



Resuscitation Department

Decisions about Cardiopulmonary Resuscitation (CPR)

This leaflet explains:

- Cardiopulmonary heart and lungs resuscitation (CPR)
- how you will know it is relevant to you
- how decisions about CPR are made

This is a general leaflet for all patients, but 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 to think about the issue. If you have any other questions, please talk to one of the health care professionals (doctors, nurses, and others) caring for you.

What is CPR?

Cardiorespiratory arrest (sometimes called a cardiac arrest) means that a person's heart and breathing have stopped. When this happens, it is sometimes possible to try to restart their heart and breathing with emergency treatment called CPR. CPR might include:

- repeatedly pushing down very firmly on the chest
- using electric shocks to try to correct the rhythm of the heart
- inflating the lungs with a mask or tube inserted into the windpipe.

A cardiac arrest is NOT the same as a heart attack, which is when the blood flow to the heart is reduced. A severe heart attack can lead to a cardiac arrest.

Is CPR tried on everybody whose heart and breathing stop?

Yes, in an emergency if there is a chance it may work, and the person does not have a valid and applicable advance decision refusing CPR. When the heart and breathing stop without warning, for example if a person has a serious injury or heart attack, the health care team will try to revive the patient. Some members of the public are also trained to do CPR. The priority is to try to save the person's life.

A person's heart and breathing also stop working as part of the natural and expected process of dying. If someone is already very seriously ill or near the end of their life, it is very unlikely that it would be possible to restart their heart and breathing and trying to do so may make their final moments undignified and painful. In this case the healthcare team in charge of their care may decide not to attempt CPR. This means that in the event of a

cardiac arrest (their heart and breathing stop), CPR will not be initiated. It is important to know that this will not stop any other treatment that may help the person.

Do people get back to normal after CPR?

Each person is different. A few patients make a full recovery, some recover and have health problems and, unfortunately, many attempts at CPR do not restart their heart and breathing despite the best efforts of everyone concerned. It depends on why their heart and breathing stopped working and their general health. It also depends on how quickly their heart and breathing can be restarted. Patients who are revived are often still very unwell and need more treatment, usually in a coronary care or intensive care unit. Some patients never get back the level of physical or mental health that they enjoyed before their heart stopped. Some have brain damage or go into a coma. Patients with many medical problems are less likely to make a full recovery. The techniques used to try and restart the heart and breathing sometimes cause side effects, for example, bruising, fractured ribs, and punctured lungs.

Am I likely to have a cardiorespiratory arrest?

Only your health care team can advise you on the likelihood of you having a cardiorespiratory arrest. Even when they have the same symptoms, people respond differently to illness, and planning what will happen if they have a cardiorespiratory arrest is a normal part of providing good care for many patients. Somebody from the healthcare team caring for you, probably the healthcare professional in charge, will talk to you about:

- your illness
- what you can expect to happen
- what can be done to help you?

What is the chance of CPR reviving me if I have a cardiorespiratory arrest?

The chance of CPR reviving you 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

If CPR is attempted in a hospital setting, about 2 in 10 patients survive long enough to leave hospital. The figures are much lower for patients with serious underlying conditions. It is important to remember that these only give you a general picture and not a definite picture of what you personally can expect. Everybody is different and the healthcare team will explain what CPR could do for you.

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

No. What is important is:

- your state of health
- your wishes

- the likelihood of the healthcare team being able to achieve what you want.

Your age alone does not affect the decision, nor does the fact that you have a disability.

Who decides whether I should have CPR?

The healthcare professional in charge of your care will decide whether CPR may be successful if you stop breathing or your heart stops. The team will consider your general health and present quality of life when making this decision. Ordinarily the team will discuss issues around resuscitation with you, or at your discretion members of your family. They will want to know your views on this and what you might consider to be an acceptable quality of life if you were resuscitated.

If it is thought unlikely to be successful then they will decide that CPR is not appropriate. If they think there is a reasonable chance of it working, they will attempt it unless you have made an informed decision to refuse it.

What if I do not want to discuss it?

You do not have to talk about CPR if you do not want to, but the healthcare team looking after you will want you to know of the decision and understand the reasons for it.

If they are considering whether it might be beneficial to attempt resuscitation, they will want to understand your wishes and what matters most to you to help them make that decision. You can delay this discussion if you feel you are unable to have these conversations at that time. Your family, close friends and carers might be able to help you to think and talk about this, and in some circumstances can tell the healthcare team what your wishes are.

