Treatment Escalation Plans and Do Not Attempt Cardio-Pulmonary Resuscitation Decisions

Information for patients, relatives, and carers

This leaflet explains:

What a Treatment Escalation Plan is

- How decisions around Treatment Escalation Plans are made
- How you can be involved in decisions around Treatment Escalation Plans
- What Cardio-Pulmonary Resuscitation is
- How decisions around Cardio-Pulmonary Resuscitation are made
- How you can be involved in decisions around Cardio-Pulmonary Resuscitations.

Patients, relatives, friends, carers and others important to you can use this general leaflet. It may not answer all your questions about Treatment Escalation Plans (TEP) and Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions but, hopefully, it will help you think about the issues and choices available.

If you have any further questions, please speak to a doctor or nurse caring for you.

Treatment Escalation Plans

What is a Treatment Escalation Plan?

A Treatment Escalation Plan is a record of a personalised recommendation for your treatment and care in an emergency.

Why is a Treatment Escalation Plan needed and is it important?

People are admitted to hospital when they are unwell and need help from the hospital team to get better. We recognise that despite our best efforts, some people unfortunately become sicker whilst in hospital and this may become an emergency where rapid decisions about treatment must be made.

When and if such a situation arises, you may not be able to express your wishes and priorities or there may not be enough time to discuss what treatments are likely to help and which may not. We therefore think it is important to discuss possible emergencies with people when they arrive in hospital.
This allows us to understand what things are important to you and gives us an opportunity to explain what treatments may work and which may not in an emergency.

Together, we can then record a personalised recommendation for care in the event of an emergency so that all healthcare professionals in the hospital are able to see it and can act in accordance with it. We call this document a Treatment Escalation Plan.

When is a Treatment Escalation Plan completed?

This will depend on your circumstances. In general, we aim to have a discussion around treatment escalation as early as reasonably possible if you are acutely unwell. Ideally, this is within the first 24 hours of admission.

What treatments might we discuss as part of the Treatment Escalation Plan?

This again will depend on your circumstances. The types of treatments that may be included range from simple treatments such as treatment with antibiotics to more complex life supportive treatments in critical care and discussions around cardio-pulmonary resuscitation.

Will I have a say in what treatments I have?

Yes. Clinicians must always involve people in decisions about their treatment and must have your consent to provide treatment. The only exception to this is if you are unable to provide consent for some reason (for example, being unconscious or confused - see below). Doctors will talk to you about treatments that they think may help you and will explain the benefits and risks of each treatment and what recovery from an emergency you might expect in your circumstances.

You may want to tell the doctor what is important to you when you are treated in hospital. You may want to receive all treatments that might be effective even if those treatments have side effects. You may want doctors to focus on making sure you are always comfortable because not all treatments are comfortable. You may only want treatments that have a very good chance of being able to return things to how you were before you came into the hospital.

You will have your own idea of what quality of life would be acceptable to you and what you do and do not want to risk. Telling the doctor such values will help the doctor to choose the treatments from which you would benefit most.

Doctors will not talk about *all* treatments with all patients. They will only talk about treatments that may benefit you or improve your chances of recovery from an emergency. If there

is a particular treatment that a doctor has not mentioned that you would like to discuss, please do ask about it. If it is a treatment that would not be helpful to you, the doctors will explain why they think this.

Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR)

What is Cardio-Pulmonary Resuscitation?

Cardiopulmonary arrest is when a person's heart and breathing stop. When this happens, it is sometimes possible to restart the heart and breathing with an emergency treatment called Cardio-Pulmonary Resuscitation (CPR).

CPR might include:

- Rhythmically pushing down very firmly on the chest (chest compressions)
- Using electrical shocks to try to correct the rhythm of the heart
- Inflating the lungs with a special bag, a mask or a tube inserted into the trachea (windpipe).

When is CPR used?

CPR is used when the heart and / or breathing stops and the medical team thinks they may be able to make the heart and lungs work again.

