**DNACPR Policy (United Kingdom)**

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**Table of contents**

[1 Introduction 2](#_Toc184825941)

[1.1 Policy statement 2](#_Toc184825942)

[1.2 Status 2](#_Toc184825943)

[2 Supporting DNACPR 2](#_Toc184825944)

[2.1 Advanced care planning 2](#_Toc184825945)

[2.2 Decision making 2](#_Toc184825946)

[2.3 Advance care planning 3](#_Toc184825947)

[2.4 ReSPECT 3](#_Toc184825948)

[2.5 Advance Decision to Refuse Treatment (ADRT) 3](#_Toc184825949)

[3 Children and young persons under 18 years of age 3](#_Toc184825950)

[3.1 Requirements 3](#_Toc184825951)

[3.2 Legal considerations 4](#_Toc184825952)

[4 People with a learning disability and/or autism 4](#_Toc184825953)

[4.1 Appropriate use of DNACPR decisions 4](#_Toc184825954)

[5 Documentation and record keeping 4](#_Toc184825955)

[5.1 ADRT 4](#_Toc184825956)

[5.2 Record keeping and communication 5](#_Toc184825957)

[5.3 DNACPR across other services 5](#_Toc184825958)

[6 Training 5](#_Toc184825959)

[6.1 Staff training 5](#_Toc184825960)

[Annex A – Additional guidance 6](#_Toc184825961)

[Annex B – RCUK decision-making framework 7](#_Toc184825962)

# Introduction

## Policy statement

At Sheerwater Health Centre, the default position is to attempt cardiopulmonary resuscitation (CPR) in the event of a cardiac arrest unless an advanced decision of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) has been made. DNACPR refers only to CPR and patients will still receive any other appropriate care and treatment. This policy can be applied to all individuals over the age of 16 years.

**Note:** This policy is underpinned by the joint guidance of the British Medical Association (BMA), Resuscitation Council UK (RCUK) and the Royal College of Nursing (RCN) titled [Decisions relating to cardiopulmonary resuscitation](https://www.resus.org.uk/sites/default/files/2020-05/20160123%20Decisions%20Relating%20to%20CPR%20-%202016.pdf), referred to as the joint guidance herein. Additional supporting guidance for each of the devolved nations is available at [Annex A](#_Annex_A_–_1).

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce ensuring that none are placed at a disadvantage over others in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents/enacted). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

# Supporting DNACPR

## Advanced care planning

The joint guidance explains that healthcare professionals have an important role in helping people to participate in making appropriate plans for their future care in a sensitive but realistic manner. Advance care planning allows each individual to choose in advance what interventions, including CPR, they wish to receive. Making an advanced decision ensures there is time for all the appropriate people to be involved in any decision, while making certain they have the same understanding of and expectations for DNACPR decisions.

## Decision making

The joint guidance explains that every decision about CPR must be made based on a careful assessment of each individual’s situation and is subject to review based on the person’s individual circumstances. Decisions **must never** be dictated by blanket policies. Effective communication is essential to ensure that decisions about CPR are made well, and communicated and understood clearly by all those involved in the patient’s care.

DNACPR decisions must be free from any discrimination and comply with the [Human Rights Act 1998](https://www.legislation.gov.uk/ukpga/1998/42/contents). The General Medical Council (GMC) has published [guidance for providers on decision-making models](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/treatment-and-care-towards-the-end-of-life/decision-making-models) which explains what options are available for patients with and without capacity. The RCUK DNACPR decision-making framework at [Annex B](#_Annex_A_–) provides further guidance for staff.

## Advance care planning

This organisation will use the [Universal Principles for Advance Care Planning](https://www.england.nhs.uk/wp-content/uploads/2022/03/universal-principles-for-advance-care-planning.pdf) which enables a person-centred discussion between an individual and their care providers about their preferences and priorities for their future care.

## ReSPECT

[RCUK’s ReSPECT guidance](https://www.resus.org.uk/respect/respect-healthcare-professionals) explains that a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) is a process that creates a summary of personalised recommendations for a person’s clinical care in a future emergency when they do not have capacity to make or expect choices.

ReSPECT and DNACPR forms are not legally binding and GPs will have to use clinical judgment so may decide not to follow the recommendations of a ReSPECT form.

## Advance Decision to Refuse Treatment (ADRT)

The joint guidance explains that CPR must not be attempted if it is contrary to a valid and applicable ADRT (in England and Wales) made when the person had capacity. In Scotland and Northern Ireland, ADRTs are not covered by statute but are likely to be binding under common law.

An advance decision is a decision patients can make to refuse a specific type of treatment at some time in the future. The scope of treatments the patient is deciding to refuse will be in the advance decision. Advance decisions are sometimes known as an advance decision to refuse treatment, an ADRT or a living will.

A range of charities have produced ADRT templates, including [Macmillan](https://www.macmillan.org.uk/dfsmedia/1a6f23537f7f4519bb0cf14c45b2a629/12645-10061/my-advance-decision-to-refuse-treatment-adrt-document), [Marie Curie](https://www.mariecurie.org.uk/), [Dying Matters](https://www.hospiceuk.org/our-campaigns/dying-matters) and [Age UK](https://www.ageuk.org.uk/).

# Children and young persons under 18 years of age

## Requirements

The joint guidance advises that clinical decisions relating to children and young people should be taken within a supportive partnership involving patients, parents and the healthcare team. Decisions about CPR must be made based on an individual assessment of each child or young person’s current situation.

