

Better guidance needed on community DNARs

Healthcare professionals need clearer guidance on roles, responsibilities and policies in relation to CPR and do not attempt resuscitation orders

CARDIOPULMONARY RESUSCITATION (CPR) is widely accepted as the go-to intervention in the event of cardiac arrest in all settings. In some situations, when a person is living with one or more long-term, life-limiting illnesses, conversations may have taken place that results in the creation of a do not attempt resuscitation (DNAR) order. A DNAR order is a written order stating that resuscitation should not be attempted if a person suffers a cardiac or respiratory arrest, and only applies to the administration of CPR.¹

Although some guidance in relation to CPR and DNAR orders is available to health and social care professionals (HSCPs) via codes of professional practice,^{2,3} confusion exists in relation to the applicability of DNAR orders in the community and roles and responsibilities in delivering and/or withholding CPR. This situation is not unique to Ireland. Ambulance staff in the UK have expressed concern over the validity of documentation, and have highlighted their fear of litigation as well as conflict with families as issues that exist in the provision of end-of-life care.⁴

In Ireland, relevant guidance is available to HSCPs via the Pre-Hospital Emergency Care Council (PHECC).⁵ Also relevant, however, is guidance from the HSE National Consent Policy that is applicable across all health and social care settings. This policy outlines that in some instances CPR may not be clinically indicated, and goes on to state: “attempting CPR in such circumstances may cause harm to the individual, increase his/her suffering and/or result in a traumatic and undignified death”.¹ The HSE policy also indicates that “the decision to use any treatment, including CPR, should be based on the balance of risks and benefits to the person receiving the treatment and on that individual’s own preferences and values”.¹ Of relevance within this policy is the notion that specific mechanisms should be developed to support the documentation and dissemination of decisions relating to resuscitation.¹


This guidance is clear but poorly disseminated, and consequently there is widespread confusion; currently, emergency services overwhelmingly believe they are obliged to deliver CPR. Also contributing to the general lack of clarity is the fact that DNAR documentation is not transferable across settings. This means that, although a conversation has taken place in a hospital or other setting and a patient’s wishes have been recorded, recording documentation is not valid in the community or other care settings.

A recent article concluded that inconsistencies in practice and a lack of clear policy and disseminated guidelines for community-based HSCPs are issues that warrant further exploration. It recommends that the HSE National Consent Policy be reviewed, updated and disseminated, and con-

cludes that clearer policies, guidelines and documentation about DNAR orders are required.⁶ A related issue is the growing need to address the role of advance care planning in health service delivery, especially in the care of those with chronic illness and in cases where death is anticipated. This is particularly relevant in an Irish context in light of the Assisted Decision-Making (Capacity) Act 2015 that, when commenced, will provide a firmer legal framework for the applicability of advance healthcare directives.

In light of the Covid-19 pandemic, steps have been taken to address some of the gaps outlined here. *HSE Guidance Regarding Cardiopulmonary Resuscitation and DNAR Decision-Making during the Covid-19 Pandemic*⁷ clearly outlines the principles of advance care planning and use of advance healthcare directives, and provides guidance on clinical decision-making in relation to DNAR orders.

Of relevance is the acknowledgement that any decisions taken in relation to DNAR must be made in the context of a person’s overall goals and preferences. This somewhat serves to address the reported use of blanket DNAR orders and offers a more modern approach to advance care planning and DNAR decision-making. While HSE webinars are ongoing on this subject, much more needs to be done to adequately disseminate this information.

The Irish Hospice Foundation has a range of resources available to GPs to help them engage with the topic of advance care planning and helping people to plan ahead in the context of living with a long-term life-limiting illness and in the context of Covid-19. See the Irish Hospice Foundation Care and Inform Hub at www.hospicefoundation.ie with links to resources about advance care planning in light of Covid-19 and caring for someone near the end of life at home during the pandemic. 

Authors: Deirdre Shanagher, national development manager, palliative and end-of-life care; Paul O’Mahoney, research manager; and Siobán O’Brien Green, head of healthcare programmes, all with the Irish Hospice Foundation

Useful resources

- Think Ahead – a form to help people write down their wishes and preferences that includes an advance healthcare directive
- Guidance Document 2: Advance care planning and advance healthcare directives for a person with dementia
- Planning for the future with COPD, an information booklet
- I have dementia... how do I plan for the future? An information booklet
- Planning for the future information booklet for people who have an advancing neurological illness, including multiple sclerosis, Parkinson’s disease and motor neurone disease
- FAQ: Update on Advance Planning & Legislation, information sheet providing answers to frequently asked questions about the Assisted Decision Making (Capacity) Act 2015.

References on request