CPR is not used for all situations where the heart and lung stop working. Examples where it would not be used include

- If it is recognised that the person is dying from a disease that cannot be cured
- If doctors do not think they can reverse the process that led to the heart and lungs stopping
- If a person has already decided that they do not wish to receive it.

When thinking about whether CPR might work for a person, doctors will consider everything about them, including any existing medical problems and their wishes about treatments. People with lots of medical problems, those who have irreversible progressive diseases and those who are very frail are less likely to survive if their heart stops.

If a doctor thinks CPR will not work for a person, they will explain this to them and the treatment will not be provided if the heart stops. Sometimes it may be kinder to allow a natural death. Age and long-term disability may form part of the assessment of whether CPR might work for a person but they are never used as the only reason for *not* providing CPR.

Does CPR ever work?

Yes, CPR can restart the heart and lungs, although it often doesn't always work despite everyone's best efforts. When CPR is used in hospitals, on average about 2 out of 10 patients survive to leave the hospital. If your heart stops in an area other than a hospital, the chances of survival are usually even lower.

If CPR successfully restarts your heart you are still likely to remain very unwell for some time, requiring a lot of medical support and it is unfortunately possible that you may be left with permanent problems despite all this support. Depending on the reason the heart stopped, it may happen again.

Will I be asked about CPR?

Just like treatment escalation plans (above), we aim to discuss CPR with all acutely unwell people who are being admitted to hospital.

If CPR is not something you would like to receive, then please let the medical team know about your wishes.

Just like all other treatments, doctors will only provide CPR if, in their opinion, there is a reasonable expectation of it being successful. If doctors *do not* think that CPR would be successful for a person, they will explain to them why they think this and they will not provide it. As you might expect in such a complex situation, these decisions are *only* made by senior doctors with a lot of training and experience.

Your views and wishes are an extremely important part of the process in assessing whether CPR is likely to be successful for you and so doctors will take your views and / or your relatives into account as part of their assessment.

I know that I don't want CPR. How can I make sure this is respected?

If you know that you do not want CPR if your heart stops, you can refuse it and the healthcare team must follow your wishes. You can make an Advanced Decision to Refuse Treatment (ADRT), formerly known as a living will, and put your wishes in writing.

An ADRT is specific to each medical intervention and situation that you wish to refuse. This must be signed and witnessed. An ADRT is usually completed when someone has had time to consider their wishes and complete the paperwork, in discussion with those supporting them in the community / their general practitioner (GP).

If you have an ADRT, please make sure that the healthcare team knows about it and puts a copy in your records. It is applicable to care in the community or hospital setting.
You should also let people close to you know so they can tell the healthcare team what you want if they are asked.

If a decision is made that I will not be resuscitated, will it affect any other treatment?

No, you will continue to be given the best possible treatment and care. Your treatment plan will be discussed with you and with your family. A form regarding your treatment and resuscitation will be completed and placed in your notes to advise all staff about your wishes.

This is called a ‘Do Not Attempt Cardio-Pulmonary Resuscitation’ decision or DNACPR.

General questions

What if I change my mind about my decision?

You can change your mind about your decision at any time. If you do change your mind, you should inform a member of staff who will ensure the doctor is contacted to discuss the decision with you. However, the final decision will be from the senior doctor responsible for your care in hospital.

What if I don’t want to or I am unable to decide?

You don’t have to talk about CPR if you don’t want to. If you have appointed a person as Personal Welfare Attorney (PWA) or Lasting Power of Attorney for Health (LPA) then they may be able to express an opinion on your behalf in certain situations.

If you are unable to make decisions for yourself – for example if your illness means that you are confused or unconscious, then the healthcare professional responsible for your care must make a decision that they believe to be ‘in your best interest’.

Where time allows, they will consult with your next of kin to try to find out what your wishes would most likely have been had you been able to communicate them.

When you can make decisions for yourself again, doctors will talk to you about the decisions that have been made on your behalf and will talk to you about further / future treatment.

