<table>
<thead>
<tr>
<th>TOP MESSAGES</th>
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<tr>
<td><strong>1. ADVANCE CARE PLANS</strong></td>
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<tr>
<td>• Help patients and families achieve the outcomes which are important for them</td>
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<tr>
<td>• Allow clinicians and patients to participate in shared decision making</td>
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<td>• Should integrate DNACPR decisions with emergency care treatment plans</td>
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<td><strong>2. EDUCATE PATIENTS AND THE PUBLIC</strong></td>
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<tr>
<td>• What resuscitation involves and outcomes following resuscitation</td>
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<td>• About their role in helping clinicians know about the outcomes which are important to them</td>
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<td><strong>3. EDUCATE HEALTHCARE PROFESSIONALS</strong></td>
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<tr>
<td>• About the importance of advanced care planning</td>
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<td>• What shared decision making involves</td>
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<td>• How to communicate effectively with patients and their relatives when discussing advanced care plans</td>
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<td><strong>4. WHEN TO START AND STOP RESUSCITATION</strong></td>
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<td>• Use pre-defined criteria for withholding or terminating CPR</td>
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<td>• Do not base decisions on isolated clinical signs or markers of poor prognosis</td>
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<td>• Document reasons for resuscitation decisions</td>
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<td><strong>5. RESEARCH</strong></td>
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<td>• Involve patients and public during the design, conduct and interpretation of research</td>
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<td>• Respect the dignity and privacy of research participants</td>
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<td>• Follow national guidelines for conducting research in an emergency where the person lacks capacity</td>
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ETHICS GL 2021

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 patient’s 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.
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
- Provide the option of spiritual support
- Seek information about patients' goals, values, and treatment preferences
- Reassure non-abandonment, symptom control, and decision-making support
- Involve patients and family in advance care plans
WHEN TO START AND WHEN TO STOP CPR

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