

# Mental Capacity Act Factsheet

## Dilemma: DNACPR orders (Do Not Attempt Cardiopulmonary Resuscitation)

DNACPR orders are frequently found in patients' notes. They are used when it is thought that performing cardiopulmonary resuscitation (CPR) on a patient who has a cardio respiratory arrest would not restart the heart and maintain breathing, or when the patient themselves has expressed a wish not to have CPR.

The decision as to when a DNACPR order is appropriate is usually made by the most senior clinician involved in that patient's care. However, a range of clinicians involved with the patient often play a key role in these decisions. DNACPR orders can be controversial and often pose ethical and legal dilemmas for health care professionals, patients and families.

### Scenario

Mrs F, an 82-year-old, presented to the hospital with worsening shortness of breath. She was very frail with multiple cardio respiratory co-morbidities and significant cognitive impairment, secondary to end-stage Alzheimer's disease. She was reviewed by a consultant, who felt that a DNACPR order would be appropriate. The impression of the medical team was that her medical co morbidities and frailty would make any CPR attempt futile and would not be in her best interests

An assessment was undertaken to decide whether Mrs F had the capacity to contribute towards this important decision and an attempt was made to explore her wishes for her continuing care. It was felt that she did not have capacity with respect to the DNACPR decision.

### What should happen next?

Decisions regarding cardiopulmonary resuscitation (CPR) are challenging. Patients and relatives may be concerned that agreeing to a DNACPR may mean that the patient will not receive the care that they require.

If a patient has capacity they should be offered an opportunity to discuss the benefits and burdens of CPR. Discussions need to be approached sensitively exploring concerns the patient may have and explaining in non-medical terms what CPR involves and the risks - even if CPR is successful. It is important to explain the reason(s) why CPR is considered not to be clinically beneficial in their case.

### When a patient lacks capacity to make a decision about CPR, it is essential to establish-

- If the patient has appointed a Lasting Power of Attorney who has the authority to make a decision about CPR or
- If there is a valid and applicable Advance Decision to Refuse Treatment which relates to CPR



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If neither of these provisions is in place the consultant must discuss the issue with those close to the patient and with the healthcare team. It is important that those who are consulted are made aware that the overall responsibility for the decision rests with the clinical team and that their input is to assist in the decision making.

***All discussions regarding CPR must be documented in the patient's records.***

## What if there is a difference of opinions?

We must try to do what is best for our patients, ideally incorporating their own wishes and working closely with their loved ones. ***But how do you proceed when the views of the family conflict with those of the medical team?***

If following a detailed discussion the matter remains unresolved, it may be worth considering the following options:

1. Involving an Independent Mental Capacity Advocate (IMCA).
2. Seeking advice from a more experienced colleague or seeking a second opinion.
3. Considering a multidisciplinary case conference.
4. Involving local mediation services.

If the situation remains unresolved it is advisable to seek legal advice as recourse to the courts may be necessary. The patients or those involved in the decision making process should be informed as soon as possible of this step so they have an adequate opportunity to prepare and be represented.

## Guidance on DNA CPR

Guidance from the UK Resuscitation Council, the BMA was published in October 2014 in the document. **Decisions about CPR** along with adult DNACPR forms and associated guidance notes

*The information in this fact sheet was taken from the guidance in Decisions about CPR and from*

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*The fact sheet was written in December 2016 and was correct at the time of writing*

