Decisions about cardiopulmonary resuscitation

This leaflet explains:

• what cardiopulmonary resuscitation (CPR) is
• how you will know whether it is relevant to you
• how decisions about it are made.

This leaflet may not answer all your questions about CPR, but it should help you to think about the issue. If you have any other questions, please talk to one of the health professionals (doctors, nurses and others) caring for you.

What is CPR?
Cardiorespiratory arrest means that a person's heart and breathing stop. When this happens it is sometimes possible to try to restart their heart and breathing with emergency treatment called CPR.

CPR might include:
• repeatedly pushing down very firmly on the chest
• using electric shocks to try to correct the rhythm of the heart
• inflating the lungs with a mask or tube inserted into the windpipe.

Is CPR tried on everybody whose heart and breathing stop?
In an emergency such as a serious injury or heart attack yes, but only if there is a chance that it could start working again.

As your heart and breathing stop working as part of the natural and expected process of dying, if you are seriously ill, there may be no benefit in trying to revive you each time your heart and breathing stops.

When you have other things wrong with you meaning you don’t have much longer to live, restarting your heart and breathing may do more harm than good by prolonging pain and suffering of a terminal illness.
Will I get back to normal after CPR?
Each person is different.

- A few patients make a full recovery.
- Some will recover but have ongoing physical and or mental health problems.
- Some will have side effects such as bruising, fractured ribs or punctured lungs.
- Some will recover but require care in coronary care or intensive care.
- Some may have brain damage or go into a coma.
- Many attempts at CPR do not work despite the best efforts of everyone concerned.

It depends on why their heart and breathing stopped working and the patient's general health. It also depends on how quickly their heart and breathing can be restarted. Only 2 out of 10 people survive long enough to leave hospital and the figures are much lower if you have a serious underlying condition.

Am I likely to have a cardiorespiratory arrest?
Only your healthcare team can advise you on the likelihood of you having a cardiorespiratory arrest. Even when you have the same symptoms as others, each individual responds differently. Planning what will happen if you have an arrest is a normal part of providing good care for many patients. Somebody from the healthcare team caring for you will talk to you about:
- your illness
- what you can expect to happen
- what can be done to help you.

Does it matter how old I am or that I have a disability?
No. Your age alone does not affect the decision, nor does the fact that you have a disability. What is important is:
- your state of health
- your wishes
- the likelihood of the healthcare team being able to achieve what you want.

Will I be asked whether I want CPR?
Yes. You and the healthcare professional in charge of your care will jointly decide whether CPR should be attempted if you have a cardiorespiratory arrest. Your wishes are very important in deciding whether resuscitation may benefit you. The healthcare team will want to know what you think. If you want, your close friends and family can be involved in these discussions.
What if I don’t want to decide?
You don't have to talk about CPR if you don't want to, or you can put the discussion off if you feel you are being asked to decide too much too quickly. Your family, close friends and carers might be able to help you make a decision you are comfortable with. Otherwise, the healthcare professional in charge of your care will decide, taking account of your wishes. If you are under 18 your parents can decide for you.

What if I am unable to decide for myself?
In England and Wales, adults can choose somebody to make decisions for them (called a 'proxy') if later they cannot make decisions for themselves. If you have not formally chosen a proxy the healthcare professional in charge of your care will make a decision about what is best for you. Your family and friends are not allowed to decide for you but it can be helpful for the healthcare team to talk to them about your wishes. If there are people you do (or do not) want to be asked about your care, you should let the healthcare team know.

I know that I don't want anyone to try to resuscitate me. How can I make sure they don’t?
If you don't want CPR, you can refuse it and the healthcare team must follow your wishes. You can make a living will (also called an 'advance decision') to put your wishes in writing. If you have a living will, you must make sure that the healthcare team knows about it and puts a copy of it in your records. You should also let people close to you know so they can tell the healthcare team what you want if they are asked.

If it is decided that CPR won’t be attempted, what then?
The healthcare team will continue to give you the best possible care. The healthcare professional in charge of your care will make sure that you, the healthcare team, and the friends and family that you want involved in the decision know and understand the decision. There will be a note in your health records that you are 'not for cardiopulmonary resuscitation'. This is called a 'do-not-attempt-resuscitation' decision, or DNAR decision.

What about other treatment?
A DNAR decision is about CPR only and you will receive all other treatment that you need.
What If I want CPR to be attempted, but the healthcare professional in charge of my care says it won't work?

Although nobody can insist on having treatment that will not work, no healthcare professional would refuse your wish for CPR if there was any real possibility of it working successfully and helping to bring you back to good health. If there is doubt whether CPR might work for you, the healthcare team will arrange a second medical opinion if you would like one.

If CPR might restart your heart and breathing, but is likely to leave you severely ill or disabled, your opinion about whether these chances are worth taking is very important. The healthcare team must listen to your opinions and to the people close to you, if you want them involved in the discussion. In most cases, healthcare professionals and their patients agree about treatment where there has been good communication.

What if my situation changes?

The healthcare team will review decisions about CPR regularly and especially if your wishes or condition change.

What If I change my mind?

You can change your mind at any time, just talk to any of the healthcare team caring for you.

Can I see what’s written about me?

Yes. 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 it to you. You also have a legal right to see and have copies of your records.

Who else can I talk to about this?

You may like to contact:

Our Hospital Chaplaincy / Spiritual and Pastoral Care Department on 01895 279433 or Age UK Hillingdon on 01895 544250.

If you feel that you have not had the chance to have a proper discussion with the healthcare team, or you are not happy with the discussions you have had, please contact your consultant or nurse in charge who can help you or the people close to you and deal with your suggestions, worries or complaints.
For further information

**British Medical Association**
Public Affairs Department, BMA House
Tavistock Square, London WC1H 9JP
Tel: 020 7387 4499
Fax: 020 7383 6400
Email: info.public@bma.org.uk

**Royal College of Nursing**
20 Cavendish Square, London W1G 0RN
Tel: 020 7409 3333

**Resuscitation Council (UK)**
5th Floor, Tavistock House North
Tavistock Square, London WC1H 9HR
Tel: 020 7388 4678
Fax: 020 7283 0773
Email: enquiries@resus.org.uk
Languages/ Alternative Formats

Please ask if you require this information in other languages, large print or audio format. Please contact: 01895 279973

Fadlan waydiy haddii aad warbixintan ku rabto luqad ama hab kale. Fadlan la xidhiidh 01895 279 973

Languages/ Alternative Formats

If you require this information in other languages, please contact: 01895 279973

If you need these materials in other languages, large print or audio format, please contact: 01895 279973.

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem informacji pacjenta (patient information) pod numerem telefonu: 01895 279973.

如果你需要這些資料的其他語言版本、大字体、或音頻格式，請致電01895 279 973查詢。

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يرجى الاتصال بالرقم التالي 01895279973.