

Background note

Today (8th May 2020), the HSE is releasing '**Guidance Regarding Cardiopulmonary Resuscitation (CPR) and DNAR Decision-Making during the COVID-19 Pandemic V1.1**'.

The COVID-19 pandemic is causing great distress and anxiety for many people in our Communities. This virus has emphasised the importance for all of us of having conversations with our friends and loved ones about what our wishes and preferences are for a possible time in the future when we may not be able to express these.

This guidance has been developed for healthcare workers to support them in advance care planning and cardiopulmonary resuscitation (CPR) decision-making – including making do not attempt resuscitation (DNAR) decisions where appropriate – and it is provided in the context of the COVID-19 pandemic.

The purpose of the guidance is to affirm existing practice and guidelines regarding CPR and DNAR and to restate the following core principles:

- The fundamental principles of good clinical practice remain the same during COVID-19.
- **Non-discrimination** - Decisions should be made on a case by case basis and should not be based on factors such as age, disability, race, ethnicity or place of residence. Any distinction based solely on age, disability, race, ethnicity or place of residence is discriminatory and is contrary to human rights principles. Similarly, there should be no discrimination for or against people who have, or are suspected to have, COVID-19.
- **Advance care planning** - Having honest, open and sensitive discussions with people about their condition and prognosis in a language that they can understand, eliciting their goals and preferences, and making decisions having regard to their wishes about what interventions would be appropriate if there were a deterioration in their condition are always important.

Everyone regardless of age, disability or place of residence has a right to be involved in decisions about their healthcare and treatment choices. If people wish to engage in advance care planning, including consideration of CPR and DNAR, it is important that they are facilitated to do so.

Professor Shaun O'Keeffe, Consultant Gerontologist, UCHG, who co-wrote this guidance said "The COVID-19 pandemic presents some new challenges in making advance care plans and in CPR / DNAR decision-making. These can be addressed by using the fundamental principles of good clinical practice, existing guidelines and the new COVID-19 specific guidance. It is important that advance care plans and decisions about appropriate interventions if the person's condition deteriorates are made with the person in order to ensure that they do not receive inappropriate or harmful treatment. This includes DNAR decisions"

For further information, see:

<https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/assisteddecisionmaking/guidancecpranddnarduringcovid19.html>

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