Do-not-attempt-cardiopulmonary-resuscitation decisions: an evidence synthesis

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Declared competing interests of authors: Gavin D Perkins, Frances Griffiths, Anne-Marie Slowther, Robert George, Philip Satherley, Barry Williams, Norman Waugh and Matthew W Cooke received a grant to conduct this work from the National Institute for Health Research Health Services and Delivery Research programme (grant number 12/5001/55). Gavin D Perkins reports serving on the Resuscitation Council (UK) Executive Committee and Health Services and Delivery Research programme researcher-led panel. Anne-Marie Slowther received funding from the General Medical Council and serves as a Trustee of the UK Clinical Ethics Network Charity. Zoe Fritz was involved in developing and evaluating the Universal Form of Treatment Options.

Published April 2016
DOI: 10.3310/hsdr04110

Plain English summary

Do-not-attempt-cardiopulmonary-resuscitation decisions
Health Services and Delivery Research 2016; Vol. 4: No. 11
DOI: 10.3310/hsdr04110

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Plain English summary

Do-not-attempt-cardiopulmonary-resuscitation (DNACPR) decisions allow cardiopulmonary resuscitation (CPR) to be withheld where it stands little or no chance of success, when the risks outweigh the benefit or if someone requests not to receive CPR. This project aims to find out why problems occur when DNACPR decisions are made by looking at research and reports, finding out why people complain and talking to those involved in making decisions. This study found that approximately 1500 DNACPR incidents were reported in the NHS annually, with one in three incidents reported as causing harm. Problems with communication, documentation and handover of decisions were the main source of complaints. Variation in hospitals’ and community services’ implementation of national guidelines was common, which created particular difficulties around the transfer of DNACPR decisions between the hospital and the community setting. Doctors and nurses interviewed expressed a perception that television programmes created unrealistic expectations of survival after CPR. They were concerned that DNACPR decisions could have negative consequences on the overall care of a patient, a finding supported by a review of published literature. A stakeholder group supported standardising NHS policies and forms, ensuring cross-boundary recognition of DNACPR decisions, integrating DNACPR decisions with overall plans about treatment, developing tools to enhance/support clinician and patient decision-making and raising public awareness. The impact of DNACPR decisions on other aspects of treatment and ways in which public education and communication could be improved were identified as research priorities.
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The research reported in this issue of the journal was funded by the HS&DR programme or one of its preceding programmes as project number 12/5001/55. The contractual start date was in January 2013. The final report began editorial review in November 2014 and was accepted for publication in September 2015. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HS&DR programme or the Department of Health.

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