



Improving discussions about resuscitation in COVID-19

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Summary Briefing

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NIHR Older People and Frailty Policy Research Unit

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Background

A decision not to attempt resuscitation (DNACPR) can prevent futile medical intervention at the end-of-life. Clinicians are the decision-makers, but they are expected to engage patients and families in the process. More DNACPR decisions were made in 2020 than in any previous year.¹ COVID-19 presented particular challenges. Many patients underwent rapid deterioration and social restrictions limited face-to-face interactions between clinicians, patients, and relatives. The aim of this study was to explore relatives' experiences and perceptions of DNACPR discussion during the coronavirus pandemic.

Methods

Thirty-nine people participated in semi-structured interviews via video conferencing software or telephone. Data were evaluated using Framework Analysis.

Results

Findings are presented around three main themes. Restrictions to hospital visiting were important across all three themes, as this caused barriers to communication and distress for patients and relatives.

Theme 1: Knowledge and understanding about DNACPR. Participants' knowledge of DNACPR varied. People with better understanding reflected on their experiences more positively. Some viewed DNACPR discussions as an opportunity to better understand their relative's medical condition, treatment, and illness trajectory. Most felt that more information about DNACPR would have improved their experiences.

Theme 2: Communication around DNACPR discussions. Communication skills were critical. When clinicians had adequate time, participants reported that resuscitation and the rationale for DNACPR decisions were explained, relatives were allowed to raise concerns and their questions were answered. However, many relatives felt that discussions about DNACPR were 'rushed' with few opportunities to ask questions. Communication within families was also important, as DNACPR conversations were less burdensome for participants when they understood their relatives' wishes. Communication of DNACPR decision-making across care settings was poor, and resulted in repeated discussions about DNACPR, which some found distressing.

Theme 3: Impact of DNACPR discussions. Discussions with healthcare professionals about DNACPR were viewed as significant events by our interviewees. Relatives often misunderstood their role, believing that they were being asked to make a decision about DNACPR. Relatives who perceived that they were responsible for DNACPR decision-making felt burdened and had a persisting sense of guilt.

Conclusion

During the COVID-19 pandemic, discussion of DNACPR has been a source of enduring distress for many relatives. Coordinated action at individual, family, care system and population levels has the potential to enhance relatives' experiences of DNACPR discussions. Better public understanding of DNACPR, early discussion in families, more time and communication skills training for clinicians, may all be helpful. This research also suggests that scrutiny of how the current legal framework impacts on clinical practice is merited.

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