**Cardiopulmonary Resuscitation:**

**Making DECISIONS about DNAR**

*Briefing Notes*

Local information has indicated that there is a need to provide some clarity and guidance to GPs when they are considering putting in place a DO NOT Resuscitate Order for a patient who is resident in a care home and who may lack the mental capacity to agree to such serious decision. Everyone has the right to refuse CPR if they wish.

It should be noted that the Mental Capacity Act (2005) must be complied with in all health and social care matters involving those 16 years old and above.

It is worth reminding us that The Act is underpinned by five guiding principles which must guide your practice:

1. An assumption of capacity
2. All practicable steps are to be taken to assist the person to make and communicate their own decisions
3. A person should not be treated as incapable of making a decision just because their decision may seem unwise
4. Decisions should always be evidently made in the best interests of the person who lacks capacity and
5. The least restrictive intervention must always be considered

**Assessing Mental Capacity to have DNACPR**

The Act states that a person is unable to make a particular decision if, they have an impairment of or disturbance in the functioning of their mind or brain, and **because** of that they are unable to do one or more of the following four things:

1. Understand the information relevant to the decision (Not to be resuscitated if their heart stops)
2. Retain the information about the DNACPR given to them long enough
3. Be able to process, weigh and use the information
4. Communicate their decision (verbally or using any other method)

**Making best interest decision on behalf of the person**

If the person is assessed to lack mental capacity to make decision for themselves about DNACPR, you need to consider all relevant circumstances of the person before arriving at the decision to put one in place, in particular:

* Whether the decision can wait e.g. to allow the person to regain their capacity. They must be encouraged to participate in the decision by providing them reasonable and practicable support. The person’s past and present wishes, feelings, beliefs and values that would have likely influenced their decision if they were able to make that decision themselves must be taken into account. You must consult with relevant others including members of their care team.
* You must check and consider if there is a valid and applicable Advance Decision to refuse DNACPR? Do they have Lasting Power of Attorney or Deputy for Health and Welfare who needs and must be involved in the decision?
* Working out what is in the patient’s best interests cannot be based simply on their age, appearance, condition or behaviour. Patients must NOT be treated as a group and decision to implement DNACPR must be individualised.

**When to involve Independent mental capacity advocate (IMCA)**

Where the person who lacks mental capacity has no family or friends whom it is appropriate to consult as part of making best interest decision, an IMCA needs to be involved (except in some exceptional circumstances, see <https://empowermentmattersweb.files.wordpress.com/2012/07/a4a-smt-best-practice-guidance1.pdf> )

Where an IMCA objects to implementation of DNACPR order for the person they represent, such Advocate must give reasons for their objection which should be evidently considered and documented.

While the GP is ultimately the decision maker when implementing DNACPR for a person who lacks mental capacity, the GP holds the responsibility to find out the reasons for the Advocate’s objection. Any disagreement should be discussed at a multidisciplinary meeting in the first instance. If it still cannot be resolved, it should be urgently escalated to the ICB Designated Professional for Safeguarding Adults who may provide further guidance and seek legal advice as may be required.

**You can request IMCA from:**

* Bi-Borough: [www.advocacyproject.org.uk/contact/](http://www.advocacyproject.org.uk/contact/)
* Brent: [pohwer@pohwer.net](mailto:pohwer@pohwer.net)
* Ealing: [The Advocacy Project](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.advocacyproject.org.uk%2F&data=05%7C01%7Cm.oladosu%40nhs.net%7C41d065e1db2e419172de08dbd5430ee4%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638338256210670842%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=NXNT4i7vNY8vy0P4ADuaVOaGAt5gSQsGEGNjMjCl3Bg%3D&reserved=0)
* Hammersmith and Fulham: [www.librapartnership.co.uk](https://gbr01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.librapartnership.co.uk%2F&data=05%7C01%7Cm.oladosu%40nhs.net%7Ca228d9ef05274de850d908dbd5478bc0%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638338275478057390%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=61yt0KOOtkE07yDusyQ0YIsaOqvb2BGLR4lfqdioijo%3D&reserved=0)
* Harrow: [advocacy@communityconnex.co.uk](mailto:advocacy@communityconnex.co.uk)
* Hillingdon: [imca@pohwer.net](mailto:imca@pohwer.net)
* Hounslow: [imca@pohwer.net](mailto:imca@pohwer.net). For local information check [here](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.pohwer.net%2FHandlers%2FDownload.ashx%3FIDMF%3D0b536393-9dd5-4ba7-879c-be2ed196db06&data=05%7C01%7Cm.oladosu%40nhs.net%7Cb0dec02f472c43e4215508dbd615ae99%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638339160829871934%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=va9JzliZnwj8BKrO%2BNH3%2BSdLb5aYziAaKg2FsycpPD8%3D&reserved=0)

When it is evident that a decision has been made without involvement of an IMCA when the criteria was met or that a decision was made without being compliant with the Mental Capacity Act, an IMCA or any other person may raise safeguarding adult alert with a concern that the person has not received appropriate care or treatment, including infringement on their right to advocacy. They may raise a formal complaint and the incident may also be notified to CQC. In some cases, you as the decision maker could also face a legal challenge.

**Further Reading**

* <https://empowermentmattersweb.files.wordpress.com/2012/07/a4a-smt-best-practice-guidance1.pdf>
* [Do not attempt cardiopulmonary resuscitation (DNACPR) decisions - NHS (www.nhs.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nhs.uk%2Fconditions%2Fdo-not-attempt-cardiopulmonary-resuscitation-dnacpr-decisions%2F&data=05%7C01%7Cm.oladosu%40nhs.net%7Ca575a8b4b5c04ec18c5c08db844407ae%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638249199939658445%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=IkaSObUtDDscU%2FbJIkcw2c6Z%2B0gKbb204snca9l2esU%3D&reserved=0)
* [IMCA information for doctors about medical decisions | SCIE](https://www.scie.org.uk/mca/imca/info-for/doctors)
* (Mental Capacity Act 2005) <https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/>
* (BMA) <https://www.bma.org.uk/advice/employment/ethics/adult-safeguarding-ethics-toolkit/card-7-adults-lacking-capacity>)
* BMA Guidance <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/treatment-and-care-towards-the-end-of-life/cardiopulmonary-resuscitation-cpr>
* (Resuscitation Council UK) <https://www.resus.org.uk/dnacpr/decisions-relating-to-cpr/>
* (European Court of Human Rights Article 8) <http://www.legislation.gov.uk/ukpga/1998/42/schedule/1/part/I/chapter/7>
* [Kent: Pensioner says doctors signed DNR order 'without his permission' | UK News | Metro News](https://metro.co.uk/2023/01/02/kent-pensioner-says-doctors-signed-dnr-order-without-his-permission-18024701/)