

## A guide to decision-making about the care you may need in the coronavirus pandemic.

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### DNACPR Forms

If you are over 70 or have chronic illnesses, a life-limiting condition or a compromised immune system you may be approached by a health professional about making a decision on a DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) form for your medical records.

A DNACPR form records what you wish to be done if your heart were to stop beating. In this event, some people would want all possible steps to be taken to keep them alive; but many people would not wish to undergo attempted resuscitation, including chest compressions and defibrillator shocks, especially if the likelihood of success, and recovery was poor. If they do not have a clear indication of your preferences, the medical staff in hospital are obliged to attempt resuscitation.

Your preferences on DNACPR are usually discussed with medical staff when you are admitted to hospital. People with chronic or life-limiting illnesses often have these discussions with their GP before any hospital admission, and if you have done this, your preferences will be recorded in your medical records. It is also important to share your thoughts with your family and those close to you, so that they understand what you would want if you are unable to speak for yourself.

### Hospital or Home?

**In the context of the current Coronavirus pandemic, it is important to understand that a signed DNACPR form does not imply any other decisions about other aspects of medical care for this disease (called COVID). In particular, it should not imply that you do not wish to be admitted to hospital if your condition deteriorates.**

Most people with COVID do not require hospital treatment, and recover well at home. However in older people, and those with pre-existing medical conditions, it can cause a severe illness with a high mortality rate. Some people develop a pneumonia, which may result in difficulty in breathing and low oxygen levels. At present there is no medical treatment which will cure COVID, but therapies given in hospital can sometimes help relieve symptoms and maintain oxygen levels until the patient recovers. These therapies include oxygen and ventilation using either a positive pressure facial mask; or a mechanical ventilator. Even with these therapies the outcome is uncertain and especially if you are elderly or in poor health you may not survive.

If you live in a care home, because you are frail or disabled, you may prefer to stay in your care home rather than go into hospital. You would remain in a familiar environment looked after by people you know. **This is a valid choice, but one which needs to be made as a separate decision from a DNACPR.**

You may make this decision when the possibility of hospital admission arises, or you may make it in advance. If you prefer to stay at home, or in your residential care/ nursing home, and be cared for by those you know, you may make this choice. It is important that your relatives, or your care home know your views. **Your decisions should be recorded in writing.**

If you go into hospital with COVID pneumonia, you may also want to indicate the therapies you would, or would not wish to have. For example:

Would you want non-invasive ventilation?

Would you want to be admitted to an ITU for mechanical ventilation?

It's important to be clear that you have no right to insist on levels of therapy that the medical staff judge to be unnecessary in your case, or that they think won't be successful.

