Algorithm for Conflict Resolution regarding CPR Decision

This conflict resolution process focuses on decisions related to CPR and includes potential outcomes related to the role of the SDM(s) and the Health Care Clinician if agreement can not be reached.

1. Document details of conflict and plan of action for conflict resolution on the health care record.

2. Consider the need for a second medical opinion, a palliative care team consultation, and/or ethical/legal consultation.

1. Convene a team family conference with a skilled neutral person as chair.
2. Explain the conflict resolution process to all parties. Acknowledge a hope for voluntary resolution. Share that the meeting is to provide support and information as well as an opportunity to share concerns and perspectives.
3. Negotiate the ground rules (time frames, respectful shared dialogue to explore the underlying meaning that supports the positions held by each party).
4. Review the required information for an informed consent on CPR and share what the cardiac arrest event may look like with CPR and without CPR.
5. Bring new expert opinions to the table (e.g. physician second opinion, ethicist etc.)

Do all parties agree that CPR will not be included in the plan of treatment?

- Yes → Return to Algorithm Step 5(a)(ii).
- No → Physician decides whether to:
  - identify and correct any misinformation or misunderstanding
  - offer treatment in light of goals, values and beliefs of the person or SDM
  - facilitate offering a second opinion
  - transfer care to another facility or health-care provider. (last resort and only when all appropriate and available methods of resolving conflict have been exhausted)
  - seek the support of an ethicist or ethics committee as appropriate and available
  - apply to Consent and Capacity Board (CCB) for review and determination of SDM actions in accordance with patients wishes or best interests

Have 2 or more equally Ranked SDMs come to a unanimous agreement?

- Yes → Return to Algorithm Step 5(a)(i) or Step 5(a)(ii).
- No → Contact the Office of the Public Guardian and Trustee (OPGT)
  (Treatment Decision Unit)
  London: *(Mon-Fri)* 1-800-891-0504, ext. 2002 or 1-519-660-3145
  or
  Toronto: *Urgent weekends and stat holidays only* 1-800-387-2127.

If equal ranking SDM's cannot agree, then the Healthcare Practitioner must turn to the OPGT for the decision.

Physician assessment related to CPR CPSO policy #6 – 16 — G

Is CPR being offered as a treatment option?

Discussion on CPR can take place:
- as early as possible in the person's illness
- when there is a change in the person's medical status
- when there are no further treatment options
- when there is a move to or transition to certain settings of care (LTC, residential hospice, ICU/CCU, etc.)

If CPR is going to be offered:
Communicate clearly, patiently, and in a timely manner regarding:
- the patient's diagnosis and/or prognosis;
- the treatment of CPR and the risks, benefits, side effects, burdens, etc.
- availability of supportive services (e.g., social work, spiritual care, etc.); and
- availability of palliative care resources.

If CPR is not going to be offered:
CPSO requires that physicians discuss a no CPR order with the person and/or SDM and explain why CPR is not being proposed. (document discussion and order).

Physician assessment where no CPR would include:
- determining if CPR would not resuscitate the person,
- quality of life if the person did survive,
- the disease progression and lack of any further treatment options, or if the intended physiological goals of CPR would be prevented by the patients condition.

CPR Discussion Points when CPR is being offered as a treatment option — H

1. Explain the goal is to respect the person's informed choice and to share accurate information, planning for appropriate care. Include discussion on the person's unique values and goals, and review the current medical information.

2. Explain what CPR is and include: process (setting dependent), compressions, mouth to mouth, electric shocks, intravenous medications, intubation/ventilation, etc.

3. Explain what is involved in CPR and that:
   - How well CPR works depends on the health of the person (share information such as the CareNet – CPR Decision Aid for Patients and Their Families)
   - CPR is an aggressive procedure and will not improve the illness that caused the heart stoppage.
   - CPR requires someone trained in CPR to be on hand immediately and the emergency call out to paramedics with the hospital emergency actions. Chances of survival depends on the health of person and location of person when they arrested (i.e. home versus ICU) General rates of survival in chronic illness range from 2 to 10% with a 50% chance of requiring to live in a care facilty. Benefits of CPR are virtually zero for those who suffer an unwitnessed heart stoppage.
   - CPR will not help those who are at the natural end of their lives due to a progressive life limiting illness.
   - Informed consent discussions may differ slightly by setting, e.g. In hospital CPR more specific options can be offered.

4. Discuss the:
   Benefits:
   - In optimal circumstances CPR can save life

   Risks:
   - After 5 minutes without a heartbeat, serious brain and organ damage takes place which can leave the person in a state of pain and dependent on machines which breathe for the person. Breathing machines require a tube about the size of one's thumb to be placed into the person's airway. Tubes in the airway prevent the person from being able to talk while the machine is breathing for him or her. Depending on the severity of the brain damage, the machine for breathing may not be able to be removed.

   Possible side effects:
   - Broken ribs
   - Punctured lung
   - Pain from trauma to chest
   - Possible brain injury such as memory loss, speech problems or paralysis (approximately 25% to 50% of survivors)

   Alternative courses of action:
   - Excellent care and appropriate medical interventions that respect the person's goals related to comfort, prolonging life, and which address physical, emotional and spiritual needs will be offered.

   Consequences of not having CPR:
   - Palliative support will be given as natural death occurs.

5. Answer any questions. Identify and correct any misunderstanding or misinformation.

6. Discuss the Physician Assessment related to CPR (Box G).

CPR Discussion Points when CPR is not being offered as a treatment option — I

1. Follow Steps 1 to 6 in Box H.

2. Inform and share assessment with the person/SDM that CPR would not be beneficial and could cause harm. Explain that the physician is recommending that CPR not be included in the plan of treatment.

3. Answer any further questions but do not continue to press your points.

4. If the person/SDM agrees with the physician's recommendation/decision, refer to Algorithm Step 5(a) (ii).

5. If the person/SDM does not agree with the physician's recommendation/decision, refer to Algorithm for Conflict Resolution.

References

- College of Nurses - Consent Practice Guideline (2009)
- College of Physicians & Surgeon's of Ontario (CPSO) policy statement #6-16, Planning for and providing Quality End-of-Life Care May 2016
- Ontario Health Care Consent Act, 1996
- Ontario Substitute Decisions Act, 1992
- CareNet Cardio Pulmonary Resuscitation (CPR): A Decision Aid for Patients and Their Families – retrieved » www.speakupontario.ca, February 2017
- Do Not Resuscitate Confirmation: Reference Document for Paramedics, Firefighters, Nurses & Physicians, May 2007, Version 13.1