

Clinical Council *Summary of the March 2015 Meeting*

Consumer Representation Update

Dr Tim MacKay provided an update on the national process for consumer representation. Tim is the South Island clinical representative on the national working group for consumer representation in health services. Guidelines will soon be released that will guide DHBs in the process of consumer representatives at all levels within the DHB from grass roots to Governance. There will be a national road show (with a meeting to be held in Dunedin on 6 May) to discuss the draft guidelines.

Clinical Council Terms of Reference

Lynda McCutcheon, Leanne Samuel, Dr Mike Hunter and Dr Keith Reid have been working on the Terms of Reference for the Clinical Council. The final version of these Terms of Reference will be released shortly.

Southern DHB Not for CPR Policy in light of the dissertation “Patient Autonomy in Do Not Resuscitate decisions: Lessons for DHBs from *Tracey v Cambridge University Hospitals NHS Trust*” by Tamara Webster.

Ms Tamara Webster has provided all DHBs with a copy of her dissertation (undertaken for the degree of Bachelor of Laws (Honours) at the University of Auckland) entitled “Patient Autonomy in Do Not Resuscitate decisions: Lessons for DHBs from *Tracey v Cambridge University Hospitals NHS Trust*”

Throughout her dissertation Tamara was employed as the legal assistant in the Auckland DHB legal services team. She was stunned by the amount of variation in policies and approaches to CPR and resuscitation decisions across DHBs.

The *Tracey* position is that, although ultimately the use of a Not or CPR Order is a clinical decision, there is an obligation on clinicians to consult with the patient or their family, any limitation of which must be justified.

The recommendations from the dissertation are:

In light of *Tracey*, DHBs should reconsider the content of their Not for CPR policies and the information they provide to patients. In particular, it is suggested that:

- Policies should recognise the presumption in favour of consulting patients;
- Policies should outline the situations in which it is permissible not to consult a competent or partially competent patient. This should include the advice that non-disclosure is not permissible merely because resuscitation is considered futile or because discussion may cause the patient distress;
- Policies should require documentation of the reason for not consulting the patient and/or their family;

- Policies should remind staff that patients are entitled to honest answers regarding how to obtain a second opinion. Policies should support staff arranging a second opinion where that is possible;
- Policies should provide guidelines for clinicians to assist them in determining when CPR is not in a patient's best interests. These guidelines should be flexible and provide a framework for decisions rather than a rigid set of criteria. The guidelines provided in the BMA's Joint Statement may be used as a starting point;
- DHBs should develop patient information leaflets to outline important aspects of Not for CPR policies. These leaflets should address issues such as; the nature and survival rates of CPR, the conditions that reduce successful outcomes of CPR, information on how Not for CPR decisions are made and information about who to speak to if a patient wishes to initiate a Not for CPR (or equivalent) Order.

It is further suggested by Tamara that it would be beneficial for DHBs to develop Not for CPR Order policies together to create national consistency in the decision making process.

A Southern DHB/Otago University School of Medicine working group will be formed by Mr David Tulloch, Chief Medical Officer to look at this topic.

Professor Barry Taylor, Acting Chair