# Hayward House Macmillan Specialist Palliative Care Cancer Unit

# Resuscitation Policy for Inpatients

## Introduction

Hayward House cares for patients with advanced cancer or motor neurone disease and aims to enhance the quality rather than the quantity of life. Unexpected cardiopulmonary arrest due to a reversible cause is rare in patients receiving specialist palliative care. Cardiopulmonary resuscitation (CPR) in patients with advanced cancer is largely futile, with only about 2% surviving to discharge home. CPR carries some risk of complications and harmful side effects, and if used inappropriately it may do more harm than good by prolonging the dying process and the pain or suffering of a terminally ill patient, in a manner that could be seen as degrading and undignified. Thus in this group of patients, the harm of CPR will generally outweigh any benefit.[1-5] The Association of Palliative Medicine of United Kingdom and Ireland and the National Hospice Council, state that there is no ethical obligation to discuss or provide CPR for palliative care patients when such treatment, following assessment, is judged likely to fail. If however, the likely outcome of CPR intervention is uncertain, anticipatory decisions, either to implement or withhold CPR should be sensitively explored with appropriate individual patients. Further:[3]

- the right to life does not entail the right to a treatment that is judged by a clinician to be very unlikely to achieve its physiological aim of prolonging life. No doctor can be required to deliver a treatment, which he or she believes is not clinically justifiable
- in many specialist palliative care units it is possible to provide only basic CPR for patients, visitors and staff
- there is a requirement for units to ensure that policies regarding CPR are in place and that this information is available to patients. Written information given to patients should contain a general statement on the principles by which treatment decisions are made in palliative care and an explanation of the facilities that the unit can provide for CPR onsite.

This Resuscitation Policy takes into account the views of national palliative care professional bodies and the reality that cardiopulmonary resuscitation has never been deemed appropriate for any of the thousands of patients cared for by Hayward House over its 20 year history. It is for incorporation into the Nottingham City Hospital NHS Trust Resuscitation Policy (April 2002).

**Policy**

1. All patients and relatives will have access to information regarding CPR in the Hayward House 'Patient and carers information' booklet and more detailed information in the 'Decisions about cardiopulmonary resuscitation' leaflet. Both will encourage the patient, relative or friend to seek additional information from medical or nursing staff.

2. If a patient or relative identifies issues regarding resuscitation as being important to them, whenever possible, information regarding CPR at Hayward House should be made available and discussed prior to their admission or transfer to Hayward House.

3. On admission, patients will be assessed as to the appropriateness of attempting CPR in the event of a cardiopulmonary arrest by the admitting doctor in conjunction with a consultant. If they do not have an existing DNAR form, one will be completed by the admitting doctor and placed in the medical notes to be countersigned by a consultant at the earliest possible opportunity. The nursing team should document the decision in the nursing notes.

3.1. *For those for whom CPR is judged likely to fail (i.e. not a treatment option)*

3.1.1. A 'do not attempt resuscitation (DNAR) order' will be completed. This decision will not be routinely discussed. However, if at any time a patient wishes to discuss CPR issues, the medical and/or nursing teams will discuss the issues sensitively, answer questions in an open, honest and caring manner and provide the patient with written information if appropriate. Such discussions about end of life care may arise out of the medical and/or nursing teams exploring with the patient if they have an 'Advance Directive' (Living Will). A full discussion is likely to include:

- reassurance that declining CPR does not result in the denial or withdrawal of other treatments that might be thought helpful, e.g. antibiotics for chest infection, radiotherapy etc.
- the mode of death from the underlying disease compared to a sudden cardiopulmonary arrest
- the low chance of CPR being successful
- even when successful, CPR is associated with a short prognosis, will not result in a better quality of life and may result in a reduced quality of life
- the right to life does not entail the right to a treatment that is judged by a clinician to be very unlikely to achieve its physiological aim of prolonging life, therefore no doctor can be required to deliver a treatment which he or she believes is not clinically justifiable (Human Rights Act)
- Hayward Houses' policy of not routinely discussing a DNAR order is in keeping with the Association of Palliative Medicine and the National Council for Hospice and Specialist Palliative Care Services who state that there is no ethical obligation to discuss CPR with palliative care patients, for whom such treatments are judged to be futile.

