



# Decisions about Cardiopulmonary Resuscitation

General information

### **This leaflet explains:**

- What cardiopulmonary resuscitation (CPR) is
- How decisions about CPR are made
- How you will know whether CPR is relevant to you

This leaflet is purely about CPR and not other treatments.

This is a general leaflet for all patients. 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 think about the issue.

If you have any other questions, please talk to one of the health professionals caring for you.

## **What is CPR?**

Cardiopulmonary arrest means that a person's heart and breathing has stopped. When this happens, it is sometimes possible to restart their heart and breathing with an emergency treatment called CPR.

### **CPR can include:**

- Repeatedly pushing down very firmly on the chest
- Using electric shocks to try to restart the heart
- 'Mouth-to-mouth' breathing
- Artificially inflating the lungs through a mask or tube inserted into the windpipe



## When is CPR used?

If there is a chance that CPR will work and the person has not refused, the healthcare team will try to revive the patient.

A person's heart and breathing can also stop working as part of the natural and expected process of dying. If people are already very seriously ill and near the end of life, restarting their heart and breathing may do more harm than good by prolonging the pain or suffering of a terminal illness.

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

No, what is important is your state of health. Your age alone does not affect the decision, nor does the fact that you have a disability.

## If it is decided that CPR won't be attempted, what then?

Your healthcare team will ensure that you receive the best possible care. Your consultant or a senior member of medical team will make sure that you know and understand that the decision has been made. If you would like, your close family and friends can be involved in these discussions.

There will be a note in your health records stating that you are not for cardiopulmonary resuscitation. **You will continue to receive all the other treatment that you need.**

## Am I likely to have a cardiopulmonary arrest?

People respond differently to illness. Only your healthcare team can advise you on the likelihood of this happening to you.

## Does CPR always work?

The chances of CPR restarting your heart and breathing 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

When CPR is attempted, only about 2 out of 10 patients survive long enough to leave hospital. The figures are much lower for patients with serious underlying conditions such as cancer.

It is important to remember that these figures only give a general picture and not a definite prediction of what you personally can expect.

## Do people get back to normal after CPR?

Unfortunately, many attempts at CPR do not restart the heart and breathing despite the best efforts of everyone concerned. A few patients make a full recovery; some recover but have health problems.

The techniques used to start your heart and breathing sometimes cause side-effects, for example, fractured ribs and punctured lungs.

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 the cardiopulmonary arrest. Some have brain damage or go into a coma.



## Will I be asked whether I want CPR?

You and your healthcare team will decide whether CPR should be attempted if you have a cardiopulmonary arrest. The healthcare team will look at all the medical issues, including whether CPR is likely to be able to restart your heart and breathing if they stop. It is beneficial to attempt resuscitation if it may prolong your life in a way that you can enjoy.

Sometimes, however, starting a person's heart and breathing leaves them with a severe disability or prolongs suffering. Prolonging life in these circumstances is not always beneficial.

Your wishes are very important in deciding whether resuscitation may benefit you, and the healthcare team will want to know what you think.

## What if I don't want to discuss resuscitation?

You don't have to talk about CPR if you don't want to, or you can put the discussion off if you feel you are being asked to discuss too much too quickly. Your family, close friends and carers might be able to help you. The healthcare team will decide, taking account of your wishes.

If you are under 18 your parents can decide for you.

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

If you don't want CPR, you can refuse it and the healthcare team must follow your wishes. You can make an advance decision,

and put your wishes in writing. If you have an advance decision declaration, you must make sure that the healthcare team knows about it and puts a copy of it 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.

## What if I am unable to decide for myself?

Adults can choose somebody to make decisions for them if later they lose the ability to make decisions for themselves. A 'proxy' who has been granted a lasting power of attorney can make decisions for you. If you have not formally chosen a proxy, your healthcare team will make a decision about what is best for you.

Your family and friends are not allowed to decide for you, but it can be helpful for the healthcare team to talk to them about your wishes. If there are people you do (or do not) want to be asked about your care, you should let the healthcare team know.

## What if I want CPR to be attempted, but the healthcare professionals in charge of my care say it won't work?

Although nobody can insist on having treatment that will not work, no healthcare professional would refuse your wish for CPR if there was a 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 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 to be involved in the discussion.

In most cases, and where there has been good communication, healthcare professionals and their patients agree about treatment.

## What if my situation changes?

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

## Who else can I talk to about this?

Your healthcare professional will be happy to discuss any worries or concerns you may have.

However if you need further support the following services may be of help:

### **Patient Advice and Liaison Service**

0151 482 7927

### **Resuscitation Council of UK**

[www.resus.org.uk](http://www.resus.org.uk)

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All of our leaflets are produced by staff at The Clatterbridge Cancer Centre and this information is not sponsored or influenced in any way. Every effort is made to ensure that the information included in this leaflet is accurate and complete and we hope that it will add to any professional advice you have had. All our leaflets are evidence based where appropriate and they are regularly reviewed and updated. If you are concerned about your health in any way, you should consult your healthcare team.

We rely on a number of sources to gather evidence for our information. All of our information is in line with accepted national or international guidelines where possible. Where no guidelines exist, we rely on other reliable sources such as systematic reviews, published clinical trials data or a consensus review of experts. We also use medical textbooks, journals and government publications.

References for this leaflet can be obtained by telephoning 0151 482 7722.

If you need this leaflet in large print, Braille, audio or different language, please call 0151 482 7722.

**If you have a comment, concern, compliment or complaint, please call 0151 482 7927.**

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