

Recommended summary plan for emergency care and treatment: ReSPECT a mixed-methods study

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Plain English summary

ReSPECT mixed-methods study

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Plain English summary

Do not attempt cardiopulmonary resuscitation decisions have been criticised for not involving patients and for being unclear about what other care and treatment is required. The Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) process aims to help health-care professionals, patients and families to make better decisions, together, about emergency treatments, including cardiopulmonary resuscitation.

This study examined how, when and why ReSPECT plans are made in hospital and how they affect patient care. We talked to hospital doctors, nurses, patients, families and general practitioners. In addition, we observed ReSPECT conversations taking place in hospitals, examined patients' medical records and looked at how the ReSPECT process affected what happened to patients.

The study took place between 2017 and 2020, soon after the ReSPECT process started being used in hospitals. By December 2019, the ReSPECT process was being used in nearly one in four hospitals. Only one in five patients in hospital, usually those who were most unwell, had a ReSPECT recommendation. Doctors told us that they lacked time to talk to more patients about the ReSPECT process.

Most conversations we observed were about resuscitation, but conversations also covered other treatments. Some conversations included discussion about what mattered to patients. When a doctor was clear about how well a treatment would work or not, the doctor would usually try to persuade the patient to agree with their recommendations. If a doctor was less certain about a treatment, then conversations were more open and explored the patient's wishes to a greater extent.

Hospital doctors and general practitioners gave different views on the purpose of the ReSPECT process and the type of recommendations they would record.

Further research is needed to understand how the NHS can engage more people in conversations about their future emergency care and treatment. Research should explore how doctors, patients and families can best work together to reach shared decisions.

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