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# Cardiopulmonary Resuscitation (CPR)

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## **Patient Information**





## What is Cardiopulmonary Resuscitation (CPR)?

CPR is an emergency treatment given when someone's heart has stopped, and they are not breathing. It aims to keep some blood and oxygen flowing round the body while attempts are made to restart the heart.

CPR may include:

- Repeated firm pushing on the chest to maintain blood flow to the brain
- Using a mask or a tube to help breathing
- Using electric shocks to try to restart the heart
- Using drugs to restore blood pressure or help the heart recover.

A decision not to attempt CPR (DNACPR) applies only to CPR. All other appropriate treatment and care for that person will continue.

## Does everyone get back to normal after CPR?

Sadly, not everyone fully recovers after CPR. Those with many medical problems are much less likely to make a full recovery. It is important to be aware that after CPR:

- Only some patients make a full recovery
- Patients are often very unwell and will need more treatment in a coronary care or intensive care unit
- Most patients do not return to the physical or mental health they had before
- Some patients suffer from brain damage or go into a coma.

## Will CPR be tried on me?

Our heart and breathing stop as a natural part of dying. If you are seriously ill and near the end of your life, there may be no benefit in performing CPR when your heart and breathing stop.

In these cases, trying CPR may do more harm than good – by not allowing you to die a natural death.

If your heart and breathing stop before you have made a decision about CPR, the doctors looking after you will decide whether to try CPR. They will take account of things you have said, and also how likely it is that CPR will succeed.

If your heart and breathing stop unexpectedly, for example if you have a serious injury or heart attack, the healthcare team will use CPR if they think there is a chance of recovery.

## **Will CPR resuscitate me?**

CPR does not always work. The chance of CPR resuscitating you will depend on:

- Why your heart and breathing has stopped
- What illness or medical problems you have (or have had in the past)
- Your general health.

## **Who decides about CPR?**

You and the healthcare team looking after you can discuss if you would be likely to benefit from CPR. With you they will take into account:

- Your wishes
- Your current health
- Whether CPR is likely to restart your heart and breathing, and for how long
- Whether CPR will help you live longer in a way you can enjoy.

If your healthcare team think CPR may work for you, they will want to know what you think. Your wishes are very important in making this decision.

If your healthcare team are sure CPR will not work, they may decide in advance that it should not be tried. Healthcare professionals are obliged to discuss this with you before a decision is made, although they understand that it may be distressing.

If a decision not to attempt CPR is made, it will be written on a form called *Do Not Attempt Cardiopulmonary Resuscitation* (a DNACPR form) which will be kept with your health records.

## What if I don't want to talk about CPR?

- You do not have to talk about CPR if you do not want to. If you feel you are not ready to talk about it – just say.
- You may wish to talk about CPR with your family, close friends or carers. They may be able to help you make a decision with which you are comfortable.
- Although this may be difficult, please discuss CPR with your healthcare team as soon as you feel able to. This will make certain that your healthcare team fully understand your wishes.

## Who makes the decisions if I can't?

If you are unable to understand the information about CPR you are given and cannot make the decision for yourself someone else may be able to decide for you.

- You may have already made a written statement that you would not wish CPR to be attempted if your heart and breathing stop. This is known as an advance decision ('living will' and 'advance directive' are also used to describe these statements). This type of advance decision must be recorded in writing, signed, and witnessed by somebody else. Healthcare teams must follow your wishes, but you should make it clear that you understand that your life will be at risk.

- For patients unable to make a decision because of illness or a learning disability, a person (a legal proxy) can be appointed to make a decision on your behalf to help decide for you. If you want this person to make decisions for you about life saving treatment, you will need to provide written instructions giving them the power to do this.

The doctor will always talk through the decision with the legal proxy if this is possible.

A legal proxy can be:

- Someone you appointed as your *lasting power of attorney* (for welfare decisions) before you became unable to make your own decisions, **or**
- Someone a court has appointed to be your welfare guardian, **or**
- Someone a court has appointed by an intervention order to make a one-off decision (about CPR).

Although your family and friends are not allowed to decide for you, unless they have been given this authority, your healthcare team will talk to them to better understand your wishes.

If there are people you do or do not want to be asked about your care, you should let your healthcare team know.

## What should I do if I know that I don't want CPR?

- If you don't want anyone to try CPR, tell your healthcare team. They must follow your wishes.
- Consider telling those close to you your wishes, so they can tell your healthcare team what you want if they are asked.
- You can make an advance decision putting your wishes in writing.
- If you have an advance decision, **please make sure your healthcare team know about it so that they place a copy of it in your health records.**

## What if I want CPR, but my doctor says it won't work?

When you discuss CPR, your doctor may say that CPR would not work for you.

- No doctor will refuse your wish for CPR if there is a fair chance that it can be effective.
- If your healthcare team is not sure CPR will work for you, they can arrange a second medical opinion if you would like one.
- If CPR might restart your heart and breathing but is thought likely to leave you severely ill or disabled, your opinion about whether these chances are worth taking is very important. Your healthcare team must listen to your opinions and to anybody you want to involve in the discussion.
- Please be aware however that there is no legal right to demand a treatment that the clinical team believe will not be successful.

## What happens when a decision not to try CPR has been made?

If you have decided you do not wish CPR, or if your doctor is sure CPR will not work, this will be written on a form called *Do Not Attempt Cardiopulmonary Resuscitation* (a DNACPR form). This will be kept with your health records.

**This decision is about CPR only. You will get any other treatment that you need.**

**Your healthcare team will continue to give you the best possible care.**

## What if I am at home or about to be sent home?

Many patients who are dying want to know they will be able to die at home. Even if people close to you know that you do not wish CPR to be tried, they may feel the need to call an ambulance in an emergency.

If the ambulance crew know you have a DNACPR form at home they will make you comfortable but will not try CPR.

To make sure the ambulance crew know your wishes:

- Your healthcare team should give you a copy of the DNACPR form to take home.
- Please tell people close to you where you keep your DNACPR form should you need to be seen by clinical teams urgently in the future.

## What if my situation changes?

Your healthcare team will review decisions about CPR regularly especially if your condition significantly changes but also if you change your mind about your decision.

## What if I change my mind?

Your healthcare team must be prepared to listen to you and take into account your views at all times. If after discussing CPR you change your mind or wish to discuss matters further – ask a member of nursing or medical staff to discuss this with you.

## Can I see what's written about me?

Yes, you can. Your healthcare team will note what you say about CPR and record any decisions made in your health records. You have a legal right to see and have copies of your records. Your healthcare team should explain any words you do not understand.



## Who else can I talk to about this?

You can talk to:

- Any member of staff involved in your care
- Your family and friends or carer
- The hospital chaplain
- Your own spiritual adviser
- Independent advocacy services. An advocacy service can help you express your views or make your own decisions or can speak on your behalf.
- The Patient Advice and Liaison Service (PALS)  
Tel           0800 783 7176  
Email       patientcentre@rmh.nhs.uk  
Post         PALS, The Royal Marsden NHS Foundation Trust,  
              Sutton, Surrey, SM2 5P
- Patient support organisations, for example:

**Macmillan Cancer Support**

*www.macmillan.org.uk*

**Age UK**

*www.ageuk.org.uk*

## Notes and questions

## References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

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Email: [patientcentre@rmh.nhs.uk](mailto:patientcentre@rmh.nhs.uk)

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Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

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[royalmarsden.org](http://royalmarsden.org)

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