

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

Gavin D Perkins,<sup>1,2\*</sup> Frances Griffiths,<sup>1</sup>  
Anne-Marie Slowther,<sup>1</sup> Robert George,<sup>3,4</sup> Zoe Fritz,<sup>1</sup>  
Philip Satherley,<sup>5</sup> Barry Williams,<sup>6</sup> Norman Waugh,<sup>1</sup>  
Matthew W Cooke,<sup>1,2</sup> Sue Chambers,<sup>1</sup>  
Carole Mockford,<sup>1</sup> Karoline Freeman,<sup>1</sup> Amy Grove,<sup>1</sup>  
Richard Field,<sup>2</sup> Sarah Owen,<sup>1</sup> Ben Clarke,<sup>7</sup>  
Rachel Court<sup>1</sup> and Claire Hawkes<sup>1</sup>

<sup>1</sup>Division of Health Sciences, Warwick Medical School, University of Warwick, Coventry, UK

<sup>2</sup>Critical Care Unit, Heart of England NHS Foundation Trust, Birmingham, UK

<sup>3</sup>Cicely Saunders Institute, King's College London, London, UK

<sup>4</sup>Palliative Care, Guy's and St Thomas' Hospitals NHS Foundation Trust, London, UK

<sup>5</sup>Compassion in Dying, London, UK

<sup>6</sup>Patient and Relative Committee, The Intensive Care Foundation, London, UK

<sup>7</sup>Medical School, University of Glasgow, Glasgow, UK

\*Corresponding author

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## Plain English summary

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## Plain English summary

**D**o-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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