ETHICS GL 2021

5 TOP MESSAGES



ADVANCE CARE PLANS

- Help patients and families achieve the outcomes which are important for them
- Allow clinicians and patients to participate in shared decision making
- Should integrate DNACPR decisions with emergency care treatment plans

DEDUCATE PATIENTS AND THE PUBLIC

- What resuscitation involves and outcomes following resuscitation
- About their role in helping clinicians know about the outcomes which are important to them

2 EDUCATE HEALTHCARE PROFESSIONALS

- About the importance of advanced care planning
- What shared decision making involves
- How to communicate effectively with patients and their relatives when discussing advanced care plans

WHEN TO START AND STOP RESUSCITATION

- Use pre-defined criteria for withholding or terminating CPR
- Do not base decisions on isolated clinical signs or markers of poor prognosis
- Document reasons for resuscitation decisions

RESEARCH

- Involve patients and public during the design, conduct and interpretation of research
- Respect the dignity and privacy of research participants
- Follow national guidelines for conducting research in an emergency where the person lacks capacity



PATIENT PREFERENCES AND TREATMENT DECISIONS

KEY EVIDENCE

Advance Care Plans

Help
patients and
families achieve
the outcomes
which are
important
to them

Reduce stress and decisional regret



Reduce
intensive care
use, hospital stay
and deaths in
hospital

KEY RECOMMENDATIONS

Use advance care planning that incorporates shared decision making

Use structured communication and decisions aids / support tools

Integrate DNACPR in emergency care treatment plans







INFORMATION ABOUT RESUSCITATION



KEY EVIDENCE



Resuscitation can be highly effective but it does not work for everyone



Resuscitation is less effective as people approach the end of their life where they have chronic underlying health problems



Resuscitation is an invasive treatment and the harms may not always outweigh the benefits



Emergency care treatment plans can help doctors and nurses know about a patients wishes

KEY RECOMMENDATIONS

Patients and the public can help by...

Thinking about their goals, values and treatment preferences



Participate in shared decision making by talking to their clinical team about their preferences



Sharing information on their preferences with family and friends



EFFECTIVE COMMUNICATION



KEY EVIDENCE

Communication can be improved by using:

Evidence based communication tools

Video decision aids

Communication facilitators







KEY RECOMMENDATIONS

Be clear and honest about patient status and prognosis Involve patients and family in advance care plans

Provide the option of spiritual support

Seek information about patients goals, values and treatment preferences



Reassure non-abandonment, symptom control, and decisionmaking support





KEY EVIDENCE

Benefits of resuscitation unlikely to exceed harms in the presence of...



Persistent asystole despite 20 mins ALS in absence of reversible cause



Unwitnessed cardiac arrest and initial non-shockable rhythm and no ROSC



Severe chronic comorbidity, very poor quality of life

KEY RECOMMENDATIONS

Withhold or stop CPR if...

Resuscitation cannot be safely performed

Mortal injury or signs of irreversible death DNACPR decision exists

Benefits of resuscitation unlikely to exceed harms











RESEARCH

KEY EVIDENCE

Research is essential to improve clinical practice

Involving patients and public in the design, delivery and dissemination of research can help improve the research

Resuscitation guidelines are based on substantially less studies compared to guidelines for acute cardiovascular events/ heart failure







KEY RECOMMENDATIONS

Involve patients and public during the design, conduct and interpretation of research Respect the dignity and privacy of research participants

Follow national guidelines for conducting research in an emergency where the person lacks capacity

Provide funding proportional to the societal burden caused by cardiac arrest







