ETHICAL DECISION MAKING IN PALLIATIVE CARE

Cardiopulmonary resuscitation for people who are terminally ill

National Council for Hospice and Specialist Palliative Care Services and the Association for Palliative Medicine

This paper has been prepared by the National Council for Hospice and Specialist Palliative Care Services and the Association for Palliative Medicine of Great Britain and Ireland. It is part of a regular update of previous guidance prepared by the two groups in August 1997 and is produced with the aim of providing guidelines for developing cardiopulmonary resuscitation (CPR) policies.

All healthcare professionals working in palliative care are committed to the value of multiprofessional working and good communication between professionals, patients and careers, especially regarding management and advanced planning at the end of life, of which CPR is only one aspect.

However, we recognise that units may require some guidance from the association for Palliative Medicine and the National Council for Hospice and Specialist Palliative Care Services in developing their approach and policies regarding CPR. This is particularly so in light of the recent document from the BMA, Resuscitation Council (UK), Royal College of Nursing – Decisions relating to Cardiolpulmonary Resuscitation[1], as well as the Human Rights Act 1998 (implemented October 2000)[2] and the Health Service Circular (reference no 2000/028).[3]

As we understand the Human Rights Act (Article 2), the right to life does not entail the right to a treatment that is judged by a clinician to be very unlikely to achieve its physiological aim of prolonging life. No doctor can be required to deliver a treatment which he or she believes is not clinically justifiable.

We reaffirm that there is no ethical obligation to discuss CPR with those palliative care patients, for whom such treatment, following assessment, is judged to be futile. If, however, the likely outcome of a CPR intervention is uncertain, anticipatory decisions, either to implement or withold CPR should be sensitively explored with appropriate individual patients.

In many specialist palliative care units it is possible to provide only basic CPR for patients, visitors and staff. Basic CPR involves artificial ventilation using either a mask- or mouth-to-mouth techniques along with compression of the chest wall to maintain circulation.

There is now a requirement for all units to ensure that policies regarding CPR are in place and that this information is available to patients. We would suggest that written information given to patients should contain a general statement on the principles by which treatment decisions are made in palliative care and an explanation of the facilities that the unit can provide for CPR onsite.

TABLE 1

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REFERENCES

1 British Medical Association, Resuscitation Council (UK), Royal College of Nursing. Decisions Relating to Cardiopulmonary Resuscitation: a joint statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing. *J Med Ethics* 2001; **27:**312–18.
2 Human Rights Act 1988 (October 2000).
3 The Health Service Circular reference no. 2000/028.