South Tees Hospitals NHS
NHS Foundation Trust

At the heart of the matter

Key messages around DNACPR – Do Not Attempt Cardiopulmonary Resuscitation

Decisions relating to cardiopulmonary resuscitation are complex and challenging. Patients with advanced disease, such as metastatic cancer, especially when co-existing with other illnesses, have no realistic hope of survival from cardio-respiratory arrest.

In these situations it is ethical and legal to allow natural death. In other situations the risks and benefits may be finely balanced. In the absence of any clear statement, the default position is to attempt to save life.

A Court of Appeal judgment in June 2014 ('the Tracey case') highlighted the obligation on doctors to discuss these decisions with patients unless (1) the patient declines the offer of discussion or (2) the discussion risks physical or psychological harm to the patient.

The Court of Appeal ruling was clear that 'causing distress' will not remove the need to offer discussion. Nor does avoiding distress justify collusion with family/others who request that information be withheld from the patient.

Key points for staff:

- A DNACPR decision relates to a SINGLE intervention; it does not rule out an array of other treatments.
- If there is a risk of cardiopulmonary arrest due to the patient's condition, the clinical team should explore the patient's wishes in advance of a crisis.
- No doctor is obliged to offer a treatment that she/he believes has no benefit, but should offer a second opinion if the patient has a different view. Nor may a patient request such treatment, but is entitled to a second opinion.
- Every effort should be made to explain the treatment decision to the patient unless they prefer not to discuss.
- Every decision, discussion and opinion must be documented clearly and contemporaneously. Senior staff must endorse junior colleagues' recommendations at the earliest opportunity.