



Our first report on how hospitals, care homes and doctors support people to make decisions about re-starting their heart if they get very ill

December 2020



Easy read version of 'Review of Do Not Attempt Cardiopulmonary Resuscitation decisions during the COVID-19 pandemic: Interim report'



About this booklet



We are the Care Quality Commission. We check services like hospitals and care homes to make sure they give good care to people.



This booklet talks about important decisions people make about how they want to be cared for if they become seriously ill or get near to the end of their life.



These decisions involve talks with each person, their family, carers and doctors about what care they want, whether they would want to go to hospital, or if they want to say no to any types of treatment.



These are not easy things to think and talk about, but people should talk about what they want to happen before they get ill.



These talks can help doctors make decisions about emergency care and treatment if people cannot make these decisions themselves.



One of these decisions is whether doctors should try a treatment on people called 'cardiopulmonary resuscitation'. This is called 'CPR' for short.



CPR is a treatment used in emergencies to aim to restart a person's heart if their heart stops beating or they stop breathing.



CPR would only be used in very serious situations and does not work in most cases. It can do more harm than good.



People can agree to a 'do not resuscitate order', which means they decide they do not want doctors to try CPR to try to restart their heart. It can also be called DNACPR.



The government has asked us to talk to doctors and people who are in charge of hospitals and care homes, as well as people who use care services and their families.



This is so we can find out how decisions have been made about DNACPRs in 2020, when a lot of people got ill with a new disease called coronavirus.



This is because we were worried that DNACPRs were being decided for groups of people rather than for each person. And we were worried that people were not asked first.



What we found out from talking to people



Confused

Because a lot of people were starting to get ill, there was a lot of confusion about how to use DNACPRs.



When people started to get ill, it looks like there were some bad decisions made about people's DNACPRs.



We do not think this is happening as much as it was. But we still need to check this over the next few months.



We expect all hospitals and care homes and local doctors to make sure that any decisions about DNACPRs happen as part of person-centred care plans, and are legal.



What we will do next



We will continue to look at these issues and publish a fuller report in February 2021.



Find out more



See the full version of our report on our website at:

www.cqc.org.uk



If you want to give feedback on your care – it can be good or bad – fill out our form at:

www.cqc.org.uk/givefeedback



Or you can call us on:

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