

## COVID-19

### Family discussions and Clinical decision-making

“The NHS Constitution is clear that we should deliver care and support in a way that achieves dignity and compassion for each and every person we serve. We should be cognisant of the principle of equity of access for those who could benefit from treatment escalation, and the principle of support for autonomy for those who want to be involved in decisions. Even under pressure we strive for the delivery of personalised care and high standards of patient experience.”

These are the words of Professor Stephen Powis and Ruth May, who are leading NHS England’s response to COVID-19.

The present emergency caused by COVID-19 is causing many of us to engage in difficult conversations with our family and friends - the kind that we so often try to avoid. It’s important that we engage in these challenging conversations around the care and treatments we would or would not want to receive if we became ill - particularly if we were unable to communicate our wishes.

We also need to ensure that we do all that we can to support NHS clinicians as they grapple with the greatest challenge that the health service has ever faced. For those who have recently qualified or returned to the NHS, the next few weeks will be a daunting challenge. Even the most experienced and resilient clinicians will be placed under levels of physical and emotional strain that even they will never have encountered before. They will do their best to care and treat their patients appropriately – and letting family, friends and NHS staff know your wishes will help them ensure that you receive the best care possible.

Resuscitation Council UK (RCUK) is here to ensure that all people receive effective and appropriate resuscitation treatment that’s given in a way that also safeguards the rescuers, whether they’re members of the public or clinicians. Every year, around 60,000 people around the UK will suffer a Sudden Cardiac Arrest (SCA) in the community. Under normal circumstances, 80% of these arrests will happen in the home. None of this stops because of COVID-19 – and in this present time of remaining indoors, nearly all of these cardiac arrests will occur in the home. When someone collapses and stops breathing normally, CPR and defibrillation still offer the best chance of survival. Even in this time of emergency, and despite the pressures on staff and resources, resuscitation attempts will continue to be made up and down the UK every day – and many lives will be saved as a result.

However, there are some situations where a person may have reached a point in their life or illness where, on balance, they are unlikely to benefit from resuscitation attempts or they may have a preference not to be resuscitated. Inevitably, as we reach the peak of COVID-19 cases, the number of people for whom this is relevant will increase.

In recent years, RCUK has supported the development of the **ReSPECT Process** which facilitates conversations between people and their health and care professionals, allowing them to express what matters most to them in a medical emergency. It's best to have these conversations before an emergency, when the person is well and able to express their views.

### **For the Public**

If you are admitted to hospital during the COVID-19 crisis, the ReSPECT process may be used to help you understand and decide on the treatments you may or may not want to receive in an emergency and have these decisions recorded on a form which will be easily available to those assisting you in an emergency.

The ReSPECT process is now in place across 150 locations in the UK, but whether or not it is in place in your area, our advice is to be brave with your loved ones at this time. Have that conversation, difficult though we know it will be.

Having a conversation with loved ones and working through the decisions in order for them to be aware of your wishes and able to advocate for you is a way to feel empowered in a very uncertain time.

Make sure those close to you know your decisions and that they are written down on paper in a location that is accessible and known to them in case an emergency situation arises in which you can't say what you would like to happen to you. This will ensure that health and care professionals will be able to provide support, care and appropriate treatment that is personal to you.

### **For Health Care Professionals**

It is important to have conversations with patients early, when they are well and are able to communicate what care and treatment they would want or not want to receive in an emergency situation (should they become unwell and unable to communicate themselves). This is important in patients with COVID-19, especially those that have underlying comorbidities.

More information is available in RCUK's COVID-19 specific guidance, designed to help you deliver the best resuscitation care possible, whilst also ensuring your personal safety. We constantly monitor new information and evidence as it emerges, from across the UK and internationally, and will update our guidance accordingly.

We know that there will be fewer opportunities to have conversations in such trying and difficult times, but having these conversations is an important part of care during COVID-19 in what are hugely challenging circumstances. We know that this will increase in the weeks ahead, and we know that you will rise to the challenge and make the best decisions possible, based on your training skills and clinical experience. Take care of yourselves, while you also take care of others.

### **Further information**

- To learn more about the ReSPECT Process, click [here](#).
- To learn more about the work RCUK is doing around COVID-19, click [here](#).