# New UK guidance on resuscitation calls for open decision making

Susan Mayor *London*

Decisions about cardiopulmonary resuscitation should be based on open communication between health professionals, the patient, and people close to the patient, taking note of patients' informed decisions and reflecting their best interests, recommends new guidance published for the United Kingdom this week.

The guidance, *Decisions Relating to Cardiopulmonary Resuscitation*, is a joint statement from the BMA, the Resuscitation Council (UK), and the Royal College of Nursing, setting out legal and ethical standards for planning patient care and decision making in relation to resuscitation.

It acknowledges recent public concern about "do not resuscitate" (DNR) orders after several cases in which patients or their relatives have complained that resuscitation orders have been written in notes without their knowledge or consent. The report also recommends a change to using the term "do not attempt resuscitation" (DNAR), to highlight the fact that cardiopulmonary resuscitation is a difficult procedure that is frequently unsuccessful.

The new guidance recommends that decisions about whether to attempt resuscitation should be reached in a way that follows an individual patient's informed decision—either made at the time or in an advance directive—or reflects his or her best interests.

Health professionals should make all reasonable efforts to attempt to revive a patient if their wishes about resuscitation are unknown or cannot be ascertained. Informed decisions—including those set out in advance directives—made by mentally competent patients that continued treatment aimed at prolonging life would be inappropriate should be respected.

The views of children and young people must be taken into consideration in decisions about attempting resuscitation. When they lack competence, children's parents should generally make decisions on their behalf.

The report reminds healthcare professionals that cardiopulmonary resuscitation should be used appropriately, following the primary goal of any medical treatment—where it maximises benefit and minimises potential harm to patients. Resuscitation decisions must be based on the individual patient's circumstances and reviewed regularly.

The guidance recommends that resuscitation should not be attempted in all cases of cardiac or respiratory failure but should be considered only where it represents an appropriate part of a patient's management.

In patients in whom cardiopulmonary arrest clearly represents a terminal event in their illness, attempted resuscitation might be considered inappropriate. Neither patients nor their relatives can demand treatment that the healthcare team judges to be inappropriate, but all efforts should be made to accommodate wishes and preferences.

All establishments where staff face decisions about attempting cardiopulmonary resuscitation—including hospitals, general practices, residential care homes, and ambulance services—are required to have policies to guide decision making about resuscitation.

Written information about resuscitation policies should be included in the general literature that is provided to patients about healthcare establishments, including hospitals and general practices.

The report explained: "The purpose is to demystify the process by which decisions are made. Information should reassure patients of their part in decision making." □

*Decisions Relating to Cardiopulmonary Resuscitation* can be seen on the BMA's website (www.bma.org.uk).

# Dutch GP found guilty of murder faces no penalty

Tony Sheldon *Utrecht*

A Dutch GP, found guilty of murdering a dying 84 year old patient, has not been penalised for his action. The Amsterdam court that tried him said that Dr Wilfred van Oijen had made an "error of judgment" but had acted "honourably and according to his conscience," showing compassion, in what he considered the interests of his patient.

Van Oijen, who featured in the 1994 euthanasia television documentary, *Death on Request* (*BMJ* 1994;309:1107), argued that he chose "to let his patient die in the most ethical manner."

The Royal Dutch Medical Association (KNMG) has defended his action as having "complete integrity," claiming a "huge emotional gulf" between it and the offence of murder.

The case turned on whether the injection of 50 mg of the anaesthetic drug alloferine into the patient, soon after which she died, could be considered part of palliative treatment. Expert witnesses said that it could not. Observers suggest that had the GP chosen a different drug this could have been considered normal medical practice.

The condition of Van Oijen's patient, for whom he had been a GP for 17 years, was described in court as "wretched." She was in "the very last stage of dying." She lay in a coma in a bed soaked in urine, her room stinking from bed ulcers and necrosis in her heel.

Both her daughters had urged Van Oijen to end their mother's suffering. She had had heart problems and osteoporosis for a long time, and during the last year was increasingly bedridden. Van Oijen had encouraged her to try to remain mobile while he relieved her pain with increasing doses of morphine.

The court accepted there were "special circumstances," describing the treatment as "death shortening" but that the "criteria of care" required to avoid prosecution in euthanasia cases had not been followed. She had made no request for euthanasia and had said that she did not want to die.

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**Dr Wilfred van Oijen (left) talks to his patient in the 1994 television documentary** *Death on Request*

Moreover, there had been no second medical opinion. Van Oijen also incorrectly reported that her death was from natural causes, for which he was also found guilty and given a suspended fine of 5000 guilders (£1430; $2140). The public prosecution service had called for Van Oijen to be given a nine month suspended prison sentence.

Johan Legemaate, professor of health law at Rotterdam's Erasmus University, commenting on the case, said that the court recognised that the doctor had crossed a border between what is an entirely acceptable medical practice of relieving pain and what is legally defined as murder.

"It wrestled with that and finally decided that from a legal point of view this is murder, although entirely different from the normal criminal intention to kill." □