DNAR forms and CPR decisions

This factsheet explains what a DNAR form is and how it relates to decisions about CPR. It applies to people living in England and Wales. If you live in Scotland or Northern Ireland, or if you would like further information about your end-of-life rights and choices, call our free Information Line on 0800 999 2434.

What is a DNAR form?

DNAR stands for Do Not Attempt Resuscitation. The DNAR form is also called a DNAR order, or DNACPR order.

A DNAR form is a document issued and signed by a doctor, which tells your medical team not to attempt cardiopulmonary resuscitation (CPR). The form is designed to be easily recognised and verifiable, allowing healthcare professionals to make decisions quickly about how to treat you.

It is not a legally binding document. Instead, it acts as a tool to communicate to the healthcare professionals involved in your care that CPR should not be attempted. The reason that a DNAR form exists is because without one your healthcare team will always attempt CPR.

The form only covers CPR, so if you have a DNAR form you will still be given all other types of treatment for your condition as well as treatment to ensure you are comfortable and pain-free.

What is CPR?

CPR stands for cardiopulmonary resuscitation. It is an emergency treatment used to restart a person’s heart and breathing. If a person’s heart and breathing stop it is known as a cardiopulmonary arrest. The aim is to keep the person alive while a correctable cause of the cardiopulmonary arrest is identified and treated. CPR includes:

- chest compressions (repeatedly pushing firmly on the chest)
• inflating the lungs (by inserting a tube into the windpipe or by placing a mask over the mouth and nose)
• defibrillation (using electric shocks to correct the heart’s rhythm)

What are the risks associated with CPR and how likely is it to work?
Many people’s perception of CPR is influenced by scenes depicted on television, where it is almost always successful and people recover swiftly. However, in reality this is not always the case. While the heart is not beating properly the brain may not get enough blood supply and, even if the CPR is successful in getting the heart beating again, some brain damage may occur.

If CPR is given and it is successful, your recovery will depend on a number of things, such as what caused it and how healthy you were when it happened. Following CPR a few people will make a full recovery; however some patients will still be very unwell and need more treatment, and some patients will never get back to the level of health they had before the arrest.

In many cases CPR is not successful at restarting a person’s heart and breathing. If you have a long-term or chronic condition or a terminal illness then it is much less likely to work.

The methods used in CPR can have side effects such as bruising, cracked or broken ribs and/or punctured lungs.

Am I likely to have a cardiopulmonary arrest?
Cardiopulmonary arrests can happen unexpectedly, for example if you have suffered serious injury or a heart attack. They can also happen as part of the natural process of dying. Only your healthcare team will be able to tell you how likely you are to have a cardiopulmonary arrest because everyone is different, and everyone responds to an illness or condition differently.

Who decides if I am given a DNAR form?
If you have a long-term condition or a terminal illness, then someone from your healthcare team should talk to you about what you can expect and what your treatment options are. If it is likely that you will have a cardiopulmonary
arrest then planning what will happen if that situation arises should form part of your conversation.

In 2014 there was an important court case involving a woman who had a DNAR form placed on her medical records without being consulted. The court ruled that the doctors were wrong not to include the patient or her family in the discussion, and that doctors should speak to patients before a DNAR form is put on a person’s medical records.

The judges also said that a patient getting distressed and upset cannot be used by a doctor as an excuse to avoid discussing the DNAR form with them. The only time a doctor is justified in not consulting a patient is if the conversation would risk causing them physical or psychological harm.

In response to the case, the Resuscitation Council has issued guidance which stresses the need for doctors to have clear and honest discussions with patients about CPR and the likelihood of its success. Records should be kept of these conversations.

Your healthcare team will assess whether or not CPR is likely to be successful i.e. whether CPR is likely to restart your heart and breathing.

Normally a DNAR form will be issued if:

1. **Your healthcare team feel that CPR is unlikely to be successful**

   If your healthcare team think that CPR will not work then they will not attempt it. A DNAR form will then be added to your medical records to reflect this. You must be told if this is the case. If you do not have capacity, for example if you are unconscious, and it is decided that CPR will not be attempted if your heart and breathing stop, then your healthcare team should discuss this decision with your family.

   If your healthcare team say that CPR will not work but you still feel that you would like them to attempt it, you should talk to them about your feelings. Although no one has the legal right to demand a treatment, in reality no healthcare professional would refuse your wish for CPR if there was any possibility of it being successful and you making a healthy recovery from it.

