



Making cardiopulmonary resuscitation decisions

General information

A guide for patients and carers

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This leaflet explains:

- What cardiopulmonary resuscitation (CPR) is
- How decisions about CPR are made
- How you will know whether CPR is relevant to you

This leaflet is purely about CPR and not other treatments.

This is a general leaflet for all patients. It may also be useful to your relatives, friends and carers. This leaflet may not answer all your questions about CPR but it should help you think about the issue.

If you have any other questions, please talk to one of the health professionals caring for you.

What is CPR?

If your heart stops working and you stop breathing, CPR may help start your heart again.

When someone does CPR, they may:

- Push down on your chest very firmly and lots of times
- Use electric shocks on your chest
- Put a mask over your nose and mouth to help you to breathe
- Put a tube into your mouth to help you to breathe

When do we offer CPR?

If there is a chance that CPR will work and the person has not refused it in advance, the healthcare team will start CPR if your heart stops beating.

When do we not offer CPR?

When a person's heart and breathing stops as part of the natural and expected process of dying, CPR will not reverse this, and therefore is not offered. It may do more harm than good by simply prolonging the process of dying.

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

No, what is important is your state of health. Your age alone does not affect the decision, nor does the fact that you have a disability.

If CPR won't be attempted, what then?

You will receive the best possible care that we can give you. Your doctor will make sure that you know and understand that the decision has been made. If you would like, your close family and friends can be involved in these discussions.

There will be a note in your health records stating that you are not for cardiopulmonary resuscitation (CPR) but you will continue to receive the other treatment that you need.



Does CPR always work?

When CPR is attempted, only about 2 out of 10 patients survive long enough to leave hospital. The figures are much lower for patients with cancer.

The chances of CPR restarting your heart and breathing will depend on:

- Why your heart and breathing have stopped
- Any illness or medical problems you have (or have had in the past)
- The overall condition of your health

Do people get back to normal after CPR?

Everyone is different. Some people get better and some people will still be ill. Most commonly, the medical team are not able to get your heart and breathing to start again.

Will I be asked whether I want CPR?

The healthcare team will look at all the medical issues, including whether CPR is likely to be able to restart your heart and breathing if they stop. Your wishes are very important in deciding whether resuscitation may benefit you, and the healthcare team will want to know what you think. Sometimes, however, there is no chance that CPR could succeed in resuscitation or restoring any quality of life. In these instances, your doctor will explain this to you and the fact that CPR will not benefit you.

What do I do if I don't want CPR?

If there is a chance that CPR may successfully resuscitate you and restore quality of life, you still have the right to refuse it, as with any other treatment. If you already know that you would not want CPR if your heart and breathing were to stop, tell your doctor and we will ensure that you do not receive this treatment.

What if I don't want to discuss resuscitation?

You don't have to talk about CPR if you don't want to. Your family, close friends and carers might be able to help the healthcare team understand your wishes on your behalf. However, no one can insist on a treatment for you if it is not going to benefit you.

What if I am unable to decide for myself?

If you have appointed someone as your 'proxy', who has been granted a lasting power of attorney for health, they can make decisions on your behalf. However, a lasting power of attorney is not able to insist on treatment which will not benefit you. If you have not formally chosen a proxy, your healthcare team 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.



What if I want CPR to be attempted, but the healthcare professionals in charge of my care say 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 a real possibility of it working. 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 to be involved in the discussion.

What if my situation changes?

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

Who else can I talk to about this?

Your healthcare professional will be happy to discuss any worries or concerns you may have.

However if you need further support the following services may be of help:

**The Clatterbridge Cancer Centre
Patient Advice and Liaison Service**

Tel: 0151 556 5203

**Resuscitation Council
of UK**

Web: www.resus.org.uk

How we produce our information

All of our leaflets are produced by staff at The Clatterbridge Cancer Centre and this information is not sponsored or influenced in any way. Every effort is made to ensure that the information included in this leaflet is accurate and complete and we hope that it will add to any professional advice you have had. All our leaflets are evidence based where appropriate and they are regularly reviewed and updated. If you are concerned about your health in any way, you should consult your healthcare team.

We rely on a number of sources to gather evidence for our information. All of our information is in line with accepted national or international guidelines where possible. Where no guidelines exist, we rely on other reliable sources such as systematic reviews, published clinical trials data or a consensus review of experts. We also use medical textbooks, journals and government publications.

References for this leaflet can be obtained by telephoning 0151 556 5570.

If you need this leaflet in large print, Braille, audio or different language, please call 0151 556 5570.

If you have a comment, concern, compliment or complaint, please call 0151 556 5203.

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