3.1.2. Given the advancing, irreversible nature of the patient's illness, this decision will not be routinely reviewed.

3.2. *For those for whom the likely outcome of CPR intervention is uncertain (i.e. a possible treatment option)*

3.2.1. Anticipatory decisions, either to implement or withhold CPR will be sensitively explored. A full discussion is likely to include:

- reassurance that declining CPR does not result in the denial or withdrawal of other treatments that might be thought helpful, e.g. antibiotics for chest infection, radiotherapy etc.
- the mode of death from the underlying disease compared to a sudden cardiopulmonary arrest
- the low chance of CPR being successful
- even when successful, CPR is associated with a short prognosis, will not result in a better quality of life and may result in a reduced quality of life
- the 'side effects' of CPR
- successful CPR is more likely in the main hospital compared to Hayward House because:
  - staff at Hayward House generally have less experience of CPR compared to the staff in the main hospital
  - access to experienced staff and equipment is likely to be quicker in the main hospital
  - surviving CPR at Hayward House would necessitate a risky transfer by ambulance to the main hospital as Hayward House does not have the facilities to monitor and treat patients who have high dependency medical needs.

3.2.2. For patients declining CPR in the event of a cardiopulmonary arrest as a result of this discussion, a DNAR form will be completed by the medical staff. Given the advancing, irreversible nature of their illness, this decision will not be routinely reviewed.

3.2.3. For patients choosing to receive CPR in the event of a cardiopulmonary arrest as a result of this discussion, their decision will be documented and communicated to the medical and nursing teams. A DNAR form will not be completed. Given the advancing, irreversible nature of their illness, this decision will need to be reviewed on at least a weekly basis.

3.2.4. Patients may change their mind as to whether or not they receive CPR. For those who subsequently wish to receive CPR, a reassessment of the appropriateness of CPR will be necessary before amending the DNAR form. Given the advancing, irreversible nature of their illness, this decision will need to be reviewed on at least a weekly basis.

For those who subsequently no longer wish to receive CPR, a DNAR form will be completed. Given the advancing, irreversible nature of their illness, this decision will not be routinely reviewed.

4. Ambulance transport of patients with a DNAR instruction.

4.1. It is an East Midlands Ambulance Service (EMAS) policy that ambulance crews transporting a patient with a DNAR instruction to have sight of the DNAR form. The person handing over the patient to the care of the ambulance service should sign the EMAS DNAR form to acknowledge the fact that a completed and current DNAR instruction is in place in the medical records.

4.2. In the event of a patient dying in the ambulance, the ambulance crew should immediately inform Hayward House staff and the patient will be returned to Hayward House and *not* the nearest A&E department.

5. Audit

5.1. In accordance with NHS Executive health service circular (2000/028) clinical practice in this area should be regularly audited.

5.2. Audit at Hayward House may include for e.g., existing staff awareness of policy, new staff training during their induction, policy adherence, DNAR form completion, complaints from patients or relatives.

**Patient Information**

1. *Patient and carers information booklet*

This is given to all patients on admission and they and their carers are encouraged to read it. The section will read:

Cardiopulmonary 'heart and lung' resuscitation (CPR)

It is very rare for the heart or breathing to suddenly stop unexpectedly (a cardiopulmonary arrest). If it were to happen though, experience tells us that in people with conditions such as cancer or motor neurone disease, cardiopulmonary resuscitation (CPR; giving mouth-to-mouth breathing and pressing on the chest over the heart) is rarely successful in restarting the heart and breathing. Given that for the vast majority of people admitted to Hayward House CPR is unlikely to be of help, we do not routinely carry it out. If it is thought to be of some possible help to you, the doctor will discuss this with you. If you would like more information, please ask your doctor or nurse. There is also a more detailed leaflet available called 'Decisions about cardiopulmonary resuscitation'.

