Allow Natural Death: Do Words Matter?

Dr E Kamp, Dr J Wright, Dr R Saad, Dr E Mucci
Conquest Hospital, East Sussex Healthcare NHS Trust

Background

There has been numerous anecdotal reports from doctors in East Sussex Healthcare Trust (ESHT) about the difficulties in discussing escalation and resuscitation with patients. We feel the wording of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) is negative and detrimental to these discussions. The Gold Standard Framework and the GMC recognise an alternative wording: Allow Natural Death. Our project was looking to change the wording of these forms to Allow Natural Death (Do Not Attempt Cardiopulmonary Resuscitation) in an effort to improve this difficult conversation.

Sampling methods

An online survey was emailed to all doctors at ESHT over a four week period. We received 132 responses from FY1 to consultant.

Results

There were many reasons why doctors felt patients disagreed with DNACPR decisions. 43% felt the wording of DNACPR forms contributed. Other factors included: poor understanding of CPR prognosis (82%), poor understanding of their prognosis (67%) and family member influence (55%).

On a scale of 0 (very negative) - 5 (very positive) the wording of DNACPR scored on average 2.55 compared to a score of 3.74 for AND, a 48% improvement. 66% felt that substitution of DNACPR with AND (DNACPR) would help counteract poor patient response to discussion. Perceived barriers to this change included: difficulty changing established protocol (34%), confusing for medical staff (44%) and no obvious change in discussion (27%).

Conclusions

There are numerous contributing factors to patient resistance to resuscitation decisions. The wording of DNACPR forms was felt to be a significant contributing factor. Doctors felt that re-wording of these forms to Allow Natural Death (DNACPR) would help improve discussions.

In the coming months there will be several educational events to promote this form in conjunction with good discussion technique. The proposal to change the wording will be submitted to the resuscitation and end of life committees.