



Position statement on Cardio-Pulmonary Resuscitation (CPR)

Ethical dilemmas create tension within professional teams and misperceptions amongst the public. As an organisation, Trinity Hospice and Palliative Care Services has, therefore, decided to make clear position statements on a number of common, challenging ethical dilemmas including the role of cardio-pulmonary resuscitation at the end of life. These are intended to work as a succinct guide on the issue for members of staff and users of our service.

This statement takes into account opinions expressed by staff, the current law as well as predictions of the impact of the statement on patient care across the family of services that make up Trinity Hospice and Palliative Care Services.

Statement

Trinity Hospice has made the judgement that, because a sudden collapse of a patient with a cardio-respiratory arrest is very rare within our setting, the hospice is unable to ensure an adequate level of skill in advanced cardio-pulmonary resuscitation skills amongst its staff. Trinity Hospice will **not** perform advanced cardio-pulmonary resuscitation (including defibrillation) on anyone cared for within the hospice or anyone visiting the hospice.

The hospice will ensure that all clinical staff are trained to provide basic cardio-pulmonary resuscitation using cardiac massage and where appropriate bag and mask breathing for both adults and children. Staff will make decisions about the appropriateness and likely success of basic cardio-pulmonary resuscitation on an individual patient basis. If this procedure is undertaken it will mean, in most cases, that the patient or visitor will be transferred to the local acute hospital by emergency ambulance for stabilisation and further management.

Hospice staff are willing to discuss decisions around cardio-pulmonary resuscitation with patients and/or their representatives.

Background

Many people believe that cardio-pulmonary resuscitation is straightforward and successful in a significant number of cases. Sadly this is not the case. Both basic and advanced cardio-pulmonary resuscitation can be effective in patients with certain cardiac arrhythmias but it is a complex procedure which takes skill and frequent practice to perform well.

Palliative care aims to neither prolong nor shorten life. Attempting to restart the heart of someone who is suffering from a life limiting illness, of any cause, is unlikely to be successful and so, in most cases, is seen as medically futile within the hospice setting and may cause unnecessary distress to the patient and their family. However palliative care also strives to provide patients with choice so each case will be considered on an individual basis and the decision made reviewed at least on a weekly basis.

Most requests for patients to have cardio-pulmonary resuscitation are based on the belief that not being resuscitated also means declining other treatments such as antibiotics for a chest infection. This is not the case. Declining cardio-pulmonary resuscitation is a very specific decision and will not affect any other decisions about care.

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Medical Director

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