

Honoring Your Choices

Saskatoon Health Region believes in the importance of honoring your choices. An Advance Care Directive or a resuscitation plan can guide resuscitation decisions for individuals at hospitals or long term care. If your heart or breathing stops we want to be able to provide the care that you need and want. This brochure will help answer some common questions and help you talk to your family and health care team. The goal is to help you understand the facts about resuscitation so you can make the decision that is right for you.

Based on your health, your health care team may discuss your resuscitation plan within 24 hours of each hospital admission. At long term care, your health care team will discuss your resuscitation plan within the first eight weeks of arrival.

What if I still have questions?

We want you to discuss your questions or concerns with your health care team and feel confident with your choice. Do not hesitate to contact your health care team. Your health care team wants to help you make the decision that is right for you. You may also want to speak with Spiritual Care and First Nations and Métis Health Services through the Royal University Hospital switchboard (306-655-1000).

You can change your mind about your decision at any time. Please talk to a member of your health care team.



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Exceptional service*

You have the right to make decisions regarding your care and get information and support to help you make a decision.

More Information

If you would like more information on Advance Care Directives Policy or the Resuscitation Policy, please let your health care team know. Saskatoon policies are available at <https://www.saskatoonhealthregion.ca/about/Pages/Policies-RW.aspx>

Reference

Adapted from Kryworuchko, J., Gallagher, R., Heyland, D.K., Fowler, R. (Authors) and Nicolle, D. (Producer). (2012). A Decision Aid to Prepare Patients And Their Families For Shared Decision-Making About Cardio-Pulmonary Resuscitation (CPR). Available at: <https://vimeo.com/48147363>, with permission.

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Joint Ethics Committee

Resuscitation

Saskatoon Health Region



Helping you make resuscitation decisions



Saskatoon Health Region's Resuscitation Policy:

What causes the heart or breathing to stop?

There are many reasons why the heart or breathing can stop. Serious illness or accidental injury can damage the heart and lungs. In some cases, the heart stops as part of the natural dying process.

What happens when the heart or breathing stop?

When someone's heart stops beating, they become unable to respond within a few seconds because there is not enough blood going to their brain. During this time, they are not aware of things around them and likely do not experience pain. If the heart stops and isn't restarted again within a couple of minutes, the person will die. A decision must be made on whether or not to perform Cardiopulmonary Resuscitation (CPR).

What is Cardiopulmonary Resuscitation?

CPR restores blood flow temporarily when an individual's heart or breathing stops. CPR involves repeatedly pushing down hard and fast on the chest and may include mouth-to-mouth breaths or using a device to push air into the lungs. Electric shocks may also be used to try to correct the rhythm of the heart. CPR by itself is unlikely to "restart" the heart. CPR's main purpose is to provide oxygen to the brain & the heart, in case blood circulation can be restored. People who have had CPR usually need advanced life support machines and medicines in a hospital intensive care setting. CPR does not improve the illness that caused the heart or breathing to stop, at best people are as healthy as they were before their heart stopped. Most people do not return to the life they previously enjoyed.

When is CPR used?

CPR is used only when your heart or breathing stops. CPR is not provided against your wishes. There are times when CPR may not be right for you. Discuss with your health care team whether CPR is right for you, given your health condition

and goals. If you and your healthcare team need help discussing your CPR decision, contact Ethics Services at the Royal University Hospital switchboard (306-655-1000) for support during regular working hours and ask them to connect you with the ethics consultant on call. For more information see "Bioethics and You: Where practice meets principle" Ethics brochure.

How well does CPR work and what are the side effects?

CPR does not always work to restart the heart. CPR can sometimes cause problems like broken ribs and damage to the lungs. If blood flow during CPR is not enough for the brain, you may have trouble thinking afterwards. We suggest that you watch the video "A Decision Aid to Prepare Patients And Their Families For Shared Decision-Making About Cardio-Pulmonary Resuscitation (CPR)" available at <https://vimeo.com/48147363> with a member of your health care team. Ask your doctor about how well CPR might work for you.

How do I decide about CPR?

You have the right to make decisions regarding your care and get information and support to help you make a decision. This includes choosing whether or not to receive treatments like CPR. Important things to consider are:

- All treatment options, including no treatment
- What matters most to you
- The benefits, harms and information about how well a treatment might work for you
- Your plans for future health care

When you are not able to make health care decisions, The Health Care Directives and Substitute Health Care Decision Makers Act requires your proxy(s) or substitute decision maker to make all your health care decisions based on your known wishes (or best interests when wishes are unknown). Share your wishes with your family and involve anyone who might make health care decisions for you when you are very ill.

Your Decision

An Advance Care Directive is a legal document that helps your proxy or substitute decision maker and health care team understand your choices for resuscitation and other health care treatments. If you have an Advance Care Directive, please give it to your health care team and a copy will be placed in your chart. At home, consider placing your Advance Care Directive on or in the refrigerator so that paramedics can find it and bring it to the hospital. You are encouraged to complete an Advance Care Directive with your health care team, if you do not have one.

What if I decide I don't want CPR?

If you do not want CPR, tell your health care team. You will still need to make decisions about other medical care, for example about other medicines and tests. You can expect to receive respectful and dignified care with the support of the entire health care team to meet your physical, emotional and spiritual care needs.

CPR should not be performed on people who do not want CPR. However, it is possible that you might receive CPR against your wishes, when:

- You do not tell your health care team your wishes.
- You are not on your home unit/ward (in a hospital) or neighborhood (in long term care) when your heart or breathing stops and your resuscitation plan is not available. Example: Your heart or breathing stopped in the cafeteria.

If you believe someone received CPR against their wishes, please call the Safety Alert System at 306-655-1600 to report the incident. For more information see Safety Alert System brochure.

What if I change my mind?

You can change your mind about your decision at any time. Please talk to a member of your health care team and involve anyone who might make health care decisions for you when you are very ill.