

Name Redacted

Thanks. I agree with Mark and I did remove the word “absolutely” from a previous edition for the same reasons. For clarity, RCGP (and from below BMA) are happy to endorse the following statement...

The importance of having a personalised care plan in place, especially for those people who are elderly, frail or have other serious conditions has never been more important than it is now during the Covid 19 Pandemic.

Where a person has capacity, as defined by the Mental Capacity Act, this advanced care plan should always be discussed with them directly. Where a patient lacks the capacity to engage with this process then it is reasonable to produce such a plan following best interest guidelines with the involvement of family members or other appropriate individuals.

Such advanced care plans may result in the consideration and completion of a Do Not Attempt Resuscitation (DNAR) or ReSPECT form. It remains essential that these decisions are made on an individual basis. The General Practitioner continues to have a central role in the consideration, completion and signing of DNAR forms for patients in the community setting.

*It is **absolutely** unacceptable for advanced care plans, with or without DNAR form completion to be applied to groups of patients of any description. These decisions must continue to be made on an individual basis according to need.*

Thanks

Jonathan

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Irrelevant & Sensitive

From: Mark Sanford-Wood <mark.sanford-wood@nhs.net>

Date: Sunday, 29 March 2020 at 16:25

[See recipients listed above]

Subject: [EXTERNAL] Re: Messaging around DNARs

Many thanks for that **NR**. I appreciate that there is a little tension here, but I would request that we remove the adjective “absolutely” in the penultimate sentence. It conveys no extra meaning and could be construed as admonition of the few practices that may have done this in well-meaning error at a time of great pressure.