Dealing with ‘Do not resuscitate’ (DNR)/‘Do not attempt resuscitation’ (DNAR) orders in Custody

DNR/DNAR arrangements are becoming increasingly common in primary care and hospital settings. Any patient with a potentially terminal illness e.g. cancer/end stage COPD is likely to have had a DNR discussion with their General Practitioner (GP) or hospital consultant. This information is usually included in their care plan or letter from their consultant which the patient may or may not hold a copy of.

DNR/DNAR is a clinical decision by the treating team that they will not provide further treatment to a patient in specified circumstances. Patients’ wishes should be taken into account when reaching that decision but ultimately is one for the clinical team. A patient will be informed that such decisions have been made.

DNR/DNAR should not be confused with an “Advanced Decision” (as defined by the Mental Capacity Act) which enables a patient to refuse specified treatment in certain circumstances.

The two decisions and supporting documents are therefore different. The DNR/DNAR sets out the clinicians’ decision that further treatment is not to be given to a patient in certain circumstances whereas the ‘Advanced Decision’ sets out the patient’s decision to refuse treatment which might otherwise be offered.

Guidelines issued by the British Medical Association and the Royal College of Nursing state that DNR/DNAR orders should only be issued after discussion with patients or their family.

**DNR/DNAR orders only apply to Cardio Pulmonary Resuscitation (CPR)**

Patients with DNR/DNAR arrangements may end up in custody. The custody clinician therefore has to be aware of their existence and how to deal with such patients.

It would be very unusual for a patient at the ‘end of life’ phase of their illness to be in custody however it is possible that a patient who is not ‘end of life’ but has advanced cancer may be detained. An example would be of a patient with metastatic prostate cancer who is on palliative treatment only i.e. where radiotherapy/chemotherapy no longer has a place in their management.

In this case the patient may well be fit to detain and interview if medically stable and the DNR/DNAR arrangements will need to be discussed at the clinical assessment. The following will need to be considered and recorded on the assessment records:

1. Communication with patient
2. Communication with Police
3. Communication with other medical staff i.e. GP/hospital
4. Assessment of the situation i.e. how long is the patient going to be detained for and what is the seriousness of the offence?
5. The need for an appropriate adult
Dealing with ‘Do not resuscitate’ (DNR)/’Do not attempt resuscitation’ (DNAR) orders in Custody

6. Liaise with a senior colleague for advice if necessary

If the patient collapses in custody and you are considering resuscitation it is advisable to attempt this rather than standby

Despite the steps taken above the clinician is likely not to have a thorough history of the detainee and therefore unlikely not to attempt resuscitation in an emergency situation

In emergencies the GMC makes clear that CPR should be attempted ‘unless doctors are certain they have enough information about patients' wishes or that the outcome will be unsuccessful’.

Nor should a DNA/DNAR or CPR decision override clinical judgment when cardiac or respiratory arrest occurs due to a reversible cause that was not previously anticipated, for example when a patient chokes on their food.

This in some way supports the custody clinician who is unlikely, as discussed above, to have enough information or a relationship with the patient and family to make a DNR/DNAR decision if the detainee collapses whilst the individual is in custody.

For further information/reference please see:

Mental Capacity Act 2005 - Government UK
http://www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/@disabled/documents/digitalasset/dg_186484.pdf

Resuscitation Council Guidelines

A joint statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing October 2007
http://www.resus.org.uk/pages/dnar.htm