What if I do want treatments or CPR attempted even if it is unlikely to benefit me?

Just like all other treatments doctors will offer and provide CPR only if they think it has a reasonable chance of success. CPR is unfortunately traumatic and can be distressing for those involved (including patients and relatives who may witness it) and so it is important to us that it is only provided for the patients who are likely to benefit from it.

People have the right to refuse treatment, but they do not have the right to request or demand to receive treatment that will not benefit them. Doctors always try to ensure that the reasons that they think CPR will not work are thoroughly explained and understood by everyone involved, including relatives wherever possible.

Am I entitled to a second opinion where I disagree with the doctors looking after me?

Yes. If you or your relatives don’t think that the doctor has made the right decision about a treatment, they can ask for a second doctor to assess this and we will arrange for another doctor within the hospital to come and provide this. This might be a doctor from a different team, for example intensive care.

Can I see what is written about me?

Yes, just like any data about you, you are entitled to access your health records. Details on how to do this can be found via the hospital website and your team will be able to give you details. If you would like to access your health records you will need to speak to a healthcare professional.

You also have a legal right to have copies of your records, although this can take some time to organise.

What happens to people who cannot discuss their treatment options?

If you are too ill or confused to have a discussion, a doctor will decide how to treat you based on your medical history.
The doctor may speak to your relatives or those you have previously identified as significant to you, to find out what they think you may want.

If you have an advanced directive to refuse treatment (ADRT), that will be respected. If you have a named someone to make choices for you (for example a Lasting Power of Attorney for Health), the doctor will talk to that person. If there is time, in some scenarios an Independent Mental Capacity Advocate (IMCA) will be asked to support doctors to make their decision.

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:

- Independent Advocacy Services
- Patient Advice and Liaison Services (PALS)- Details below
- Patient support services
- Spiritual Carers, such as a chaplain. Please ask a member of staff.

If you find it hard to hear, talk to or understand the healthcare professionals about the plan, you will need to let them know that you need help with this. They will provide assistance. They might involve someone close to you or an interpreter if necessary.

Will my general practitioner (GP) be informed of the decisions?

When you are discharged, the hospital discharge letter will contain the information about the CPR and Treatment Escalation Plan decisions.

Please do not hesitate to keep asking questions until you understand all that you wish to know.

Useful sources of information

The British Medical Association publishes a wide range of relevant guidance, including:

- Withholding and Withdrawing Life prolonging Medical Treatment (third edition). London: BMA, 2007.
- Mental Capacity Act toolkit. London: BMA, 2008. Medical Ethics and Human Rights Department, British Medical Association, BMA House, Tavistock Square, London WC1H 9JP Telephone: 020 7383 6286
  Email: ethics@bma.org.uk Web: www.bma.org.uk/ethics

The Resuscitation Council (UK) also publishes a wide range of relevant guidance.

Resuscitation Council (UK) Tavistock House North, Tavistock Square, London WC1H 9HR Telephone: 020 7388 4678,
Fax: 020 7383 0773
Email: enquiries@resus.org.uk Web: www.resus.org.uk

General Medical Council

Treatment and care towards the end of life: good practice in decision making. London: GMC, 2010. General Medical Council, Regent's Place, 350 Euston Road, London NW1 3JN Telephone: 0845 357 3456 Email: gmc@gmc-uk.org
Web: www.gmc-uk.org

Planning for your Future Care outlines many of the issues you need to consider when you're thinking about your care choices.
www.endoflifecareforadults.nhs.uk/publications/Planningforyourfuturecare

Information about lasting power of attorney
www.direct.gov.uk/en/Governmentcitizensandrights/Mentalcapacityandthelaw/index.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 National Institute for Health and Care Excellence (NICE). QS13 Quality standard for end of life care for adults. London: NICE, 2013. National Institute for Health and Care Excellence (NICE) 10 Spring Gardens London SW1A 2BU Email: nice@nice.org.uk Telephone: 0845 003 7780 Internet: www.nice.org.uk

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:
Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.
Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

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