

## **NHS ENGLAND ALERT**

### **Unified DNACPR Policy issued April 2013**

#### **Background**

NHS England (North) is aware that a number of Trusts in the region have adopted the Unified DNACPR Policy, led by the North West Regional DNACPR Steering Group (the “Steering Group”) and issued in April 2013. Since this time, there have been further developments in the law and guidance surrounding DNACPR orders, including the Court of Appeal’s ruling in *R (David Tracey) v (1) Cambridge University Hospitals NHS Foundation Trust (2) Secretary of State for Health* and the recently published guidance of the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing (October 2014).

In view of these developments, the Steering Group, with oversight from NHS England (North), has updated the policy and a copy of the updated version is attached to this alert. A summary of the key updates is provided below.

#### **Key points**

1. Patients have a right, under Article 8 of the European Convention on Human Rights, to be consulted / informed about DNACPR decisions – the presumption lies in favour of patient involvement in these decisions. The fact that the patient may find the topic distressing is not a sufficient reason on its own to warrant their exclusion from the decision making process. Such exclusion will only be justified where there are reasonable grounds to believe that the discussion will cause the patient a degree of harm. Where this view is reached, clear and comprehensive reasons for excluding the patient from the discussions should be recorded;
2. Where a patient lacks capacity under the MCA to make decisions regarding DNACPR, there is a duty to consult with the patient’s family and those close to the patient, unless there is a good reason not to do so (e.g., the patient has previously, when he/she had capacity, requested that no such discussion take place). Where a patient who lacks capacity has no one close to them with whom health professionals can consult, a referral should be made to the local Independent Mental Capacity Advocacy service for an advocate to be appointed for the patient (provided time permits);
3. The duty to consult or inform a patient about a DNACPR decision does not equate to a requirement on a clinician to perform CPR where they believe to do so would be inappropriate. Making a decision not to attempt CPR that has no realistic prospect of success does not require the consent of the patient or of those close to the patient. However, there is a presumption in favour of informing a patient of such a decisions.
4. DNACPR decisions should be monitored to ensure they remain appropriate – it is recommended that a review date be included on the DNACPR decision form where appropriate. All reviews should be documented in the patient’s records. Reassessing the decision regularly does not mean burdening the patient and their family with repeated decisions, but it does require staff to be sensitive in picking up any change of views during discussions with the patient or their family.

NHS England (North) strongly advises that organisations that adopt the updated policy without delay. The Steering Group will review the policy on a regular basis going forward to ensure that any further developments in the law are reflected in it.

**October 2014**