

COVID-19 Guidance: Ethical Advice and Support Framework

COVID-19 HSC Clinical Ethics Forum

21 September 2020

The intensive care society has set out operational and ethical principles for decision-making during a pandemic that makes explicit reference to the different phases of a pandemic and introduces a revised CRITCON-PANDEMIC framework. Key elements include:

- Usual legal and ethical frameworks should continue to apply while capacity and NHS mutual aid are available (CRITCON-PANDEMIC levels 0-3), as is the case at time of writing.
- However by recognising the possibility of future conditions of resource limitation (CRITCON-PANDEMIC 4) and providing a structured approach, the guidance lays a responsibility on all NHS organisations to work together to avoid such conditions arising.
- Clinicians should focus on current clinical needs and should not treat patients differently
 because of anticipated future pressures. In making decisions they should work collectively
 with each other and with their organisations, and take into account all possible routes of
 escalation and mutual aid.
- It is emphasised that all patients must be treated with respect and without discrimination, because everyone is of equal value.
- COVID-19 is a new disease with a partial and evolving knowledge based where an objective clinical decision-making framework based on the best available information should be the objective.
- Factual assessment of likely benefit may take into account age, frailty and comorbidities, but
 the guidance emphasises that every assessment must be individualised, balanced, and may
 inform clinical judgment but not replace it.
- The effects of a comorbidity on someone's ability to benefit from critical care should be individually assessed. Measures of frailty should be used with care and should not disadvantage those with stable disability.

7.5 Do Not Attempt Cardiopulmonary Resuscitation order (DNACPR)

Cardiopulmonary resuscitation (CPR) is a treatment that could be attempted on any individual in whom cardiac or respiratory function ceases. This principle applies to CPR as to any other treatment. A Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order is an explicit statement exist to

prevent the inappropriate, potentially harmful or futile intervention of cardio-pulmonary resuscitation on a person who is in the terminal phase of their illness or who is unlikely to survive such an intervention or if it is deemed that the risk of CPR would outweigh the benefit to an individual.

A DNACPR order does not refer to any other clinical intervention.

The responsibility for making a DNACPR order rests with the senior clinician who has clinical responsibility for the patient during that episode of care.

DNACPR decision should be made in conjunction with other members of the multidisciplinary team including the GP.

DNACPR decision is made on clear clinical grounds that CPR would not be successful there should be a presumption in favour of informing the patient of the decision and explaining the reason for it.

The process for putting in place such DNACPR orders are sensitive and complex and should include considerations of:

- Whether an advance decision to refuse treatment (ADRT) for the individual is in place.
- Whether the wishes of the person are known for the circumstances that now arise ('Record of my wishes' or Advance Care Planning Summary).
- What treatment interventions might be appropriate DNACPR orders only relate to cardiopulmonary resuscitation, and do NOT mean that no other treatment or support will be provided.

A DNACPR decision may be made and recorded to guide those present if a person subsequently suffers sudden cardiac arrest or dies:²⁰

- By the health and social care team, because CPR should not be offered to a person who is dying from an advanced and irreversible condition where CPR will not prevent their death.
- By the health and social care team because the person themselves is not able to contribute to a shared decision and a decision must therefore be made in their best interests.

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²⁰ Resuscitation Council UK