This factsheet is for people living in England and Wales. We provide separate information for people living in Scotland and Northern Ireland.

**What is CPR?**
CPR stands for cardiopulmonary resuscitation. It is an emergency attempt to restart a person’s heart and/or breathing if they have a cardiac arrest. CPR is used to keep the person alive while the cause of the cardiac arrest is found and treated if possible.

**CPR can include:**

- Chest compressions (repeatedly pushing very firmly on the chest in an attempt to pump blood around the body).
- Defibrillation (using electric shocks to correct irregularities in the heart’s rhythm).
- Artificially inflating the lungs (by inserting a tube into the windpipe or by placing an oxygen mask over the mouth and nose to push air into the lungs).
- Intravenous medication (administering medications, such as adrenaline, into a vein to improve heart muscle contraction and blood pressure).

The type of CPR used will depend on where the person is and who is treating them.
What is a cardiac arrest?
A cardiac arrest is when the heart stops pumping blood around the body - this can be caused by many things including abnormal heart rhythm, heart disease or a heart attack.

How often does CPR work?
CPR success rates vary depending on how well the person is in the moments before their heart and/or breathing stop, and how quickly they receive medical treatment.

Following CPR a few of people make a full recovery, some will still be very unwell and need more treatment, some will never get back to the level of health they had before, and most will not survive. In the UK fewer than 10% of people who receive CPR outside of hospital survive. If someone has a long-term or chronic condition, and/or a terminal illness, then CPR is even less likely to be successful.

If CPR is successful, the person’s recovery will depend on a number of things including what caused the cardiac arrest, how healthy they are, and how quickly they received treatment. While the heart is not beating properly the brain may not get enough blood supply and, even if CPR is successful, some brain damage may occur.

What are the risks of CPR?
The methods used in CPR, such as chest compressions, can have side effects including bruising, broken ribs and punctured lungs, depending on the frailty of the person receiving CPR.
**Who can you talk to about CPR?**

You can talk to any doctor, including a GP or a hospital doctor, about CPR. Alternatively, if someone has a long-term or chronic condition, a terminal illness, or is undergoing a medical procedure, then a doctor may think having a discussion about CPR is required and bring it up.

If someone does not want to talk about CPR they do not have to, and they should not be put under pressure to make a decision about consenting to or refusing CPR.

**Can you request CPR?**

No one has the right to demand a treatment, including CPR. You can record your preference for CPR to be attempted, but like all medical treatments you cannot demand that it is offered to you. If someone is in cardiac arrest, only their healthcare team can decide if CPR is a suitable option. This means that they will take into account the person’s wishes and values, and those of their family, but CPR cannot be insisted on.

If someone is told that CPR will not be successful but they would still like CPR to be attempted, they can discuss this with their doctor. Although no one has the legal right to demand a treatment, it is unlikely that a doctor would refuse someone’s request for CPR if there was any possibility of it being successful and the person making a healthy recovery.

If after this discussion their doctor still recommends that CPR should not be attempted, then they can ask for a second opinion. No one has the legal right to a second opinion but a doctor will rarely refuse to refer someone for one.
Can you refuse CPR?

Every adult with capacity has the right to refuse any medical treatment, including CPR. If someone would like to refuse CPR they can talk to their GP or any professional involved with their care about having a Do Not Attempt Resuscitation (DNAR) form added to their medical records.

Any adult with capacity can also refuse CPR by making an Advance Decision - previously known as a ‘Living Will’ and sometimes called an ‘Advance Directive’.

An Advance Decision allows someone to record any medical treatments that they do not want to be given in the future, in case they later lack capacity to make or communicate a decision for themselves. If someone has refused CPR in their Advance Decision it is a good idea to ask for a DNAR form to be added to their medical records, along with a copy of their Advance Decision.

To make an Advance Decision visit our free website www.mydecisions.org.uk or call our free information line.

What is a DNAR form?

DNAR stands for Do Not Attempt Resuscitation. A DNAR form is a document issued and signed by a doctor, which tells a person’s medical team not to attempt CPR. There are many names used for a DNAR form including a DNAR order, a DNACPR order, and a ReSPECT form. All DNAR forms are designed to be easily recognised, allowing healthcare professionals to make decisions quickly about how to treat someone.

