

## Fiona Cameron - Director of Nursing & Clinical Governance

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**From:** Smith, Gary [Code A]  
**Sent:** 23 September 2004 09:38  
**To:** Cameron, Fiona  
**Cc:** Poplett, Nicola; Reid, Ian (Dr) (Elderly)  
**Subject:** PRINTED AND PUT IN POST ACTION FILE - RE: Comments re: DNAR Policy from F&G PCT

Dear Fiona,

Many thanks for responding regarding the District DNAR policy. I am grateful for your comments and questions.

I gather that Nicky Poplett has explained why we do not feel that the wording should be changed.

We prefer the word "may" because:

1. Some patients do not wish to discuss CPR at any time.
2. Some patients are unconscious or "incompetent" and cannot be asked
3. Some patients will have already discussed this and further discussion is unnecessary or intrusive

The involvement of the relatives is also a difficult one, as:

1. In UK law, no-one may consent on behalf of another individual
2. There are issues of confidentiality (the patient needs to consent to the discussion with the relatives)
3. The patient's relatives can only express what they feel are the wishes of the patients - these are notoriously subjective and may not be accurate.

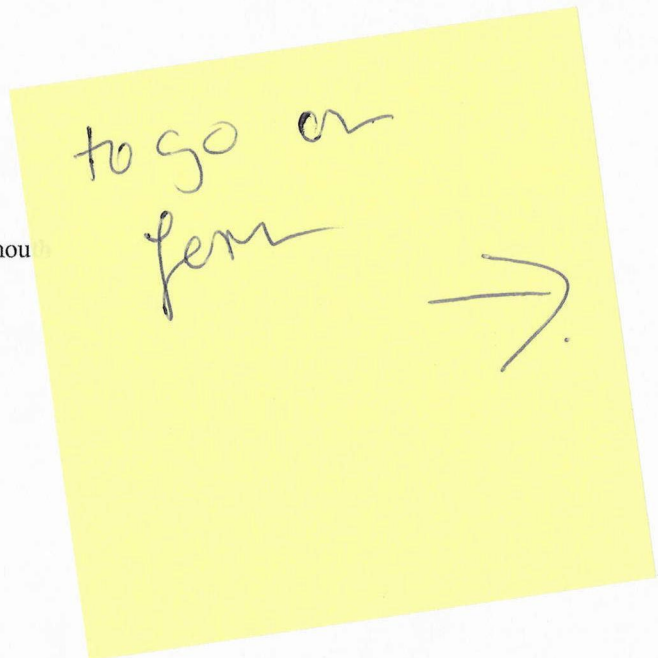
Hope that this is helpful in explaining the rationale for the words used. If not, please feel free to contact Nicky or I again.

Best wishes,

Gary

Professor G B Smith, BM, CertMedEd, FRCA, FRCP,  
 Consultant in Critical Care,  
 Portsmouth Hospitals NHS Trust & University of Bournemouth  
 Chairman of Portsmouth District Resuscitation Committee

Tel: +  
 Fax:  
 Email: **Code A**  
 Email:



-----Original Message-----

**From:** Poplett, Nicola  
**Sent:** 22 September 2004 16:03  
**To:** Smith, Gary  
**Subject:** Comments re: DNAR Policy from F&G PCT

Gary,

As discussed last week below are the comments from Kathryn Rowles & Noreen Kickham re: Combined DNAR Policy. I think they are Directors from Public Health in F&G PCT.

They were sent to me by Fiona Cameron who is the Director of Nursing & Clinical Governance for F&G PCT. Fiona rang me and asked if I could ask you to e-mail her your replies to the points below. Her e-mail is [Code A]

They did say also that Dr Ian Reid is aware that these policies have been finalised, but asked that I

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forward on these comments on to you, for use at the next review.

I did explain that it is not always possible to discuss the decisions with the pt and also outlined consent and confidentiality issues.

**Looking at the draft DNAR policy we had the following comments/suggestions. The overriding comment is the need , in our view, to shift the emphasis from the clinician 'may' discuss with patient/relative etc to 'must' discuss. e.g. p2 section 2 para 2 perhaps could be written "it is also important to ensure " rather than encourage" the involvement of patients.**

**Another illustration of some changes needed are para 4.1.4 last few words needs clarifying/defining of what exceptional situations may be.**

**4.10 remove word prepare**

**4.11 remove word any**

**It's a few subtle changes which illustrate that there needs to be a partnership between patient/relative and clinician as a rule rather than the exception.**

Thanks  
Nicky

*Nicky Poplett, Resuscitation Officer,  
Queen Alexandra Hospital*

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d [Code A]  
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