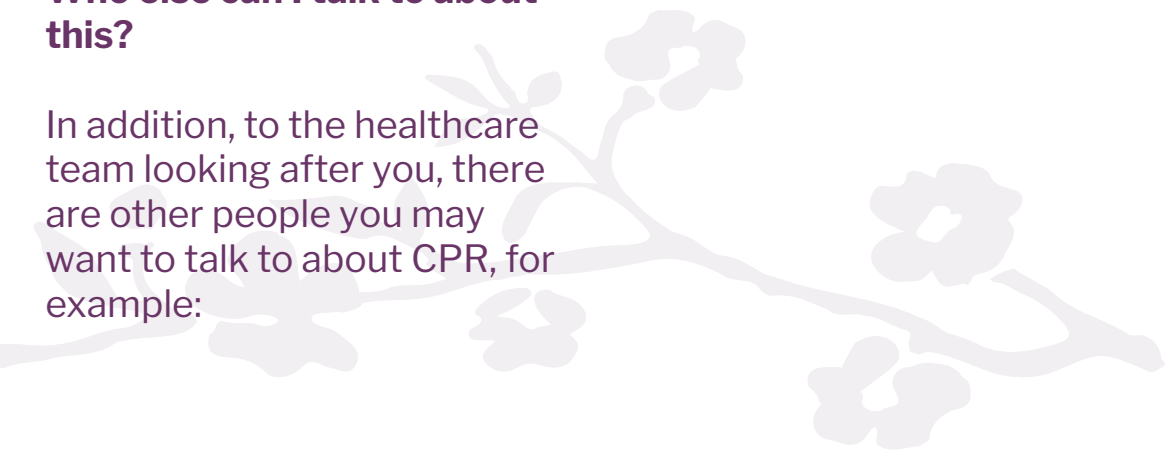
Yes, you can see what's written about you.

You can ask the healthcare team to show you your records and, if there is anything in them that you do not understand they will explain this to you.

### **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 such as specific referral groups would be helpful.













**WOKING & SAM BEARE**  
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# Your care Your choice

**For more information**

**In-patients: 01483 881755**

**Woking Community Team: 01483 881755**

**Sam Beare Community Team: 01932 598385**

**24 hour advice line: 07760 407397**

**Woking Hospice**  
Goldsworth Park Centre,  
Woking,  
Surrey,  
GU21 3LG  
Tel: 01483 881750

**Sam Beare Community Team**  
Weybridge  
Tel: 01932 598385

To find out more please contact  
[info@wsbhospices.co.uk](mailto:info@wsbhospices.co.uk)  
[www.wsbhospices.co.uk](http://www.wsbhospices.co.uk)



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