The healthcare team may need to decide about whether to attempt resuscitation before you have been able to talk about it. They will continue to try and talk to you and your relatives (with your permission) as soon as possible.

If you are under 18 (16 in Scotland), your parents can decide for you.

What if I am unable to discuss this on my own?

The law allows you to appoint someone to make decisions for you. This can be a friend, relative, or anyone whom you trust. This person will be consulted if you lose the ability to make decisions for yourself.

This person is known as your Lasting Power of Attorney (LPA). To appoint an LPA, you should speak to an Independent Mental Capacity Advocate (IMCA) or another impartial person such as a solicitor who will be able to advise you on appointing a suitable LPA. It is important to be aware that giving someone a Lasting Power of Attorney can take up to 20 weeks.

If you have not formally appointed an LPA, the doctor in charge of your care will make a decision about what is best for you, taking into account the views of your family and friends.

If there are people you do, or do not want to be asked about your care, you should let the healthcare team know.

I know that I do not want anyone to try to resuscitate me. How can I make sure they don't?

If you do not want CPR, you can refuse it, and the healthcare team must follow your wishes. You can make a living will (also called an 'advanced decision') to put your wishes in writing. If you have a living will, you must make sure the healthcare team knows about it and puts a copy in your records. You should also let people close to you know so they can tell the healthcare team what you want if they are asked.

If it is decided that CPR will not be attempted, what then?

The healthcare team will continue to give you the best possible care. The healthcare professional in charge of your care will make sure that you, the healthcare team, and the friends and family that you want involved in the decision know and understand the decision. There will be a note in your healthcare records that you are 'not for cardiopulmonary resuscitation.' This is called a 'do not attempt resuscitation' decision, or DNAR decision. Sometimes it is referred to as "Allow a Natural Death." When you are discharged from hospital you will receive this form to take with you and a copy will be sent to your GP.

What about other treatment?

A DNAR decision is about CPR **only** and you will receive all the other treatment that you need.

The healthcare professional in charge of your care will also consider what other types of treatments may benefit you if your condition continues to deteriorate. This might include being admitted to the intensive care unit, being ventilated, or having dialysis for example. Your wishes are very important in deciding what levels of treatment may benefit you and the healthcare team will want to know what you think. Your close friends and family can be involved in these discussions. This sort of decision is recorded in an escalation plan.

What if I want CPR to be attempted but the healthcare professional in charge of my care says it will not work?

Although nobody can insist on having treatment that will not work, no healthcare professional would refuse your wish for CPR if there was any real possibility of it working successfully and helping to bring you back to good health.

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 it 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 involved in the discussion. In most cases, healthcare professionals and their patients agree about treatment where there has been good communication.

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

What if I change my mind?

You can change your mind at any time and talk to any of the healthcare team caring for you.

Can I see what is written about me?

Yes, you can see what is written about you. You can ask the healthcare team to show you your records and, if there is anything in them that you do not understand, they will explain it to you. You also have a legal right to see and have copies of your records.

Who else can I talk to about this?

If you need to talk about this with someone outside of your family, friends, or carers, to help you decide what you want, you may find it helpful to contact any of the following:

- Your GP
- Counsellors
- Independent Advocacy Services
- Patient Advice and Liaison Service (PALS)
- Spiritual carers, such as a chaplain

Patient Advice Liaison Service (PALS)

- Tel: 0800 7838058
- Email: patientexperience@dchft.nhs.uk

Chaplain (Dorset County Hospital)

- Tel: 01305 255198

Useful Websites:

Planning for your future care outlines many of the issues you need to consider when you are thinking about your care choices:

www.endoflifecareforadults.nhs.uk/publications/planningforyourfuturecare

Information about Lasting Power of Attorney:

www.direct.gov.uk/en/Governmentcitizensandright/Mentalcapacityandthelaw/ondex.htm

Advance Decisions to Refuse Treatment explains more about refusing treatment. It also provides links to forms you can use www.adrt.nhs.uk

For more information on end of life care, visit www.nhs.uk/planners/end-of-life-care

If you do not have access to a computer and wish to read any the above documents, please contact the PALS office who will be able to assist you.

If you feel you have not had the chance to have a proper discussion with your care team, or you are not happy with the discussions you have had, please contact the PALS Service. Please do not hesitate to keep asking questions until you understand all that you wish to know.

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