

Witness Name: Professor Jonathan
Wyllie
Statement No.: 2
Exhibits:
Dated: 21 October 2024

UK COVID-19 INQUIRY

SECOND WITNESS STATEMENT OF PROFESSOR JONATHAN WYLLIE

I, Professor Jonathan Wyllie, will say as follows: -

1. I am an Executive Committee Member of Resuscitation Council UK (RCUK) and I was the President of RCUK from 2018 - 2021.
2. I make this my second statement in response to the Inquiry's Rule 9 Request dated 14th October 2024, raising questions arising from my oral evidence to the Inquiry on 10th October 2024.
3. In my oral evidence I provided the following answer:

Q. Now, I think during the pandemic, in around March 2020, there was a lot of national media reports about blanket DNACPRs. By that, I mean solely on the basis of disability or age, rather than an individualized approach. Did the Resuscitation Council itself receive any reports of either inappropriate DNACPRs or inappropriate blanket policies about DNACPRs in healthcare settings?

A. So from two routes. One was that in a non-specific way we got questions from our resuscitation departments, some came through asking for information about that. Certainly in one instance I know of a specific -- one of our members whose Trust implemented a blanket DNACPR.

(Transcript 10 October 2024, page 22, lines 6 – 18)

4. I was then asked about the nature of the specific “blanket DNACPR” to which I had referred, without identifying the name of the institution or Trust in question or the member who brought this to my attention. I confirmed my understanding of the blanket DNACPR policy in question, making clear that I was not aware whether it was a written policy and confirming that, if it was a written policy, I had not seen it.
5. I was then asked (transcript page 23, lines 3-4): *“Having been made aware of that, what steps did you take or the Resuscitation Council take?”*. I responded by describing the statement we put on RCUK’s website in March 2020 to the effect that that blanket DNACPR was not an appropriate way forward and should not be implemented. I also confirmed that we did not engage with the particular Trust that I understood had implemented a blanket DNACPR, or with NHS authorities in relation to that particular issue.
6. I would like to clarify that, contrary to the impression I may have conveyed in my oral evidence, the example which I had in mind and to which I referred in my oral evidence (of a “blanket DNA CPR” in a particular Trust) did not come to my attention until very recently, at a social event following the RCUK Executive Meeting on 18th September 2024 during discussion about the pandemic and DNACPR policies.
7. I cannot now recall whether I was aware of this particular example in March 2020 when the statement was placed on RCUK’s website, although, as explained below, on further consideration the example in fact related to a restrictive approach to CPR rather than a blanket DNACPR policy, which

was a different issue. At the time of the March 2020 statement I was aware of media reports concerning blanket DNACPR policies which I think related to care homes rather than hospitals, but I cannot recall being aware of any particular examples of DNACPR policies being implemented in specific healthcare settings (whether hospitals or care homes). I apologise for not making this clear in my oral evidence.

8. I now address the specific questions raised in the Rule 9 Request dated 14th October 2024:

- a. The example to which I referred was a comment made to me by **Name Redacted** to the effect that something similar had occurred at his trust.
- b. The matter was mentioned to me by **Name Redacted** on 18th September 2024.
- c. The trust in question was the University Hospitals Birmingham NHS Foundation Trust.
- d. At the time of **Name Redacted** mentioning it, I did not pursue this further. It had been raised sometime after the pandemic and at a social event. Following my attendance at the Inquiry, I contacted **Name Redacted** and ascertained that his comments related to matters which were documented in an article in the British Medical Journal published on 29 March 2020: Mahase E, Kmietowicz Z. *Covid-19: Doctors are told not to perform CPR on patients in cardiac arrest* BMJ 2020; 368:m1282 doi:10.1136/bmj.m1282. I now understand from him and the BMJ article that the issue was a restrictive approach to CPR at the start of the pandemic rather than a blanket DNACPR policy. This restrictive approach to CPR was not in line with any contemporaneous guidelines. The BMJ article describes an approach whereby patients in cardiac arrest outside the

emergency department were to be given defibrillator treatment if they have a “shockable” rhythm. This apparently extended to only one shock after which it was said “further resuscitation was futile”.

- e. As set out in the BMJ article, Professor Jerry Nolan gave an opinion for the BMJ article representing the RCUK and European Resuscitation Council. I cannot now recall being aware at the time that Professor Nolan provided an opinion on behalf of RCUK, although it seems likely that I would have been aware as Professor Nolan would not have spoken on behalf of RCUK without prior agreement and I expect that as President I would have been involved. Professor Andrew Goddard represented the opinion of the Royal College of Physicians. Both were clear that this approach was not appropriate at that time. I understand that the policy at University Hospitals Birmingham NHS Foundation Trust changed subsequently but I am not aware of the process which brought about that change.
- f. The statement of Professor Andrew Lockey [INQ000343994] which I have adopted describes the steps that RCUK took to develop CPR Guidelines and our engagement with PHE and others in that regard, including in relation to AGP PPE.
- g. Again, the outcome of RCUK’s work is described in Professor Lockey’s statement.

- 9. I confirm that I have never had sight of any written blanket DNACPR policy. To the best of my knowledge, no other member of the RCUK has seen a written blanket DNACPR policy.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false

statement in a document verified by a statement of truth without an honest belief of its truth.

Personal Data

Signed: _____

Dated: ____21/10/2024_____