Making a CPR decision

v57 Adapted from: 2007 BMA/RC/RCN Joint Statement on CPR; *Clinical Medicine*, 2005; **5**: 354-60; and *A Guide to Symptom Relief in Palliative Care, 6th ed* Radcliffe Medical Press, 2010.

Is cardiac or respiratory arrest a clear possibility in the circumstances of the individual?

No

If you cannot anticipate what you would write on the death certificate if the patient arrested it is not possible to make a CPR decision in advance. If you cannot anticipate an arrest, consent for (or refusal of) CPR cannot be obtained since any arrest will be unexpected.

Consequences:

- The young person or adult with capacity must be given opportunities to receive information or an explanation about any aspect of their treatment. If the individual wishes, this may include information about CPR treatment and its likely success in different circumstances.
- Continue to communicate progress to the individual (and to the partner/family if the individual agrees).
- Continue to elicit the concerns of the individual, partner or family.
- Review regularly to check if circumstances have changed

In the event of an unexpected arrest: carry out CPR treatment if there is a reasonable possibility of success (if in doubt, start CPR and call for help from colleagues, arrest team or paramedics).

Yes

Is there a realistic chance that CPR *could* be successful?

No

It is likely that the individual is going to die naturally because of an irreversible condition. Consent is not possible since CPR is not an available option, but communication about end of life issues should continue.

Consequences:

- Document the reason why there is no realistic chance that CPR could be successful, eg. *"Deterioration caused by advanced cancer."*
- Continue to communicate progress to the patient (and to the partner/family if the patient agrees or if the patient lacks capacity). This explanation may include information as to why CPR treatment is not an option.
- Continue to elicit the concerns of the individual, partner, family or parents.
- Review regularly to check if circumstances have changed
- To allow a comfortable and natural death effective supportive care should be in place, with access if necessary to specialist palliative care, and with support for the partner, family or parents. The latest Liverpool Pathway (v12) can be used as a quality framework.
- If a second opinion is requested, this request should be respected, whenever possible.

In the event of the expected death, AND (Allow Natural Dying) with effective supportive care in place, including specialist palliative care if needed.

Yes

Does the individual lack capacity for a CPR decision?

Yes

- *In children:* discuss the options with the parents who can consent for CPR treatment.
- *In adults:* check if there is a valid and applicable Advance Decision to Refuse Treatment (ADRT) refusing CPR, a registered and signed Personal Welfare (Health & Welfare) Lasting Power of Attorney order (with its accompanying 3rd party certificate) with the authority to decide on life-sustaining treatment, or a court appointed deputy is involved. The most recent order takes precedence. Otherwise make a decision in the patient's best interests, following the *Best Interests* process as required by the Mental Capacity Act.

No

Are the potential risks and burdens of CPR greater than the likely benefits?

Yes

- *When there is only a small chance of success and there are questions whether the burdens outweigh the benefits of attempting CPR:* the involvement of the individual in making the decision is paramount if they have the capacity to make this decision. When the individual is a child, those with parental responsibility should be involved in the decision where appropriate. When a young person or adult does not have capacity for this decision, the CPR decision is made according to the requirements of the *Best Interests* process of the Mental Capacity Act.
- In case of serious doubt or disagreement further input should be sought from an IMCA, local Clinical Ethics Advisory Group or, if necessary, the courts.

No

CPR should be attempted

- Decisions about CPR can be sensitive and complex and should be undertaken by experienced members of the healthcare team and documented carefully.
- Decisions should be reviewed regularly and when the circumstances change.
- Advice should be sought if there is any uncertainty over a CPR decision