Royal College of General Practitioners
Coleg Brenhinol Meddygon Teulu
RCGP CYMRU WALES

23 June 2020

Dear John Griffiths MS,

Equality, Local Government and Communities Committee Covid-19 Evidence

It came to our attention that during the Equality, Local Government and Communities Committee meeting of 16 June 2020 reference was made both to RCGP Wales specifically and to the profession more broadly in relation to advance care planning and the Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) instruction. We thought it might be useful for Committee Members if the College addressed this matter.

We support the point made by the Older People's Commissioner that there is a need to be open about the importance of advance care planning in a way which respects individual wishes. Our college strongly supports the principle of patient autonomy and empowerment, so that they are put in control of important decisions about their wellbeing. This is normal procedure for GPs in Wales and across the UK. However, we believe that with broader government and NHS communications around the importance and non-invasiveness of advance care planning there would be an even more open culture to discussing the topic.

It is very important that advance care planning and DNACPR are not viewed as one and the same. There is a need to separate the concept of planning your own care and the specific action of agreeing to the signing of a DNACPR form. Each sensitive discussion must be unique to, and at a pace suitable for, the individual patient and may require discussion over a period of time. DNACPR is a sensitive issue which does not necessarily need to be part of advance care planning.

Advance Care Planning

Many patients are grateful to be given the opportunity to express their wishes and state clearly what they want to happen as their condition changes. This is not 'giving up' but rather accepting the carefully considered views of the individual. Each person's circumstances are different and should be respected as such. Decisions whether to continue certain treatments (e.g. chemotherapy), to try alternatives or even to be hospitalised require deep consideration. To make any decisions in life, people must be well informed, and this involves asking the right questions. GPs are good listeners and used to explaining things in straightforward language. As GPs working in the current COVID-19 crisis, it is important that we have sensitive but frank discussions with patients in order to explain the risks and benefits should they need hospital admission and the likely implications for continuing family contact in hospital.

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DNACPR

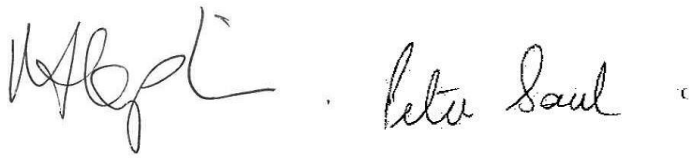
The Committee meeting referenced a surgery in the Ogmore constituency which had been criticised after a letter relating to DNACPR was issued to some patients. It is not for the College to comment on this specific incident, though we note the swift apology from the practice. An emotional response to this incident was understandable, but DNACPR should never be seen as ill-intent or a matter of pressure on the patient. Quite the opposite, it is intended to ensure the patient has the power to decide on how they wish to be treated. The role of the GP is not to take a view, but to dispassionately provide the best information that they possibly can so that the patient is in possession of the relevant evidence if they wish to make such a decision.

That CPR in the community carries less than a 10% success rate is not widely published although has been highlighted to promote the use and training of automatic electronic defibrillators (AEDs); especially in public places. The risk of CPR during COVID-19 had been recognised as an aerosol generating procedure (AGP) which places those in the vicinity at potential risk of contracting the disease. These facts – low success with a now risky procedure, has led some professionals to try and clarify the wishes of those at the end of life as to whether they wish to undergo CPR.

Age is a factor in the decision, as success of CPR declines as we get older, but other factors such as the underlying illness and comorbidities are more important. The reality is that even if CPR is successful the chances of recovery to a lifestyle experienced before a cardiac event are low. This is a discussion which could be appropriate to have at any age and at a suitable time. The decisions made must not be seen as irreversible, and as conditions change, so should the care planning.

Secondary care is used to outlining the risks associated with any procedure and will often discuss a DNACPR at the time of a crisis without the opportunity to plan ahead or to consider things in great detail. General practice offers this time and planning as part of ongoing support to the individual and family.

Yours sincerely



Dr Mair Hopkin
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Dr Peter Saul
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cc.
Vaughan Gething MS
Heléna Herklots, Older People's Commissioner for Wales
Victoria Lloyd, Chief Executive, Age Cymru.