If CPR will not restart the heart and breathing, it should not be attempted. Often these decisions are made in the context of a wider decision-making framework, for example, in Scotland as part of the [Children and Young Persons Acute](https://www.cen.scot.nhs.uk/wp-content/uploads/2017/01/ResucPlanningPolicyCYPADM.pdf)

[Deterioration Management (CYPADM) framework](https://www.cen.scot.nhs.uk/wp-content/uploads/2017/01/ResucPlanningPolicyCYPADM.pdf).

As with adults, difficulties can arise when CPR may restart the heart and breathing for a sustained period but there are doubts about whether the potential benefits outweigh the potential harms and burdens. In these cases, the views of the child or young person should be taken into consideration, where possible, in deciding whether CPR should be attempted.

## Legal considerations

If it is not possible to reach agreement between the patient, the individuals with parental responsibility and the healthcare team, legal advice should be sought.

Clinicians cannot be required to provide treatment contrary to their professional judgement although they should try to accommodate the wishes of the child and the parents when there is genuine uncertainty about the young person’s best interests.

As detailed in the joint guidance, when a competent young person makes an informed advance refusal of CPR, healthcare professionals should seek legal advice if they believe that CPR would be beneficial. In England, Wales and Northern Ireland, refusal of treatment by competent young people up to the age of 18 is not necessarily binding upon doctors. In Scotland, it is likely that neither parents or the courts are entitled to override a mentally competent young person’s decision but healthcare professionals should seek legal advice as the matter is not beyond doubt.

# People with a learning disability and/or autism

## Appropriate use of DNACPR decisions

The [NHS is clear](https://www.england.nhs.uk/long-read/dnacpr-and-people-with-a-learning-disability-and-or-autism/) that it is unacceptable that people have a DNACPR decision on their record simply because they have a learning disability, autism or both. The [Universal principles for advanced care planning](https://www.england.nhs.uk/publication/universal-principles-for-advance-care-planning/) should be implemented, ensuring that DNACPR decisions for people with a learning disability and autistic people are appropriate and made on an individual basis and that conversations are reasonably adjusted.

# Documentation and record keeping

## ADRT

Should a patient wish to make a refusal of CPR legally binding for when, in the future, they may not be able to make this decision, then the patient should write an [Advance Decision to Refuse Treatment (ADRT)](https://www.nhs.uk/conditions/end-of-life-care/advance-decision-to-refuse-treatment/).

While the patient has the final say, they must be advised that family, carers or those who provide their health and social care should be informed about any ADRT decision and documentation about the decision and where this can be found as this may be needed quickly should emergency treatment be needed and will enable the healthcare professionals to understand the patient’s wishes.

## Record keeping and communication

This organisation will adhere to the Medical Defence Union’s [advice and guidance document](https://www.themdu.com/guidance-and-advice/guides/dnacpr-orders) and retain full records of conversations with, and decisions agreed with, the patient, their families and representatives that support them to move around the system well. At this organisation, records will be retained in the individual’s healthcare record on the clinical system.

The BMA, RCUK and RCN believe that there are clear benefits in having such decisions recorded on standard forms that are compliant with legislation and recognised across geographical and organisational boundaries within the UK. This would mean the forms would be familiar to staff working in the various healthcare settings.

## DNACPR across other services

This organisation will follow the joint guidance, in that the healthcare professional responsible for a DNACPR decision is also responsible for ensuring that decision is communicated effectively to other relevant healthcare services.

[GMC guidance](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/treatment-and-care-towards-the-end-of-life/cardiopulmonary-resuscitation-cpr) suggests providers make sure that all those consulted, especially those responsible for delivering care, are informed of the decisions and that they are clear about the goals and the agreed care plan.

# Training

## Staff training

This organisation will comply with the joint guidance, ensuring staff involved in DNACPR decisions are appropriately trained, competent and experienced members of the healthcare team.

# Annex A – Additional guidance

**England:**

* [Mental Capacity Act 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents)
* [CQC GP mythbuster 105: Do not attempt cardiopulmonary resuscitation (DNACPR)](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-105-do-not-attempt-cardiopulmonary-resuscitation-dnacpr)
* [NHS England DNACPR](https://www.nhs.uk/conditions/do-not-attempt-cardiopulmonary-resuscitation-dnacpr-decisions/)
* [NHS England DNACPR Form](https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2021/11/Electronic-uDNACPR-NW-form-v1-2.pdf)

**Northern Ireland:**

* [Mental Capacity Act (Northern Ireland) 2016](https://www.legislation.gov.uk/nia/2016/18/contents/enacted)

**Scotland:**

* [Adults with Incapacity (Scotland) Act 2000](https://www.legislation.gov.uk/asp/2000/4/contents)
* [Mental Health (Care and Treatment) (Scotland) Act 2003](https://www.legislation.gov.uk/asp/2003/13/contents)

**Wales:**

* [Mental Capacity Act 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents)
* [A clinical policy for DNACPR for adults in Wales (Version 5)](https://executive.nhs.wales/functions/networks-and-planning/peolc/professionals/dnacpr/)

**Joint guidance:**

* BMA [Ethics](https://www.bma.org.uk/ethics) guidance
* [NICE guideline [NG108] Decision-making and mental capacity](https://www.nice.org.uk/guidance/ng108)

# Annex B – RCUK decision-making framework

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