A DNAR form indicates that CPR should not be attempted, it does not refuse any other medical treatment. If someone has a DNAR form they will still be given all other types of treatment (unless they have an Advance Decision) as well as treatment to ensure they are comfortable and pain-free.
Any doctor, including a GP or a hospital doctor, will be able to explain whether CPR is likely to successfully restart a person’s heart and/or breathing. If the doctor thinks it is unlikely that CPR will be successful then a DNAR form will be added to the person’s medical records. Anyone can request a DNAR form from their doctor. Their doctor or healthcare team can also suggest a DNAR form to them.

A DNAR form is not a legally binding document. Instead, it is a tool used by healthcare professionals to communicate to other healthcare professionals that CPR should not be attempted. If someone would like to record their wish to refuse CPR in a legally binding way they can make an Advance Decision as well as having a DNAR form.

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

DNAR forms vary between areas and organisations. This means that what a DNAR form looks like and the wording it contains will depend on the area and the organisation that has issued it.

If someone has a DNAR form and they are moving location, for example from hospital to a care home, then national guidelines recommend that they take the original signed DNAR form with them. The person should speak to a member of their healthcare team in the new location to check if the original DNAR form will be recognised, or if a new DNAR form is needed.

**How will people know I have a DNAR form?**

In some emergency situations a DNAR form may not be known about and CPR may be attempted. Therefore, it is important that people tell anyone involved in their care, and their local Ambulance Trust, that they have a DNAR form and where it is kept.
How long does a DNAR form last for?

A DNAR form can be issued for a specific time period, for example if the person has been admitted to hospital for a procedure, or it can be issued for an indefinite period of time, only requiring review if the person’s situation changes.

Can a DNAR form be added to someone’s medical records without their permission?

National guidelines say that all healthcare professionals should have clear and honest discussions with people, and their families, about CPR and the likelihood of its success. Records should be kept of these conversations in the person’s medical notes, and if necessary a DNAR form should be added.

However, if someone’s doctor believes that having a conversation about CPR would risk causing the person physical or psychological harm, then they can choose not to have this conversation. The doctor can also add a DNAR form to the person’s medical notes if they believe CPR would not be successful or would not be in the person’s best interests. However, discussions about CPR must not be avoided for any reason other than the risk of harm, and the details of why the discussion about CPR was not possible must be clearly documented in the person’s medical notes.

What if someone changes their mind about CPR or their situation changes?

A person can change their mind about CPR at any time. Their doctor should give them all the information they need to help them make an informed decision. Their doctor should also appropriately review their condition and any decisions they have made about CPR.
What happens if someone has not made a decision about CPR?

If a person’s heart and/or breathing stop and they do not have a DNAR form or an Advance Decision, then the healthcare professional in charge of their care will decide if CPR should be attempted.

They must decide if:

A  CPR would not be successful in restarting the person’s heart and/or breathing. In this case they will not attempt CPR.

B  CPR could be successful in restarting the person’s heart and/or breathing. In this case they must decide if CPR is in the person's best interests. To make this decision they must consider:

- All relevant information; including the potential benefits or risks, and any long-term consequences such as the impact on the person’s quality of life.
- The person’s past and present wishes and feelings; including anything they have said or written down.
- Any values and beliefs they have that would be relevant; including any cultural or religious beliefs.
- The views of the person’s family members, carers and other relevant people.

If the person has capacity to make a decision about resuscitation, then a conversation about CPR should always be had with them. If the person does not have capacity and it is decided that CPR will not be attempted because it would not be successful, or because it is not in the person’s best interests, then this should be communicated to the person’s family.
What is the difference between an Advance Decision and a DNAR form?

You can have both an Advance Decision and a DNAR form. The differences between an Advance Decision and a DNAR form are:

- Any adult with capacity can write their own Advance Decision, whereas a DNAR form has to be issued and signed by a healthcare professional. An Advance Decision is a record of the person’s own decision to refuse treatment. A DNAR form is a record of the doctor’s decision that CPR should not be attempted.

- An Advance Decision can be used to refuse any medical treatment, whereas a DNAR form is only used to withhold CPR.

- An Advance Decision must specify the situation in which the treatment is to be refused, for example if someone is unconscious for a specified length of time. A DNAR form applies in every situation, unless other details are specified.

- An Advance Decision is legally binding if it is valid and applies to the situation. A DNAR form is not legally binding.
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