   Your healthcare team should also give you the opportunity to ask for a second opinion if you disagree with their decision. You don’t have the legal right to a second opinion but a doctor will rarely refuse to refer you for one.
2. Your healthcare team feel that it is unclear whether or not CPR would be successful and, following a discussion with them, you decide that you do not want CPR

If your healthcare team are unsure if CPR will work then they will need to decide if it would be in your ‘best interests’, i.e. if it would benefit you. Attempting resuscitation would be in your best interests if, for example, it might enable you to enjoy your life for a longer amount of time. However, sometimes when CPR is given people need to spend a long time in intensive care, or are left severely disabled by brain damage due to poor blood supply during the cardiopulmonary arrest. In these circumstances attempting CPR might not be in your best interests.

Your opinion is very important in making this decision and someone from your healthcare team will talk to you about what your preferences are. If a decision is made not to attempt CPR then a DNAR form will be added to your medical records to reflect this.

You don’t have to talk about CPR if you don’t want to, and you should not be put under pressure to make a decision. If your heart and breathing stop and you have not told your healthcare team what you want, then they will decide whether to attempt CPR. They will base their decision on the likelihood of CPR being successful and on the likelihood of you making a healthy recovery afterwards, i.e. whether it would be in your best interests.

For more information on ‘best interests’ decisions see our factsheet How are decisions made for me if I don’t have capacity?

What does a DNAR form look like and will it be recognised everywhere?

National guidelines recommend that the same DNAR form should be used across the country to make them easily recognisable to healthcare professionals. However, despite these guidelines there is a large amount of variation between the types of form used. This means that what your form looks like and the wording it contains will depend on where you live and who issued it.

A DNAR form can be written for a specific time period, after which a new form would need to be issued if the decision still applied, or it can be written for an indefinite period of time, requiring no further review.

If you move care settings, for example from your home to a hospital, or from a care home to a hospice, then national guidelines recommend that you should
take the original signed DNAR form with you. You or a loved one should speak to a member of your healthcare team before you move settings to discuss if the DNAR form will be recognised wherever you are being cared for.

**Can I refuse CPR if I don’t have an ongoing condition?**

You have the right to choose _not_ to have CPR if you wish. If you do not have an ongoing health condition and you choose not to have CPR, then you should write this refusal within a legally binding Advance Decision to Refuse Treatment (see our factsheet _Understanding Advance Decisions – England and Wales_ for more information). Compassion in Dying can provide free forms and support you when completing one.

**What if I change my mind or what if my situation changes?**

You can change your mind at any time and your healthcare team should talk to you and give you any information you need to help you make a decision. Your healthcare team will also continually review both your condition and any decisions about CPR.

**How is a DNAR form different from an Advance Decision?**

An Advance Decision (short for an Advance Decision to Refuse Treatment, or ADRT) is a document that allows you to make a legally binding refusal of medical treatment in advance of a time when you can’t communicate your wishes or don’t have the capacity to make a decision. You can use it to refuse any treatment, whereas a DNAR form only applies to CPR.

Anyone can write an Advance Decision for themselves. A DNAR form has to be issued and signed by a doctor so you cannot write one yourself – although you can ask to have a discussion about CPR with your doctor.

In an Advance Decision you can specify the circumstance(s) in which you want the refusal(s) of treatment to apply, for example if you have been unconscious for a certain length of time. This means that you can refuse something only if you are in a certain situation. The majority of DNAR forms, on the other hand, will apply in every situation.
For more information

The Resuscitation Council produces national guidelines and standards around DNAR decisions. You can visit their website here [www.resus.org.uk](http://www.resus.org.uk)

How can we help?

- Compassion in Dying can send you a free Advance Decision form
- We provide a free and comprehensive guide *Planning Ahead: Making choices for the end of life*
- The following Compassion in Dying factsheets may be helpful:
  - *Understanding Advance Decisions – England and Wales*
  - *Making Sure Your Advance Decision is Legally Binding*
  - *Helpful Questions to Consider When Making an Advance Decision*
  - *Understanding the General Medical Council’s Guidance ‘Treatment and Care Towards the End of Life’*
  - *How are decisions made for me if I don’t have capacity?*

If you would like any of the factsheets mentioned here or want information about end-of-life rights more generally please call our free Information Line on 0800 999 2434 or visit our website [www.compassionindying.org.uk](http://www.compassionindying.org.uk).

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A list of evidence sources is available on request from info@compassionindying.org.uk.

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