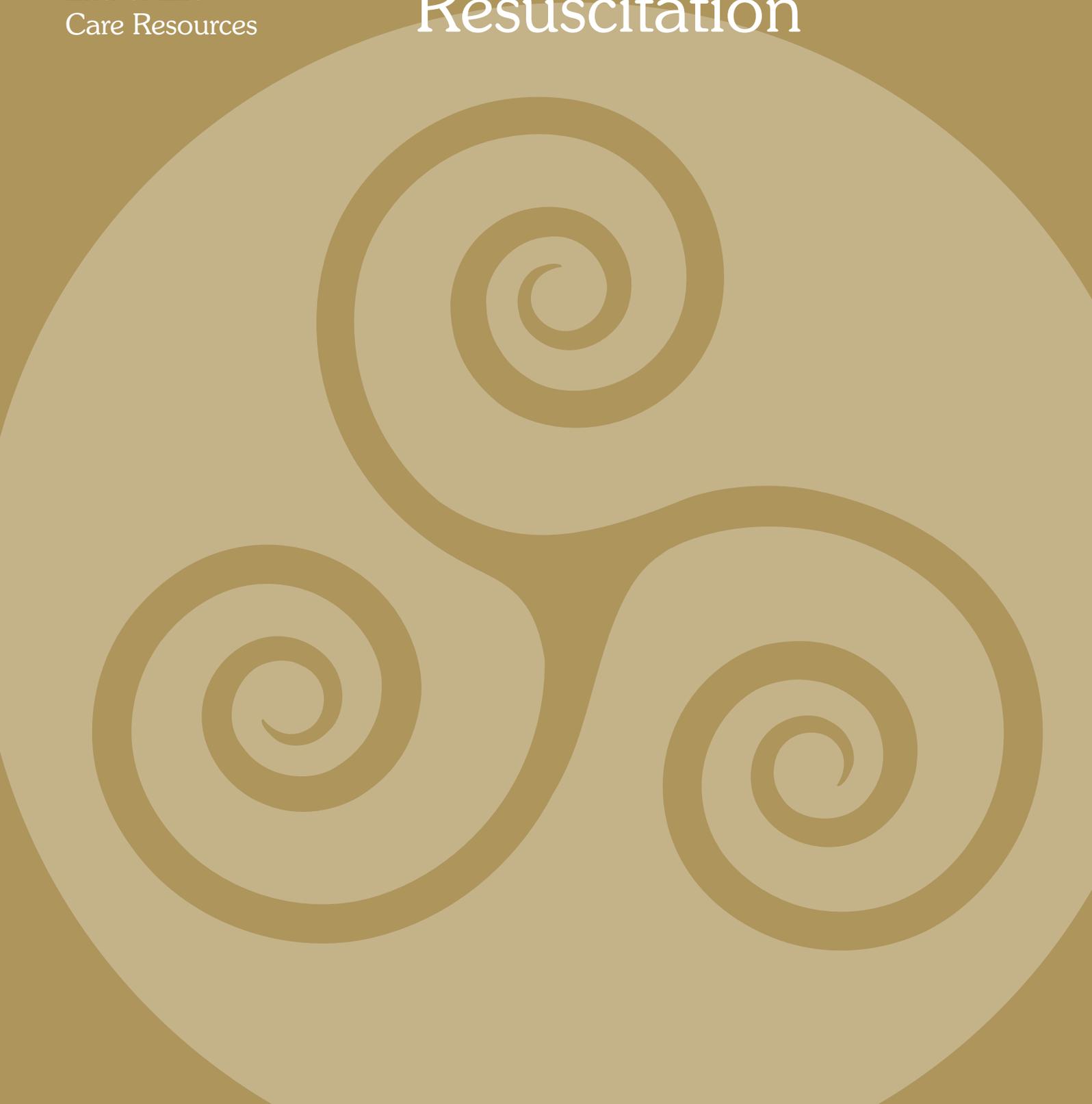


End-of-Life
Care Resources

Resuscitation



The information below is from the Hospice Friendly Hospital Programme's *Map for End-of-Life Care*

Communicating CPR decisions with the patient/family

In the absence of national guidelines and legislation on cardiopulmonary resuscitation (CPR), the following outlines some recommendations for clinicians to consider.

1. Determine the capacity or ability of the patient to make decisions in relation to their treatment and care.
2. If a **patient has capacity** and wishes to participate in decision-making about CPR and DNAR* (do not attempt resuscitation) decisions then their input is important.
3. The right of self-determination of a competent patient to refuse a medical treatment such as CPR is a fundamental ethical and legal value in Ireland.
4. The overall clinical responsibility for decisions about CPR and DNAR for **patients who lack capacity**, rests with the most senior clinician in charge of the patient's care.
5. When the wishes of a patient who lacks capacity are not known, treatment decisions about CPR must be based on a judgement about its benefits and burdens for this patient in this particular condition.
6. When a clinical decision is made that CPR should not be attempted and the patient has not expressed a wish to discuss CPR, it is not necessary or appropriate to initiate a discussion with the patient.
7. Where the patient lacks capacity, the nature, benefits and risks of CPR as they apply to the patient's situation should be explained to the family.
 - The success rate of CPR in hospital is 15-20%
 - When a patient is in the final stages of an incurable illness and death is expected within a few days, the success rate of CPR is considerably lower, between 0-2% ¹
8. Patients/families should be reassured that declining CPR does not result in the denial or withdrawal of other treatments that might be thought helpful e.g. antibiotics, radiotherapy ²
9. Any decision that CPR will not be attempted should be documented on the patient's records and details given of components that went into the decision.

For more information, refer to the Ethical Framework for End-of-Life Care (Module 6, Section 6.2: The Ethics of Life Prolonging Treatments) at www.hospicefriendlyhospitals.net.

Also see references below.

¹ Decisions relating to cardiopulmonary resuscitation - A joint statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing, October 2007

² Newman R. Developing Guidelines for Resuscitation in Terminal Care. *Eur J Pall Care* 2002; 9(2):60-63.

Insert
hospital specific
information