2. *'Decisions about cardiopulmonary resuscitation' leaflet*

This will be freely available in the ward area information leaflet rack, provided on request or offered as a supplement to any discussions medical or nursing staff may have with the patient or carers about CPR. See pages 5 and 6.

**3. Will I be denied other treatments if CPR isn't appropriate for me or I decide not to have it?**

No. You can still receive all treatments that may benefit you, e.g. antibiotics for a chest infection or radiotherapy to alleviate pain.

**4. Can I change my mind?**

If CPR is appropriate for you, then you can change your mind whether or not to receive it:

*I no longer wish to have CPR* – your wishes would be respected and you would not be given a treatment against your will.

*I now wish to have CPR* – this is an option as long as the doctors assess that CPR is still appropriate for you.

**5. Will the decision about CPR be reviewed?**

The doctors will regularly review (at least weekly) the appropriateness of continuing to offer you CPR. If it becomes inappropriate, e.g. due to your condition changing, this will be discussed with you.

**6. Who can I, my relatives or friends talk to about CPR?**

The doctors or nurses caring for you will be happy to answer your questions. However, they can only discuss your particular situation with those close to you with your permission.



Hayward House Macmillan Specialist Palliative Care Cancer Unit

# Decisions about cardiopulmonary resuscitation (CPR)

Nottingham City Hospital NHS Trust

This leaflet provides information about cardiopulmonary resuscitation (CPR) for you and those close to you. *If you prefer to discuss CPR rather than read about it, please ask the doctors or nurses caring for you.*

## 1. What is CPR?

A cardiopulmonary arrest is when a person's heart and breathing stop unexpectedly. This is very rare in people with cancer or motor neurone disease. CPR is an emergency treatment given to try and restart the heart and breathing and may be 'basic', involving:

- inflating the lungs by 'mouth-to-mouth' breathing or through a mask over the nose and mouth
- repeatedly pushing down firmly on the chest

Or more 'advanced', involving:

- inflating the lungs through a tube inserted into the windpipe
- using electric shocks and drugs to try and restart the heart.

Staff at Hayward House provide 'basic' CPR until the specialist team arrive from the main hospital.

## 2. How is the decision made about whether or not to provide CPR?

On admission, the doctors assess how appropriate CPR might be for you. It is most appropriate to provide CPR when the cause of a cardiopulmonary arrest is potentially reversible or treatable, e.g. a heart attack, and there is a reasonable chance of success. Unfortunately, people with cancer or motor neurone disease generally do not have reversible or treatable causes and CPR rarely succeeds. CPR is therefore *not* appropriate for the vast majority of people admitted to Hayward House. This decision is not routinely discussed with you unless you wish us to do so.

If the doctors think that CPR could potentially be appropriate for you, they will discuss this with you and seek your opinion as to whether or not you wish to receive CPR. This will require you to consider:

- how dying from the underlying disease compares to a sudden cardiopulmonary arrest
- the low chance of CPR being successful
- even when successful, CPR is associated with a short survival and will not result in a better quality of life
- the 'side effects' of CPR, e.g. bruised or fractured ribs, requiring artificial ventilation in an intensive care unit, brain damage
- successful CPR is more likely in the main hospital than Hayward House because:
  - staff at Hayward House generally have less experience of CPR
  - access to experienced staff and equipment is generally quicker in the main hospital
- surviving CPR at Hayward House would necessitate emergency transfer to the main hospital as Hayward House does not have the facilities to monitor and treat patients who have had a cardiopulmonary arrest.

If you are too ill to make a decision, the doctors and nurses are ethically bound to make the decision for you. Those close to you can be involved in the discussion but can't make up your mind for you. *No one can insist on CPR if the doctors assess it as unlikely to succeed.*

## References


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**Author:** Hayward House Specialist Palliative Cancer Care Unit Clinical Governance Committee

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