

Acute Resuscitation Plan Form – Information Sheet

General

- The ARP form replaces 'not for resuscitation' (NFR) orders and documents resuscitation planning.
- An ARP form should be completed where it is reasonably expected that an adult patient (≥18) may suffer an acute deterioration or critical event (e.g. cardiac or respiratory arrest) in the foreseeable future and require resuscitation planning. Particular consideration should be given to adult patients who are terminally ill and/or are expected to die within 12 months. For further information on prognostic indicators, please refer to the *Implementation Guidelines Part 1*.

Legal considerations

- The law requires a collaborative approach between health providers and patients and/or their substitute decision-maker(s) about providing, withholding or withdrawing life-sustaining measures, and appropriate documenting of this. The ARP form prompts this approach.
- An ARP form is a clinical record and does not in itself give consent to provide, withhold or withdraw, life-sustaining measures. Legal authority comes from obtaining consent to the *Resuscitation management plan* from the appropriate decision-maker. The ARP form does, however, provide clinical authority to act on its resuscitation planning instructions, provided those instructions are clear.
- An ARP form is not the same as, nor does it replace, an AHD.
- The law expects health providers to adhere to clinical and ethical standards through 'good medical practice' (GMP). In meeting these standards, medical officers are under no obligation to offer, provide or continue treatments that on balance would have the potential to cause harm and offer no benefit to the patient (i.e. futile).
- GMP also requires informed consent. When active treatments are no longer appropriate, this should be sensitively explained (in specific or broad terms) to patients and/or their substitute decision-maker(s), and available end-of-life treatment and care options discussed.
- In some emergency situations, while all reasonable efforts should be made to obtain consent, it may be inappropriate to continue to maintain life while attempts are made to obtain consent. Emergency situations are characterised by the need for an immediate decision to be made about maintaining the life and health of a patient.
- Medical treatment should never be withheld merely on the grounds that it is easier to withhold treatment than to withdraw treatment which has been commenced.
- Legal protections and indemnity are provided to staff who comply with Queensland Health policy on the withholding and withdrawal of life-sustaining measures.
- See Flowchart: Withholding and Withdrawing Life-sustaining Measures.

Capacity

- Under the law, all patients are presumed to have capacity. The law differentiates between patients with capacity and without capacity in terms of consenting to health care.
- A patient with capacity is entitled to refuse any or all medical treatment, even if this results in their death. The treating medical officer should ensure the patient receives adequate information about the nature of the proposed treatment measures.
- The law regarding consent for patients without capacity is contained in the *Powers of Attorney Act 1998* and the *Guardianship and Administration Act 2000 (GAA)*.

- A substitute decision-maker(s) must consider the patient's best interests, the patient's views and wishes and medical opinion when providing consent. See *Health Care Principle* and *General Principles*, Schedule 1, GAA.

Patient objections

- The law recognises that a person can object to life-sustaining measures being provided, withheld or withdrawn. Queensland Health's policy position is that direct knowledge of an objection is required from the patient, rather than hearsay (e.g. from a family member). The patient's objection should have been expressed directly to the treating medical officer as close as possible to the acute deterioration or event.
- For the withholding or withdrawal of medical treatment, an objection may be expressed by the patient as a verbal request to "do everything" or "don't let me die", or by their conduct, or in formal terms through an Advance Health Directive.

Effect of objection by patient to withhold/withdraw life-sustaining measures

	Emergency	Non-emergency
Capacity	<ul style="list-style-type: none"> - Objection = demand for treatment - Patient cannot demand clinically inappropriate treatment - Discuss with patient, if time permits <ul style="list-style-type: none"> › Provide treatment at discretion with consent; or › Withhold/withdraw treatment without consent - Document decision-making pathway. 	<ul style="list-style-type: none"> - Time to manage objection/demand for treatment - Patient cannot demand clinically inappropriate treatment - Discuss with patient - Commence dispute resolution process, including: second opinion, family conference, referral to hospital executive. - Document decision-making pathway.
Impaired capacity	<ul style="list-style-type: none"> - Medical officers cannot override patient objection. Need consent from substitute decision-maker (legal position) - All reasonable efforts should be made to obtain consent - If consent cannot be obtained in time available, or decision-maker(s) demands clinically inappropriate treatment, withhold/ withdraw medical treatment if consistent with GMP (policy position) - Document decision-making pathway (legal requirement). 	<ul style="list-style-type: none"> - Time to manage objection/demand for treatment - Objection can be over-ridden by MO on grounds the patient: <ul style="list-style-type: none"> › has no/minimal understanding of what is involved; and › will suffer temporary or no distress - Need consent from substitute decision-maker to withhold/ withdraw treatment - If no consent, or decision-maker demands clinically inappropriate treatment, commence dispute resolution process - Document decision-making pathway (legal requirement).

For further information and resources, contact Access Improvement Service:

Email: QHclinicaethics@health.qld.gov.au

Intranet: qheps.health.qld.gov.au/policybranch/html/ethicsteam.htm

Internet: www.health.qld.gov.au/advance-care-planning/

Flowchart: Withholding and Withdrawing Life-Sustaining Measures

