Deciding about CPR (Resuscitation)

Patient Information

This leaflet has been written by patients, members of the public and health professionals to explain:

- What cardiopulmonary resuscitation (CPR) is
- How decisions about CPR are made
- What to do if you have questions, concerns or if things change.

It is hoped it will be useful for you, your family/whānau, friends and carers to think and talk about this difficult and complex issue.

What is CPR?

When a person's heart and breathing stop, an emergency treatment called CPR may be used. CPR involves:

- Repeatedly pushing down very firmly on the chest to assist with circulation of the blood
- Inflating the lungs with a mask or tube inserted into the windpipe to get oxygen into the blood
- Sometimes using electric shocks and / or drugs to try to correct the rhythm of the heart.

Why do I need to think about CPR?

Most people who are admitted to hospital will get better with time and will be able to go home. Unfortunately, some people remain very unwell and they may die from their illness. Not uncommonly, patients in hospital become critically ill without warning causing their breathing and/or their heart to stop. This is called "cardiopulmonary arrest" or an "arrest".

When a person's heart and breathing stop suddenly, the doctors and nurses need to decide whether to give an emergency treatment called "cardiopulmonary resuscitation" (CPR). Sometimes CPR can be very helpful and the person will recover so that they are able to leave hospital. At other times, CPR will not work or will leave that person in a worse situation. Planning what will happen to a person who has a cardiopulmonary arrest is a normal part of good hospital care.

Your views are very important in helping to decide whether you should have CPR or not.

What is the possibility that I will have an arrest?

Only your health care team can tell you whether you are likely to have an arrest while you are in hospital. A clinician from your health care team will talk to you about:

- Your illness
- What you can expect to happen?
- What can be done to help you?

If I did have an arrest, will CPR help me?

How helpful CPR is depends on the cause of the arrest and on your other health problems. For example, CPR can be helpful for people who have just had a heart attack and have few other health problems. CPR is not generally helpful in people who have a serious health problem such as cancer, severe chest problems or dementia. Each person is different and your health care team will explain what CPR could do for you.

Is CPR tried on everybody whose heart and breathing stop?

No – A person's heart and breathing stop as part of the natural and expected process of dying. If people are already very seriously ill or near the end of their life, there may be no benefit in trying to revive them. In this situation, attempting to restart their heart and breathing probably won't help and may do more harm than good by worsening the pain or suffering of an advanced illness.

In an emergency CPR will be attempted if there is a good chance it will be successful as long as the person has not made a valid advance decision to refuse it. When the heart and breathing stop without warning, for example if a person has a serious injury or heart attack, the health care team will certainly try to revive them in most cases.

Do people get back to normal after CPR?

Each person is different. A few people make a full recovery; some recover but have significant health problems that continue.

Unfortunately, most times, CPR does not restart the heart and breathing and the person dies. The outcome depends on the person's general health, why their heart and breathing stopped and how quickly the heart and breathing were able to be restarted.

Patients who have had CPR often remain very unwell and need more treatment. Some patients never get back the level of physical or mental health that they enjoyed before. Some have brain damage or go into a coma.

People with serious medical problems are less likely to make a full recovery. Bruising, fractured ribs, burns and punctured lungs may occur when CPR is performed.

Will I be asked whether I want CPR to be attempted?

Ideally you and your health care team will decide together whether CPR should be tried if you arrest. Your health care team will look at all the medical issues but your personal wishes are also very important. Your health care team will want to know what you think and, if you want, family-whānau and close friends can help as well.

What if I don't know what to do?

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 not ready or able to make a decision. In the meantime, the health care team in charge of your care will decide, taking account of what they know of your wishes.

Who makes the decision about CPR if I am too unwell to decide for myself?

Your family/whānau and significant others may be asked about CPR. They know you personally and may know if you have thought about this issue in the past. They are not, however, allowed to decide for you and will not make this decision by themselves.

The health care team looking after you will make the final decision after hearing what your family/whānau think your wishes would have been. In most cases a doctor will make the final decision but this clinician could be a senior nurse if you are being cared for in a DHB-run aged residential care facility. If there are people you do (or do not) want to be asked about your care, including CPR, you should let the health care team know.

The health care team need to talk with your loved ones regardless of whether you have appointed an Enduring Power of Attorney for personal care and welfare.

Who makes the final decision about CPR?

Ultimately it is the role of the health care team caring for you to take responsibility for this decision. This will only be made after taking into account your condition, your health in general and importantly your own wishes including any advance decision refusing CPR. Your personal views will be communicated to the health care team either by you or by those who know you well if you are unable to participate in the discussions yourself.

Questions, Concerns & Changes

Does it matter how old I am or that I have a disability?

No. Your age alone does not affect CPR decisions, nor does the fact that you have a disability.

What is important is:

- Your state of health.
- Your wishes.
- Whether CPR will help you to maintain the level of health and wellbeing that you want.

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 health care team must follow your wishes. Your clinician will write this in your medical record (this is referred to as "enduring") and you will not need to be asked about it again.

However, you can change your mind at any time while you are still able to make your own decisions.

Some people also make an **advance care plan** (sometimes referred to as an advance directive or a "living will"). This can either be told to someone or better still, written down. If you have an advance care plan you must make sure that the health care team knows about it and puts a copy of it in your records. You should also encourage people close to you to tell the health care team about your wishes if they were asked. It is advisable to write an advance directive in discussion with a health professional who knows you well such as your GP or practice nurse.

If it is decided that CPR is not to be attempted, what then?

The health care team will continue to give you the best possible care and they will make sure that all the important people know and understand what has been decided. There will be a note in your clinical records that you are 'not for CPR". This is called a 'do not attempt cardiopulmonary resuscitation' decision, or DNACPR decision. This decision can be reviewed at any time.

It is important for you to know that a DNACPR decision is only about CPR. **All other treatments will be considered in just the same way as for every other patient.**

What if I want CPR to be attempted, but the clinician in charge of my care says it won't work?

No health care professional will refuse your wish for CPR if there is any real possibility of it helping to bring you back to good health. If you and your clinician can't agree whether CPR might work for you, you can ask for a second medical opinion. There may be concern that CPR might restart your heart and breathing, but would leave you severely ill or disabled. For this reason it is very important that you discuss this possibility with your clinician and make your wishes known. The health care team must listen to your opinions and to the people close to you should you want them involved. In most cases, a patient and their clinician will agree about CPR decisions where there has been good communication.

What if I change my mind or my condition changes?

Decisions about CPR can be changed as needed and this may need to happen if your condition changes. You can also change your mind at any time. Talk to any of your health care team about this. This is an issue that you may wish to discuss in your own time with a trusted health care professional such as your GP.

Who else can I talk to about CPR?

If you feel that you have not had the chance to have a proper discussion with your health care team please tell them this and try again. If you are still not happy with the discussions it can be arranged for you to talk to someone else whom you trust. Such people can help you and those close to you deal with your questions, worries or complaints. In the first instance discuss your concerns with the Charge Nurse Manager of your ward.

Here are some of the other people who can assist:

- A social worker
- A spiritual carer (such as a chaplain)

- A cultural advisor (for example from Māori Health)
- Your GP or practice nurse
- Palliative Care (if you are under the care of Hospice or Palliative Care services)
- Nationwide Health and Disability Advocacy Service
- Health and Disability Commissioner

If you have any questions and would like to discuss this information further, please let a member of your health care team know.

Feel free to use this space to make notes about what you want to discuss.

Notes/Questions

References:

British Medical Association model patient information leaflet, April 2008.