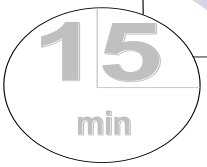
CLiP

15 minute Worksheet



Planning care in advance

7: Preparing for ReSPECT decisions

Advanced level

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Aim of this worksheet

To understand the basis for the ReSPECT process
(Recommended Summary Plan for Emergency Care and Treatment)
See workshop 8 in this module for details about ReSPECT

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know.
- Use the activity on the back page and take this learning into your workplace.

Case study

Bill is a 54 year old man with epilepsy who developed weight loss and intermittent diarrhoea. Investigations showed a carcinoma of the colon with liver metastases. He has had several episodes of vomiting which meant he could not take his anticonvulsant medication. This has resulted in several seizures. He is clear he would want these seizures treated but does not want to be treated if there is no hope of recovery.

v3

INFORMATION PAGE: Preparing for ReSPECT decisions

What is ReSPECT?

ReSPECT = Recommended Summary Plan of Emergency Care and Treatment (see CLiP worksheet 8 in this module)

A care plan that documents what to do in an emergency

Correct answers = 1, 3, 5

...should:

Make communication easier in the event of a health care emergency.
Be updated whenever the individual's condition changes significantly.
Follow the prefereneces of the individual with capacity (or the best interests of the individual who lacks capacity)
Include any emergencies that are *likely* to occur
Include the action to be taken by the any carer, including a partner, parent or relative

But should...

Not time expire and should be taken into account whenever it is presented in an emergency.
Not include every emergency that *could* occur
Not be a list of medcial opinions regarding tretament
Not be restricted to limiting tretament (an emergency plan can limit response to some emergencies while encouraging tretament for other emergencies).
Not be called a 'ceiling of care' (care is a fundemental right and cannot be limited)
Not be legally binding (unless backed by a valid and applicable ADRT)

MCQ

1. F An emergency plan is meant to provide anyone present with sufficient detail to know what to do. This can include drug doses, routes and frequency.

2. F Their purpose is to individualise decisions regarding anticipated emergencies. Bill wants treatment for some emergencies that may need hospital admissions (eg. seizure control), but would want to remain at home (or return there) for other emergencies (eg. irreversible brain damage).

3. F This can still be written but would have to be decided by a Mental Capacity Act best interests meeting.

4. T Some use a 'message in the bottle'. Keeping the document in the fridge allows ambulance crews and others to find the document easily.

5. T It is understandable that copies are made but these may no longer be the current decisions- only the original form is the current form.

Who decides when to start a conversation about emergencies?

Who decides: If it can be assumed that Bill has capacity for these decisions, only he can decide. In this case it is not the healthcare professional's job to make this decision and patients should never be burdened by questions delivered without warning or preparation. This can only be done as dialogue in which the professional checks what Bill understands and whether he wishes to know more.
If Bill is suspected of having an impairment or disturbance of mind or brain *and* a capacity test shows he does not have capacity, the emergency plan must be discussed as part of a Mental Capacity Act best interests meeting.

When to start a conversation: Some events such as a recent crisis or a deterioration can prompt a dialogue, but the patient should remain in control of the information and discussion. Many patients will initiate the conversation by asking questions after or during such events, while some will ask questions much earlier while they are still well.

What if Bill does not want a conversation? Any dialogue includes respecting a patients wish not to have such a discussion and not to have an emergency plan. Insisting on having this dialogue can be traumatic for some patients with long lasting effects. If Bill is clear this is too difficult to discuss, give him time- he may be able to discuss this later after some thought. In the meantime, an emergency plan cannot be completed and emergencies will have to be decided by the clinicians present at the time of the emergency.

Bill's situations

Bill's wife makes it clear she wants Bill to receive all treatment, including CPR: Bill's wife may not fully understand the current situation so it is essential for to find out what she does understand. This situation may be about breaking difficult news (see *Breaking Difficult News* in the Psychological Needs module).
Bill becomes semiconscious after a seizure: if a care decision is needed now, his capacity must be tested (See workshop 2 in this module on *Issues around capacity*). If he lacks capacity and time allows, the best interests process must be followed (see worksheet 3 in this module on *Best interests*). If no decision is needed now, he is likely to recover from his seizure and regain capacity when he can be asked for his decisions if he wants to discuss this.
Bill suddenly chokes on some food and stops breathing: this is unexpected and therefore any previous decisions do not apply. Since clearing his airway and CPR would be likely to succeed, the right action would be to carry out treatment, including CPR if needed

WORK PAGE: Preparing for ReSPECT decisions

Choose

Ring those features that best describe a plan that documents what to do in an emergency

1. Can limit treatment for some emergencies and encourage treatment for other emergencies
2. Only limits treatment
3. Includes actions to be taken by any carer
4. Describes a ceiling of care
4. A legally binding document
5. Does not time expire
6. Lists medical opinions

True or false

1.	Emergency plans should give general advice about an emergency	True	False
2.	The purpose of emergency plans is to reduce hospital admissions	True	False
3.	An emergency plan cannot be written for a person who lacks capacity	True	False
4.	An emergency plan can be kept in the fridge	True	False
5.	Only the original form can be sure of being the current form	True	False

Reflect

Who decides when to start a conversation about emergencies?
What should you do if Bill does not want to have this conversation?

Think

Situation	Possible solution(s)
Bill's wife makes it clear she wants all treatment for Bill, including CPR	
Bill becomes semiconscious after a seizure	
Bill suddenly chokes on some food and stops breathing	

FURTHER ACTIVITY: Preparing for ReSPECT decisions

Think of the last emergency involving a patient who lacked capacity to make decisions.
Would an Emergency Health Care Plan have been helpful?

FURTHER READING: Preparing for ReSPECT decisions

Key documentation

ReSPECT website and resources: www.respectprocess.org.uk
Mental Capacity Act: https://www.legislation.gov.uk/id/ukpga/2005/9
MCA Code of Practice: https://assets.publishing.service.gov.uk/.../Mental-capacity-act-code-of-practice.pdf
Capacity, care planning and advance care planning in life limiting illness: a guide for health and social care staff. NHS End of Life Care Programme, 2011: http://www.ncpc.org.uk/publication/advance-care-planning-guide-health-and-social-care-staff

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